



# NORTH CAROLINA WATERWORKS OPERATORS ASSOCIATION

## LABORATORY ANALYST OF THE YEAR NOMINATION FORM

SUBMISSION DEADLINE JULY 14, 2017

Name of nominee: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Years of service in the Drinking Water Industry: \_\_\_\_\_

Present position: \_\_\_\_\_

Involvement with NCWOA and other professional organizations (list organizations, years involved, and any leadership positions currently or previously held): \_\_\_\_\_

Achievements or advances made in the area of drinking water analysis: \_\_\_\_\_

Certifications held (drinking water operator, wastewater operator, microbiological, process control chemistry, etc.) \_\_\_\_\_

Improvements that the candidate made to lab procedures at his/her facility, and/or ways that the candidate improved the performance of his/her drinking water plant: \_\_\_\_\_

Contributions that the candidate made to the public: \_\_\_\_\_

Examples of instances when the candidate went "above and beyond" normal laboratory analyst duties: \_\_\_\_\_

Year that the candidate last won this award (if applicable): \_\_\_\_\_

NOTE: Please provide sufficient data in each of the above categories to fully evaluate. If more space is needed, attach additional sheets to this form.

Name and phone number of nominee's supervisor: \_\_\_\_\_

NOTE: If the nominee is selected for the above award, the nominee's supervisor will be contacted to insure that the recipient will be at the **Wednesday** Awards Banquet for the NCWOA Annual Waterworks Operators School in September.

Submitted By: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Employer: \_\_\_\_\_

Phone #: \_\_\_\_\_

Relationship to nominee (co-worker, supervisor, etc. – must be familiar with the professional work of the nominee): \_\_\_\_\_

Please send nomination form to:

Heather Cagle, NCWOA  
PO Box 4519  
Emerald Isle, NC 28594  
Fax: 252-764-2095  
[heather@ncwoa.com](mailto:heather@ncwoa.com)