



APPLICATION FOR SOUTHEAST DESALTING ASSOCIATION'S OUTSTANDING OPERATOR AWARD

INSTRUCTIONS: All applications **MUST** be submitted electronically to registration@southeastdesalting.com by April 3rd, 2020. Submit any additional material with this application that may be helpful in evaluating your plant for the Outstanding Membrane Plant Award. If your application is larger than 20MB please contact the SEDA Office at (772)781-7698. Good Luck!

I. GENERAL:

Operator Name: _____ Current Job Title: _____

Employer: _____

Employer's Mailing Address: _____

Employer's Telephone Number: _____

Brief Treatment Process Overview: _____

****Please attach a photograph of the operator being submitted****

II. PERSONAL:

Years of Experience: _____ Operator's License No. and Classification: _____

Length of Time with Present Employer: _____

Previous Plant Operations Experience: _____

III. PROFESSIONAL:

SEDA Membership (years) _____

Continuing Education Units (C.E.U.'s) Earned and Classes Taken During Past 24 Months: _____

List any awards or honors the operator has received: _____

IV. OUTSTANDING PERFORMANCE:

A. The operator deserves this award because: _____

B. Describe how the operator exhibits a job effort that is above and beyond the normal requirement for his or her position: _____

C. Describe how the operator demonstrates a working knowledge of membrane process and willingness to further their knowledge on a regular basis:_____

Additionally, please answer only one of the following questions:

A. Describe how the operator represents his or her employer in a positive manner in the water or wastewater industry:_____

B. Describe how the operator resolved operational issues at the plant:_____

C. Describe how the operator worked with engineers or vendors productively to benefit plant operations: _____

D. Describe innovative ideas put forth by the operator that helped improve the water treatment processes (pre-treatment, membrane or post-treatment) within the plant:_____

Submitted by:

(Signature)

(Printed Name and Title)

(Work Telephone No.)

(Date Form Completed)

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