

**SMALL SYSTEM EXCELLENCE AWARD
NOMINATION FORM**

Deadline for Submission: June 1st

Return To: Jill Duchniak – Member Services Coordinator
Wisconsin Water Association
PO Box 635 Oak Creek, WI 53154
jill@wiawwa.org

Brief Description:

Small water system that has demonstrated excellence in administration, operation, maintenance, and public service. Outstanding achievement winners are identified for each WDNR district, from which the state award winner is selected.

To be eligible, the Wisconsin water utility nominated must serve communities with populations less than 10,000 people.

Water Utility nominated:

Wisconsin County:

Utility Address:

Utility Phone Number:

Utility Contact Person and Email:

The small Wisconsin water utility identified above should be recognized by AWWA for its outstanding achievements with regard to providing water utility service to its customers who reside in the noted Wisconsin community for the following reasons:

Water Utility Evaluation Criteria

All small Wisconsin water utilities nominated will be evaluated and ranked based on the following water system attributes. To further our understanding of the achievement(s) of the nominated small water system, and based on your knowledge and/or experience with the nominated water utility, please rate the water utility using the response scale shown for the following system attributes. (Additional comments should be included which highlight any special programs and/or utility policies/procedures that merit recognition.)

WATER SYSTEM ATTRIBUTE

QUALITY OF WATER PRODUCED

- Excellent Good Fair Poor Don't Know

Additional comments:

COMPLIANCE WITH DRINKINGWATER REGULATIONS

- Excellent Good Fair Poor Don't Know

Additional comments:

FACILITY COMPLIANCE WITHSTATE CODE REQUIREMENTS

- Excellent Good Fair Poor Don't Know

Additional comments:

WATER SYSTEM FACILITY OPERATION AND MAINTENANCE

- Excellent Good Fair Poor Don't Know

Additional comments:

WATER ACCOUNTABILITY

- Excellent Good Fair Poor Don't Know

Additional comments:

ADMINISTRATIVE MANAGEMENT

- Excellent Good Fair Poor Don't Know

Additional comments:

FINANCIAL INTEGRITY

- Excellent Good Fair Poor Don't Know

Additional comments:

CUSTOMER RELATIONS

- Excellent Good Fair Poor Don't Know

Additional comments:

Nomination Completed By: _____

Date: _____

Organization: _____

Title: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Note: All nominations and supporting information will be held strictly confidential.