

**KANSAS WATER ENVIRONMENT ASSOCIATION  
MUNICIPAL AND INDUSTRIAL WASTEWATER TREATMENT PLANT  
OPERATION & MAINTENANCE AWARD  
MICHAEL F. RUDY, COMMITTEE CHAIR**

One of the most popular activities of the Annual KWEA Conference is the presentation of the plant awards. These awards will be presented at the annual conference luncheon. A wastewater treatment facility from each of the following categories will be presented an award. A facility's category placement is determined by type of treatment and/or design size.

<i>CLASS</i>	<i>DESCRIPTION</i>	<i>DESIGN PE</i>
Ia	Any Waste Stabilization Pond	<1,500
Ib	Any Waste Stabilization Pond	1,500 and above
II	Any Secondary Treatment Plant	<3,500
III	Any Secondary Treatment Plant Or Any Advanced or Specialized Facility	3,500-10,000 <5,000
IV	Any Secondary Treatment Plant Or Any Advanced or Specialized Facility	10,000-30,000 5,000-10,000
V	Any Secondary Treatment Plant Or Any Advanced or Specialized Facility	>30,000 >10,000
VI (a)	Industrial Treatment Plant - Direct Discharger	All
VI (b)	Industrial Treatment Plant - Indirect Discharger	All

On the back of this form, is the nomination form. The Inspection form and documentation list will be sent to each plant nominated prior to the inspection date. If you would like a copy of these forms, please contact Michael Rudy at (316) 630-0075.

If you think your plant should be considered, don't wait for someone else to nominate it - **JUST DO IT!** If you are aware of a facility worthy of this recognition, send your nomination in now. **Nomination forms will not be accepted if received after February 28, 2005.** Complete the form on the reverse of this page and send or fax to:

Michael F. Rudy  
Fluid Equipment Co., Inc.  
3500 N. Rock Road Bldg 100  
Wichita, KS 67226  
Faxes are encouraged - FAX # (316) 634-1613  
fcerudy@aol.com

**KWEA Plant Award Nomination Form**

Facility Name: \_\_\_\_\_

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

Name of Facility Representative \_\_\_\_\_ Phone: \_\_\_\_\_

Design Flow: \_\_\_\_\_ Plant Award Class: \_\_\_\_\_

Number of NPDES Violations this year: \_\_\_\_\_, Or in the case of an Indirect Discharger, Number of POTW Pretreatment Violations \_\_\_\_\_

I certify to the best of my knowledge that the above information, provided by me, is true and correct:

Nominating KWEA Member Name & Signature: \_\_\_\_\_

Comments: (Provide reasons why you think this facility is deserving of the award)

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