



**APPLICATION
2010 OUTSTANDING WATER TREATMENT PLANT AWARD**

INSTRUCTIONS: All blanks must be completed for Award eligibility. If two or more water plants serve a common distribution system, a separate completed application may be submitted for each plant. Applications, including supporting documentation, are limited to 100 single sided pages. Five (5) copies of each application must be submitted by March 31, 2011. All nominations are to be forwarded to Marvin Kaden, Chair FSAWWA Awards Committee, Gannett Fleming Inc., Public Westlake Corp. Ctr. Suite 150, 9119 Corporate Lake Drive Tampa fl 33634-6323. Fax 813-882-4366. Email: mkaden@GFNET.com

Applications including supporting documentation will not be returned.

I. GENERAL:

Plant Name: _____

Plant Street Address: _____

Plant Owner: _____

Owner Mailing Address: _____

Source of Supply: Wells Surface

Plant Classification: Class A Class B Class C
Level I Level II Level III Level IV

Number of Hours Daily Plant Has Manned Operation: _____

Plant Capacity (Design): _____ MGD **Storage Capacity (Design)** _____ MG

Average Daily Flow: _____ MGD **Maximum Daily Flow:** _____ MGD

Treatment Process Description: _____

Is the plant currently under any Florida D.E.P. enforcement action? Yes [] No []

if yes, explain: _____

II. WATER QUALITY:

A. Were enough bacteriological samples from the distribution system analyzed each month during the past year as prescribed by DEP Chapter 62-550? Yes [] No []
Attach copies of bacteriological reports for the past month of record.

B. Is a chlorine residual of 0.2 ppm (free) or 0.6 ppm (combined) or greater routinely maintained throughout the entire distribution system? Yes [] No []
If "No" explain: _____

C. Were any Maximum Contaminant Levels (MCL's) exceeded during the past year?
Yes [] No []. Attach copies of the most recent chemical analyses reports giving results for the Primary and Secondary Drinking Water Parameters for the raw and treated waters.

D. Treated water parameters (average of reported results during the past year):
Total Hardness _____ ppm Turbidity _____ NTU Color _____ color units

E. Are the corrosion control requirements of DEP Chapter 62-550 being complied with?
Yes [] No []

F. Does your utility have an active Cross Connection Control Program? Yes [] No []
If "Yes", briefly describe: _____

III. OPERATION RECORDS:

A. Were complete DEP monthly reports submitted before the 15th of the month deadline for the past 12 months operation? Yes [] No [] Attach copy of operation report for past month of record.

B. Is plant log kept daily? Yes [] No []

C. Are plant records kept for monitoring energy consumption? Yes [] No []

D. Do plant records reflect optimization of chemical consumption Yes [] No []

E. List the lab tests performed at the plant: _____

IV. MAINTENANCE:

A. Describe the maintenance program and record keeping system for the items listed:

1. Pumps: _____

2. **Motors:** _____

3. **Instrumentation:** _____

4. **Treatment Units:** _____

5. **Storage Tanks:** _____

6. **Buildings:** _____

7. **Grounds:** _____

8. **Emergency or Standby Equipment:** _____

V. PROFESSIONALISM:

A. **Number of operators on plant staff:** Class "A" _____ Class "B" _____
Class "C" _____ L.C.O. _____ Trainee _____

B. **Is each shift manned by at least one Certified Operator?** Yes [] No []

C. **Is the Lead/Chief Operator requirement met as prescribed by DEP Chapter 62.699?**
Yes [] No []

D. Number of operators receiving certification or higher certification during the past 12 months: _____

E. Describe the Training Program(s) utilized for plant personnel: _____

F. List courses/sessions instructed by plant personnel during the past 12 months:

G. Number of plant personnel who are currently members of:
FW&PCOA _____ FS/AWWA _____

H. Employer is a Utility or Municipal Service Subscriber Member of AWWA?
Yes [] No []

I. All, some, one, none (circle) of plant personnel have been active in supporting FW&PCOA during the past year (i.e., through attendance of meetings, holding office, etc.)

J. Number of plant personnel who attended the following educational offerings during the past year:

FW&PCOA Annual Short School _____
FW&PCOA Regional Short School(s) _____
Florida Water Resources Conference _____
TREEO Center Seminar(s) _____
FS/AWWA Annual Conference _____
AWWA Seminar(s) _____
Other pertinent courses, seminars, conferences, etc. (list) _____

VI. SAFETY:

A. Does the plant have a Safety Program? Yes [] No []
B. When was the last plant Safety inspection performed? _____
C. Frequency of In-house Safety Training Classes: _____
D. List Safety Training Courses attended by one or more operators during the past 12 months _____

- E. How many lost time accidents occurred at the plant during the past 12 mos? _____
- F. How many work days were lost as a result of accidents? _____
- G. Are chlorine cylinders/containers changed only by operators Wearing air paks?
Yes [] No []

VII. EMERGENCY PREPAREDNESS:

- A. Does the plant have an Emergency Plan for the following problems?
 - 1. Major mechanical failure: Yes [] No []
 - 2. Chlorine emergency: Yes [] No []
 - 3. Power outage: Yes [] No []
 - 4. Fire: Yes [] No []
 - 5. Hurricane: Yes [] No []

- B. Does the plant have the following standby provisions?
 - 1. Air paks: Yes [] No []
 - 2. Chlorine cylinder repair kit: Yes [] No []
 - 3. Chlorine supply for at least 10 days kept on hand: Yes [] No []
 - 4. Sufficient auxiliary and/or power generation capability to handle at least one-half of plant's design capacity: Yes [] No []
 - 5. Sufficient fuel storage capacity to operate standby equipment for at least 5 days: Yes [] No []
 - 6. Automatic switchover provided:
 - a. Chlorination Yes [] No []
 - b. Emergency power Yes [] No []
 - 7. Low level of chlorine alarm: Yes [] No []
 - 8. Inventory of vital spare parts maintained: Yes [] No []
 - 9. Dispatch radio equipment available: Yes [] No []
 - 10. Distribution system map which pinpoints the locations of all valves in the system network: Yes [] No []

- C. Adequate security is provided to protect against unauthorized entry: Yes [] No []

- D. Plant water system is interconnected with one or more adjacent plant water systems:
Yes [] No []

VIII. PUBLIC RELATIONS:

A. What is the most common complaint registered by customers? _____

B. Describe customer complaint response procedure: _____

C. Are plant tours for the public provided? Yes [] No []

D. Are plant personnel available for lectures to civic groups, schools, etc.?
Yes [] No []

E. Does your plant/utility actively participate in commemorating
Better Water for People Week? Yes [] No []

Additional Comments: _____

IX. MOST IMPROVED WATER TREATMENT PLANT AWARD

Do you wish to have your plant considered for the most improved plant award?
Yes [] No []. If yes, please attach support information that would demonstrate
improvements made to the plant during the last 12 months.

Have any members of your organization registered for the upcoming Water Resources
Conference? If so, please give name(s), title(s) and telephone number(s).

Name _____ Title _____ Phone _____

Name _____ Title _____ Phone _____

Name _____ Title _____ Phone _____

Name _____ Title _____ Phone _____

Submit any additional material with this completed application (e.g., photographs, annual report, emergency procedures, etc.) that may be helpful in evaluating your plant for the Most Improved Water Treatment Plant Award.

Submitted by: (Signature) _____

(Printed Name and Title) _____

(Work Telephone No.)

(Date Form Completed)