

CWEA NOMINATION FORM

Collection System of the Year Award

Nominator:

Name:

Agency:

Address:

City, Zip Code:

Work Phone:

Fax:

Email Address:

Local Section:

Nominee:

Name:

Agency:

Address:

City, Zip Code:

Work Phone:

Fax:

Organization's Web Address (if applicable):

Primary Contact

Name:

Title:

Phone:

Email:

Local Section:

Size Category:

Small (0-249 miles)	<input type="checkbox"/>
Medium (250-500 miles)	<input type="checkbox"/>
Large (Over 500 miles)	<input type="checkbox"/>

Checklist of Awards Criteria: You must include all of the following to be eligible for the award.

1. CWEA Member (at least one person at agency).
2. Four copies of the nomination packet.
3. State award winner must contribute a representative to help judge next year.

Instructions:

1. Applicants must use the attached form. Other formats will not be accepted.
2. Submitted materials will not be returned.
3. A single nomination for each category of this award may be submitted by each Local Section on behalf of the Local Section winner.
4. The CWEA Collection Systems Awards are coordinated by the CWEA Collection System Committee Awards Evaluation Team. The team is comprised of the Awards Subcommittee Chair, Committee Chair, and equal representation from the Northern and Southern regions.
5. The team will evaluate all nominees for this award. Only the top two nominated candidates in each size category will be visited by the team to decide the winner in each category. Each candidate visited will have up to two hours to be evaluated if needed.
6. All award nominees will be notified of their award status prior to the CWEA Annual Conference.
7. Send State Award Nominations to CWEA Awards program, 7677 Oakport Street, Suite 600, Oakland, CA 94621. Emails will not be accepted.

All state awards must be received by FRIDAY JANUARY 13, 2012. Postmarks will not be accepted.

Questions? Contact Sergio Ramirez, Collections Systems Committee Awards Chair, (925) 785-4059

I. BACKGROUND INFORMATION:

Nominated System: _____

1. Areas of Responsibility:

- Sanitary Sewers Laterals Storm Drains
 Pumping Stations Other: _____

2. Size of Collection System:

Gravity Sewers: _____ miles
Force Mains: _____ miles
Laterals (per jurisdiction): _____ miles (if applicable)
Storm Drains: _____ miles (if applicable)

3. Number of Pumping Stations: _____

4. Number of Employees: _____. Please attach Organization Chart (required).

How many are Full Time? ____

How many are Part Time? ____

5. Number of employees holding CWEA Certifications: _____

6. Average Daily Flow from collection system: ____ MGD

7. Population Served: _____

8. Number of service connections: _____

9. Range of Pipe Sizes maintained (not including laterals):

_____ inches to _____ inches

10. Age of collection system:

0-10 years: ____%

10-50 years: ____%

50-100 years: ____%

Over 100 years: ____%

11. Estimated miles of sewer not accessible by vehicle: _____

12. Budget for year (July 1, 2010–June 30, 2011):

Operating and maintenance: _____

Capital improvements: _____

13. Current Service Charge (average residence, collection and treatment): \$ _____

14. Is responsibility for sewers tributary to this collection system shared with another agency/entity: Yes No. If yes, please answer the following:

a. This system is mainly _____ (trunks/laterals).

b. Describe how the responsibility for this system is divided: _____

II. REGULATORY COMPLIANCE:

1. Number of stoppages from July 1, 2010 through June 30, 2011: ____
2. How many of these stoppages resulted in Sewer System Overflows? ____

Further, how many of the overflows were:

- i. Mainline overflows:
 1. Category 1 ____
 2. Category 2 ____
- ii. Lateral overflows:
 1. Category 1 ____
 2. Category 2 ____
3. Do you report spills and overflows? Yes___ No___
4. Do you have written reporting procedures? Yes___ No___
5. Do you have written clean-up procedures? Yes___ No___
6. Do you have an Emergency Response Plan? Yes___ No___
7. Do you have a Source Control/Pretreatment Program? Yes___ No___

III. ACCOMPLISHMENTS:

1. Describe any accomplishments your agency has achieved as well as any unique challenges that your agency has faced. Explain your process for creating the accomplishments and how you addressed and overcame the challenges. Be specific; this information will be used to assess the level of complexity of your operation. Please use additional sheets.

IV. MINIMUM REQUIREMENTS:

Your agency must have a program in each of the following areas in order to be considered for the Award. Briefly describe each program.

A. *PREVENTIVE MAINTENANCE PROGRAM*

1. Do you maintain "trouble spots"? Yes No
2. Describe your program (use additional sheets as necessary).
3. Do you clean your entire system? Yes No
How many miles are cleaned each year? ____
4. Do you inspect your entire system? Yes No
How many miles are inspected each year? ____

5. Do you use chemicals? Please indicate Yes or No for each.
 Root Control _____ Grease Control _____
 Rodent/Insect Control _____ Other _____
6. Do you have an odor and corrosion control program? Yes No
 If yes, describe your program, using additional sheets.
7. Do you have input on plans for new construction? Yes No
 If yes, please explain/describe. Use additional sheets.

B. CORRECTIVE MAINTENANCE PROGRAM:

1. Do you make repairs? Yes No. Do you use contractors? Yes No
2. Do you have a pipeline replacement program? Yes No
3. Describe other activities:

C. SAFETY AND ACCIDENT PREVENTION PROGRAM:

1. Number of Injuries (from July 1, 2010 through June 30, 2011):
 Number of Lost Work Days:
2. Program Elements (indicate elements in your program: y = yes, n = no)
 Tailgate Sessions _____, Meetings _____, Posters _____,
 Posting Statistics _____, Confined Space Entry _____,
 Trench Safety _____, Respiratory Protection _____,
 Hazard Communication _____, Traffic Control _____,
 Defensive Driving _____, Jobsite Inspections _____,
 Accident Investigations _____, Safety Committee _____,
 Written Safety Rules _____, Discipline for Violating Safety

Rules _____

D. TRAINING PROGRAM/EMPLOYEE DEVELOPMENT PROGRAM:

1. Areas of Training Program. Indicate Yes or No for each:
 CPR _____ First Aid _____ Shoring _____ Confined Space

_____ SCBA _____ Equipment Operation _____ Other: _____

2. Attach the training records for at least one employee for the past year.
3. Attach list of employees who hold CWEA Certificates, are CWEA members, or hold CWEA offices.
4. Do you require technical certification? Yes No
5. List other employee-development activities:

E. *ADMINISTRATIVE PROCEDURES/DATA MANAGEMENT PROGRAM:*

Do you keep records? Indicate Yes or No for each.

Compliments/Complaints _____ Public Service Calls _____

Productivity _____ Call Backs (poor quality work) _____

Employee Performance _____ Cost of Service _____

Facilities Location (mapping system) _____

Equipment Maintenance _____ Employee Training _____

F. *LONG RANGE PLANNING PROGRAM:*

1. Do you have a long range plan? Yes No

2. List and describe five (5) long range goals:

California Water Environment Association
Collection System of the Year Award
Rating Criteria for Judging Nominees

Nominated
Agency _____

CRITERIA	WEIGHT
Regulatory Compliance (overflows, clean-up procedures, reporting procedures)	<u>15%</u>
Special Accomplishments (challenges faced, successful programs)	<u>20%</u>
Maintenance Program (stoppages, preventive actions, repairs, replacement, rehabilitation)	<u>10%</u>
Safety Program and Record (written rules, program elements, CAL OSHA Form 500 accidents/injuries)	<u>15%</u>
Training Program (materials, facilities, documentation, budget)	<u>10%</u>
Emergency Procedures (written procedures, training)	<u>15%</u>
Administrative Procedures (documentation, forms)	<u>10%</u>