

CWEA NOMINATION FORM

Plant 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: _____
 Phone: _____
 Fax: _____
 Organization's Web Address: _____

Local Section: _____
 Primary Contact Name & Title: _____
 Primary Contact Phone & Email: _____
 Local Section: _____

Size Category:

Less than 5 MGD (Design Flow)	<input type="checkbox"/>
Greater than or equal to 5 MGD and less than or equal to 20 MGD (Design Flow)	<input type="checkbox"/>
Greater than 20 MGD (Design Flow)	<input type="checkbox"/>

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

1. CWEA Membership (at least one person at agency).
2. Application must not exceed 2 inches.
3. Four copies of the nomination packet.
4. Recent photographs of each treatment process, current organization chart, plant brochures.
5. Facility has been in continuous operation for the past three (3) years.

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, to be considered for the State-level award.
4. The Plant of the Year Awards are coordinated by the CWEA Supergroup Committee.
5. The team will evaluate each nomination packet, but will conduct site visits to only the top two candidates in each Category. Each candidate visited is entitled to four hours with the evaluation team.
6. All award nominees will be notified of their 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.
8. **All state awards must be received by FRIDAY, JANUARY 13, 2012. Postmarks will not be accepted.**
9. Questions: Dave Kachelski, Supergroup Committee Chair, (909) 877-2752 or email: kachelskid@hotmail.com

I. APPLICATION AND QUESTIONNAIRE:

- A. Agency: _____

- B. Name of Plant: _____

- C. Address of Plant: _____

- D. Plant Telephone Number: _____

- E. Name of Superintendent/Manager: _____

- F. Number of Employees at Facility: _____

Breakdown of Employees:*

- 1. Number of Operators: _____
- 2. Number of Maintenance Personnel: _____
- 3. Number of Laboratory Personnel: _____
- 4. Number of Collection Personnel: _____
- 5. Number of Industrial Waste Personnel: _____
- 6. Number of Engineer Personnel: _____
- 7. Number of Support Staff Personnel: _____

*Small plants that do not have laboratory and/or industrial waste programs will not be penalized for lack of these departments.

- G. Number of employees members of CWEA: _____
% of Workforce: _____

- H. Name of Local Section: _____
Number of employees attending CWEA conferences, training sessions
and other functions over the past three years _____

I. Name all employee(s) holding an office or serving on a committee and all award winners (Local Section or CWEA) from the past three (3) years: _____

J. Classification of Plant: _____

Number of Operators Certified by the SWRCB in each grade level:

OIT: _____ Grade 1: _____ Grade 2: _____

Grade 3: _____ Grade 4: _____ Grade 5: _____

K. Number of Employees currently certified in the CWEA Technical Certification Program:

GRADE

Collection System Maintenance:	1 _____	2 _____	3 _____	4 _____
Electrical/Instrumentation:	1 _____	2 _____	3 _____	4 _____
Industrial Waste Inspection:	1 _____	2 _____	3 _____	4 _____
Laboratory Analysis:	1 _____	2 _____	3 _____	4 _____
Mechanical Technology:	1 _____	2 _____	3 _____	4 _____
Operator, Industrial Waste Treatment Plant:	1 _____	2 _____	3 _____	4 _____
Water Certification:	1 _____	2 _____	3 _____	4 _____
Biosolids:	1 _____	2 _____	3 _____	4 _____

II. A. SUMMARY AWARD JUSTIFICATION:

Provide a brief description of the accomplishments that form the basis of this nomination, focusing on compliance results, innovative practices, management systems, cost effectiveness and cost reduction and other evidence of superior plant operations from within the past three years.

III. OPERATIONS AND FACILITY DESCRIPTION:

A. 1. Design Average Dry Weather Capacity: _____ MGD
Design Average Wet Weather Capacity: _____ MGD

2. Average Daily Flow: _____ MGD
Percent of Capacity: _____ %
Average WWF: _____ MGD
Percent of Capacity: _____ %

3. Average Peak Flow: _____ MGD

4. Percent Industrial Influent: _____ %

B. Type of Plant/Process Description:

1. Type of Plant: _____

2. Process Description: _____

3. Is your plant part of a district, satellite facility or a corporation?

If yes, describe the structure and relationship. What type of support and resources are shared?

C. 1. Has your facility had NPDES permit violations in the past three years?

If yes, state number, type, permit limit, violation level, cause and resolutions.

D. Provide a list of benchmarks you use to manage your facility.

E. Describe in detail the facility process control strategy and lab tests used for process control.

F. Describe how your approach to industrial discharges and pretreatment achieves an efficient waste management program for your community and the environment.

G. Describe how your facility minimizes the environment impacts of biosolids processing

use and disposal.

- H. Describe how your laboratory support activities enhance plant operation, process control, reliable effluent monitoring and permit reporting.
- I. Describe what you have done to ensure that your financial management and user charge systems provide the level of operating revenues necessary to sustain efficient operations at present and in the future? Provide revenue and expenditure dollar figure amounts for your last full budget year. Show the budget direction over the last three years.
- J. Describe how your facility ensures that personnel staffing and training programs meet OSHA and other requirements.
- K. Describe how your facility ensures the professional development of its staff. What is the average dollar amount budgeted for training per employee? How many hours per employee per year for inside training and how many for outside training? (Include safety separately.) Does your facility offer tuition reimbursement?
- L. Describe the steps taken to involve and educate the general public and public officials in your facility.

IV. DESCRIBE YOUR OPERATION AND MAINTENANCE PROGRAM:

- A. Provide a description of your facility's approach to energy conservation and resource recovery.

- B. Describe your facility's approach to inventory control. (e.g. parts, supplies, chemicals and equipment.
- C. Discuss (in detail) innovative measures of your maintenance, laboratory, operations or other programs you have developed that are extremely efficient or which distinguish your facility.
- D. Describe how your departments use computers or other automated systems to enhance the effectiveness of your organization's operations, maintenance, laboratory and administrative program? List software programs your facility uses and state basic purpose.
- E. Provide an overview of the goals and objectives of your maintenance program.
- F. Describe your facility's approach to analyzing trends related to maintenance costs and performance of equipment to assure optimum operations and reliability.
- G. Percent of time required to do:
Scheduled maintenance: _____ %
Unscheduled maintenance: _____ %
- H. Describe your communications loop between maintenance and operations.
- I. What portion of the total O&M budget is allocated to maintenance?
- J. List areas of maintenance responsibilities:
Plant(s): _____ Lift Station(s): _____
Other: _____

K. List in-house trades in which your entire staff is trained? (e.g. welding, pipefitting)

V. OTHER (required to include):

- A. Schematic of Plant.
- B. Copy of latest DMR/NPDES Permit or other regulators' requirements
(Do not include appendices or attachments).
- C. Recent photographs of each treatment process.
- D. Plant brochures, if available.
- E. Current organization chart.
- F. Copy of most recent monthly monitoring report.
- G. Inspection Team Information:
 - a. Contact name
 - b. Facility location map with directions
 - c. Contact phone number, fax number, e-mail

California Water Environment Association
Plant of the Year Award

scoring system

Nominated Agency _____

<u>APPLICATION FORM ITEM</u>	<u>MAXIMUM POINTS</u>	<u>EMPHASIS ON SCORING</u>
I.A. thru I.	6	General Info
I.J	4	CWEA Participation
I.K.	4	Certification
II.A.	12	Facility Accomplishments
III.C.	6	Permit Compliance
III.D.	6	Benchmarking
III.E.	6	Process Control
III.F.	6	Pretreatment strategy
III.G.	6	Biosolids processes
III.I.	4	Financial condition
III.J. thru K.	6	Training and Safety
III.L.	4	Public Relations
IV.A.	4	Energy conservation
IV.B.	2	Inventory Control
IV.C. thru D.	6	Innovations and Control
IV.E. thru F.	6	Maintenance strategy
IV.G. thru J.	4	Maintenance Efficiency
IV. K.	2	Trades
V.	6	Required information
<u>Maximum Total</u>	<u>100</u>	