FSAWWA DISTRIBUTION SYSTEM AWARDS COMMITTEE

2020 AWARDS APPLICATION
Deadline: October 31, 2020

Purpose:
This subcommittee is charged with the selection of eight (8) utilities whose outstanding performance during the preceding year deserves special recognition by the section. The criteria for these awards shall be based on but not limited to the following:

☐ Must be a member of AWWA (Organization or individual)
☐ Actively supports the activities of the Florida Section
☐ Has completed the attached questionnaire
☐ Demonstrates high standards and integrity

Procedure & Reports:
The subcommittee shall make their own selection, using their best judgment of four utilities based on size, Division I (1-5,999); Division II (6,000-12,999); Division III (13,000-19,999); Division IV (20,000-29,999); Division V (30,000-45,999); Division VI (46,000-69,999); Division VII (70,000-129,999); Division VIII (130,000 plus water services) based on the information submitted on the entry form provided, (similar to the one attached, which may be amended from time to time). The utilities represented by the subcommittee award members are not eligible for the awards. It is not mandatory that the awards be made annually. The awards shall be presented at the Florida Section Conference at the Awards Luncheon by the Chair of the Florida Section. A large wooden plaque with the awards name(s) engraved will be presented for retention by the recipient. A report shall be submitted to the Chair of the Administrative Council.

Application Criteria Summary

| I.  | Water Quality |
| I.  | Operations Records |
| III. | Maintenance |
| IV. | Professionalism |
| V.  | Safety |
| VI. | Emergency Preparedness |
| VII. | Cross Connection / Control Program |

(Each category will have a rating from zero (0) to ten (10). Zero being the lowest, ten being the maximum. There is a section for bonus points entitled “Additional Information”, (40 points).)
I. **Distribution System Water Quality**

Does your system have an active Cross Connection /Control Program?  
Yes [ ]  
No [ ]

If your response is yes, complete the information below (use additional paper if necessary):

*Do you have a flushing program?  
Yes [ ]  
No [ ]

*Frequency of flushing  
Describe program

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

*Method of flushing (describe below)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

*Number of gallons flushed  
gallons

________________________________________________________________________

*Number of flushes in FY

________________________________________________________________________
II. Operation Records

Do you have the following:

- History of main breaks?  
  - Yes ☐  No ☐

- History of service leaks?  
  - Yes ☐  No ☐

- Distribution system records/mapping
  - Manuals  
    - Yes ☐  No ☐
  - Computerized  
    - Yes ☐  No ☐
  - Last year updated

- Means to monitor non-revenue usage?  
  - Yes ☐  No ☐

- System malfunction reports
  - Water Outages/Call-Ins  
    - Yes ☐  No ☐

- Hydrant inventory & Maintenance Records  
  - Yes ☐  No ☐

- Records on hydrant flow test results  
  - Yes ☐  No ☐

- Valve inventory & measurements  
  - Yes ☐  No ☐

- Valve operating/maintenance records  
  - Yes ☐  No ☐

- Records/meters exchanged & installed
  - 3"  2"

- Meters test results/amount tested
  - 3"  2"
III. Maintenance

Does your system have an active maintenance program? (If “yes”, please describe briefly below, use additional paper if necessary)

Yes □ No □

- Manuals for hydrant programs
  Yes □ No □

- Valve locations/exercising program
  Yes □ No □

- Meter change program
  Yes □ No □

- Meter testing program
  Yes □ No □

- Backflow testing & repair program
  Yes □ No □

- Leak detection program
  Yes □ No □

- Miles of piping (by size)

- Main replacement program
  Yes □ No □

- Estimated footage replaced yearly

□ □
IV. Professionalism
   Procedures in public relations/customer service)

- Water quality calls  Yes □ No □
- Meter box hazards    Yes □ No □
- Restoration reports/tracking  Yes □ No □
- High water bills     Yes □ No □
- Low water pressure calls  Yes □ No □
- Developed educational program (public)  Yes □ No □

List all FSAWWA & AWWA conferences and number of attendees from 2008:

__________________________________________  ____________________________
__________________________________________  ____________________________
__________________________________________  ____________________________
__________________________________________  ____________________________
__________________________________________  ____________________________
__________________________________________  ____________________________
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__________________________________________  ____________________________

Is your organization a current member of AWWA?  Yes □ No □
If not, how many are individual members of AWWA in your organization?
(List membership numbers & names)
V. Safety

Does your organization have an active safety program? Yes ☐ No ☐

Does your organization have a full-time safety coordinator? Yes ☐ No ☐

Please indicate whether your organization has the following:
- First Aid Training Program Yes ☐ No ☐
- CPR Training Program Yes ☐ No ☐
- Lock out/tag out program Yes ☐ No ☐
  (Written policy) Yes ☐ No ☐
- Employee “Right to Know Program” Yes ☐ No ☐
- Excavation & trenching program Yes ☐ No ☐
- Confined space/entry program Yes ☐ No ☐
  (Written policy) Yes ☐ No ☐
- Shock hazard program Yes ☐ No ☐
  (Written program) Yes ☐ No ☐
- Monthly safety training Yes ☐ No ☐
- Supply personal protective equipment Yes ☐ No ☐
- Apprentice training program Yes ☐ No ☐
- AC removal program Yes ☐ No ☐
  (Written policy) Yes ☐ No ☐
- Footage of AC removed in (1) fiscal year Yes ☐ No ☐
- Light duty policy Yes ☐ No ☐
  (Written policy) Yes ☐ No ☐
- Lost days due to injuries Yes ☐ No ☐
- Competent person certification Yes ☐ No ☐
- Lost time accidents in distribution last FY Yes ☐ No ☐
- Building(s)/Facility(ies) security for employees Yes ☐ No ☐
- Work zone traffic control program/training Yes ☐ No ☐
- Lead and copper program Yes ☐ No ☐
  (Removal) Yes ☐ No ☐
- DOT drug and Alcohol program Yes ☐ No ☐
- Defensive driving training Yes ☐ No ☐
VI. Emergency Preparedness

Does your organization have an emergency preparedness plan for the following:

- Hurricane? Yes □ No □
- Does your system have “mutual aid agreements” with other governmental entities? Yes □ No □
- Major transmission/distribution system failure? Yes □ No □
- Is your plan in written form? Yes □ No □
- Adequate emergency supplies for emergencies? Yes □ No □
- Does your system have an emergency interconnect with other water suppliers? Yes □ No □
- Does your system have emergency/non-emergency dispatch system? Yes □ No □
VII. Cross-Connection Control Program

- Are public water supply systems serving areas that are within the general water service area actively implementing and enforcing their cross-connection control program? Yes □ No □

- Has all your cross-connection control program been accepted by the DEP or the approved county health department? Yes □ No □

- How many illegal cross-connections have been identified during the reporting period?

- How often are the reclaimed water facilities owned/operated by existing reclaimed water customer inspected?

- Reclaimed water, how many single-family residents have water service?

- How many golf courses are irrigated using reclaimed?

- How many parks or playgrounds are irrigated using reclaimed?

- How many schools are irrigated using reclaimed water?
Submit any additional material with this completed application (e.g. photographs, annual documentation/reports, emergency procedures, video, etc.) That may be helpful toward the evaluation process for “the most/outstanding distribution system award”. “This section is worth 40 points”.

Submitted by: ___________________________________________
(Signature)
________________________________________________________________________
(Print name/title)
Utility: ___________________________________________
(Please show name as you would like it to appear on trophy)

- Please ensure the application is complete and any attachment pages noted are included.
  
  Work telephone: __________________________
  Fax: __________________________
  E-mail address: __________________________
  Date: __________________________

Note: Division Entered: Please check appropriate box.

  □ Division 1 = 1 – 5,999 services
  □ Division 2 = 6,000 – 12,999 services
  □ Division 3 = 13,000 – 19,999 services
  □ Division 4 = 20,000 – 29,999 services
  □ Division 5 = 30,000 – 45,999 services
  □ Division 6 = 46,000 – 69,999 services
  □ Division 7 = 70,000 – 129,999 services
  □ Division 8 = 130,000 – plus water services

* Note – Deadline: October 31, 2020

Applications must be completed in full and sent to:

  Distribution Awards Committee Chair
  Attn: Mike George
  10482 Dunkirk Road
  Springhill, FL 34608

  Phone: (352) 200-9631  E-mail: tapitflorida@att.net