



OUTSTANDING WATER TREATMENT PLANT AWARD
NOMINATION FORM

This award is to recognize an outstanding treatment plant within the Rocky Mountain Section of American Water Works Association. It can be given annually to recognize a water treatment plant for exceptional performance, dedication and teamwork.

Three different categories of treatment plants based on total population served by the utility will be considered for nomination. The categories are small plants serving total populations less than 3,300 people; medium plants are utilities serving more than 3,301 and 50,000 people; and large plants are utilities serving greater than 50,001 people.

INSTRUCTIONS: All blanks must be completed for Award eligibility. Applications, including supporting documentation, are limited to 50 single sided pages. A copy of the application must be submitted by June 15th of each calendar year to the Awards Committee Chair, Melinda Brown who can be reached at (303) 951-0634. Applications may be submitted electronically to mbrown@dewberry.com or by hard copy to Melinda Brown, Dewberry, 990 S. Broadway, Ste 400, Denver, CO 80209. You will receive a phone call or e-mail acknowledging receipt of the application. If you do not receive confirmation of receipt of the application within one week, please contact Melinda Brown by phone. Applications including supporting documentation will not be returned.

I. GENERAL INFORMATION

Population Served (check one) by utility/municipality:
small (<=3,300) [] medium 3,301-50,000 [] large >=50,001 []

What outstanding achievement has this plant accomplished during the last year(s) that distinguishes it above other water treatment plants, that it should be considered for this award? (Attach separate sheets, if necessary, within the page limit.)

Three horizontal lines for text entry.

Plant Name: _____

Plant Street Address: _____

Plant Owner: _____

Owner Mailing Address: _____

Source of Supply: Wells [] Surface []

Plant Classification: Class A [] III [] IV [] Class B [] II [] III []
Class C [] I [] Class D [] I []

Number of Hours Daily Plant Has Manned Operation: _____

Plant Capacity (Rated): _____ MGD Clearwell Capacity (Design) _____ MG

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

Treatment Process Description: _____

Is the plant currently under any enforcement action? Yes [] No []

if yes, explain: _____

II. WATER QUALITY:

a) Please 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.

b) Were enough bacteriological samples from the distribution system analyzed each month during the past year as required by regulation? Yes [] No []

c) Is a chlorine residual of 0.2 ppm (free) or greater routinely maintained throughout the entire distribution system? Yes [] No []

If "No" explain: _____

d) Were any Maximum Contaminant Levels (MCLs) exceeded during the past year? Yes [] No []. If yes, which one(s) _____

e) Do you maintain a corrosion control program? Yes [] No []

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

III. OPERATION RECORDS:

a) Were completed monthly reports submitted before the required deadline for the past 12 months operation? Yes [] No [] Attach copy of report for past month of record.

b) Is a 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 and Standby Equipment: _____
- _____

V. PROFESSIONALISM:

- a) Number of operators on plant staff:
- COLORADO: Class "A" _____ Class "B" _____ Class "C" _____ Class "D" _____
 _____ Trainee _____
- NEW MEXICO: Class 4 _____ Class 3 _____
 Class 2 _____ Class 1 _____
- WYOMING: Class 3 _____ Class 2 _____ Class 1 _____
- b) Is each shift manned by at least one Certified Operator? Yes [] No []
- c) Number of operators receiving certification or higher certification during the past 12 months: _____
- d) Describe the Training Program(s) utilized for plant personnel:
1. _____
 2. _____
 3. _____
- e) List courses/sessions instructed by plant personnel during the past 12 months:
1. _____
 2. _____
 3. _____
- f) Is Plant a member of the Partnership for Safe Water?
- g) Is Plant a member of the State or Other Recognized Optimization or Excellence Program?
 If yes, please identify _____
- h) Number of plant personnel who are currently individual members of:
 AWWA _____
- i) Is Employer is a Utility Member of AWWA? Yes [] No []

- j) All, some, one, none (circle) of plant personnel have been active in supporting RMSAWWA or AWWA during the past year (i.e., through attendance of meetings, holding office, etc.)
- k) Number of plant personnel who attended or participated in the following educational offerings during the past year:

Action Now Seminars _____
 Boulder Short School(s) _____
 Leadville Water Conference _____
 RMSAWWA Annual Conference _____
 AWWA National Conference _____
 RMSAWWA Water Treatment Committee Seminars _____
 AWWA webinars _____
 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 proper respiratory protection?
 Yes [] No [] NA []

VII. EMERGENCY PREPAREDNESS:

- a) Does the plant have an Emergency Plan for the following problems?
 - 1. Treated water contamination event: Yes [] No []
 - 2. Major mechanical failure: Yes [] No []
 - 3. Chlorine and other chemical emergency: Yes [] No []
 - 4. Power outage: Yes [] No []
 - 5. Fire: Yes [] No []
 - 6. Tornado: Yes [] No []
- b) Does the plant have the following standby provisions?
 - 1. Air paks: Yes [] No []
 - 2. Chlorine cylinder/container repair kit: Yes [] No [] NA []
 - 3. Chemical supply for at least 30 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 or in-place MOU with distributor to operate standby equipment for at least 5 days:
Yes [] No []
- 6. Automatic switchover provided:
 - a. Chlorination Yes [] No []
 - b. Emergency power Yes [] No []
- c) Low chlorine level POE alarm: Yes [] No []
- d) Inventory of vital spare parts and Plant Vendors maintained: Yes [] No []
- e) Dispatch radio equipment available: Yes [] No []
- f) Up-to-date (within the last 12 months) distribution system map which pinpoints the locations of all valves in the system network: Yes [] No []
- g) Adequate security is provided to protect against unauthorized entry: 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) Additional Comments:

Submitted by: (Signature) _____

Printed Name and Title: _____

Company/Employer: _____

Mailing Address: _____

E-mail Address: _____ Work Telephone No: _____

Date: _____