



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 is awarded annually to recognize a water treatment plant for exceptional performance, dedication and teamwork.

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, Karen Burgi who can be reached at (720) 834-4259. Applications may be submitted electronically to burgikc@bv.com or by hard copy to Karen Burgi, Black & Veatch Corporation, 6300 S. Syracuse Way, Ste. 300, Centennial, CO 80111. If you do not receive confirmation of receipt of the application within one week, please contact Karen Burgi by phone. Applications including supporting documentation will not be returned.

I. GENERAL INFORMATION

Plant Name: \_\_\_\_\_

Plant Street Address: \_\_\_\_\_

Plant Owner: \_\_\_\_\_

Owner Mailing Address: \_\_\_\_\_

Source of Supply: Wells [ ] Surface [ ]

Plant Classification: \_\_\_\_\_

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: \_\_\_\_\_

Four horizontal lines for additional information or notes.

II. REASON FOR NOMINATION:

a) Why is this an outstanding treatment plant? \_\_\_\_\_-

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b) What innovative ideas has the treatment plant incorporated in the last 12 months?

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c) Is the treatment plant involved in any special optimization studies internally or with external parties? \_\_\_\_\_

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III. WATER QUALITY:

a) Is the plant under any enforcement actions Yes [ ] No [ ] If yes please explain:

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b) Has the plant received any violations in the past 12 months? Yes [ ] No [ ]. If yes, please explain \_\_\_\_\_

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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):  
TTHM's \_\_\_\_\_ppm Turbidity \_\_\_\_\_NTU Fluoride \_\_\_\_\_ppm

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:

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IV. 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 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:

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V. MAINTENANCE:

a) Describe the maintenance program and record keeping system for the items listed:

1. Pumps:

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2. Motors:

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3. Instrumentation:

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4. Treatment Units:

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5. Storage Tanks:

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6. Buildings:

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7. Grounds:

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8. Emergency and Standby Equipment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**VI. PROFESSIONALISM:**

- a) Number of operators on plant staff: \_\_\_\_\_. Operators at each class or level \_\_\_\_\_
- 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? Yes [ ] No [ ]
- g) Is Plant a member of an excellence program? Yes [ ] No [ ]
- h) Number of plant personnel who are currently members of:  
AWWA \_\_\_\_\_
- i) Is Employer 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 the following educational offerings during the past year:

Action Now Seminars \_\_\_\_\_

Boulder Short School(s) \_\_\_\_\_

Leadville Water Conference \_\_\_\_\_

RMSAWWA Annual Conference \_\_\_\_\_

AWWA National Conference \_\_\_\_\_

Other pertinent courses, seminars, conferences, etc. (list)

\_\_\_\_\_

\_\_\_\_\_

VII. 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/maintenance staff Wearing air packs?  
Yes [ ] No [ ] NA [ ]

VIII. EMERGENCY PREPAREDNESS:

- a) Does the plant have an Emergency Plan for the following problems?
  - 1. Major mechanical failure: Yes [ ] No [ ]
  - 2. Chlorine Yes [ ] No [ ] NA [ ]
  - 3. Chemical emergencies: 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 packs: Yes [ ] No [ ] NA [ ]
  - 2. Chlorine cylinder repair kit: Yes [ ] No [ ] NA [ ]
  - 3. Disinfectant 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 [ ] NA [ ]
    - b. Emergency power Yes [ ] No [ ]
- c) Low level of chlorine alarm: Yes [ ] No [ ]
- d) Inventory of vital spare parts maintained: Yes [ ] No [ ]
- e) Dispatch radio equipment available: Yes [ ] No [ ]

- f) 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 [ ]

**IX. 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:  
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\_\_\_\_\_  
\_\_\_\_\_

Submitted by: (Signature) \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

Company/Employer: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Work Telephone No: \_\_\_\_\_

Date: \_\_\_\_\_