



**APPLICATION**  
*for the*  
**Florida Department of Environmental  
Protection (DEP) 2020 Plant  
Operations Excellence Awards for  
Domestic Wastewater Facilities**

The deadline for submitting  
an application is  
**November 20, 2020**  
Submit this application to  
the delegated local program  
or DEP office that regulates  
your system.

**I. AWARD CATEGORY**

- |                        |                                    |                                    |                                    |
|------------------------|------------------------------------|------------------------------------|------------------------------------|
| A. Facility Type       | Type I <input type="checkbox"/>    | Type II <input type="checkbox"/>   | Type III <input type="checkbox"/>  |
| B. DEP District Office | Northwest <input type="checkbox"/> | Southwest <input type="checkbox"/> | Northeast <input type="checkbox"/> |
|                        | Southeast <input type="checkbox"/> | Central <input type="checkbox"/>   | South <input type="checkbox"/>     |

**II. FACILITY IDENTIFICATION**

- A. Facility Name \_\_\_\_\_
- B. DEP Identification Number \_\_\_\_\_

**III. AWARD NOTIFICATION**

**A. Permittee/Owner**

- Name \_\_\_\_\_
- Email \_\_\_\_\_
- Organizational Title \_\_\_\_\_
- Organizational Address \_\_\_\_\_

**B. Application Contact**

- Name \_\_\_\_\_
- Email \_\_\_\_\_
- Title \_\_\_\_\_
- Address/Telephone \_\_\_\_\_

**IV. PLANT FLOWS**

Enter the value and the basis (e.g. annual average daily flow, monthly average daily flow, three-month average daily flow, etc.) for each requested flow. The basis for A. and C. should be the same.

- A. Permitted Flow (state basis) \_\_\_\_\_ MGD \_\_\_\_\_
- B. 2019 Peak Flow \_\_\_\_\_ MGD maximum daily
- C. 2019 Actual Flow (state basis) \_\_\_\_\_ MGD \_\_\_\_\_

**V. RECLAIMED WATER OR EFFLUENT QUALITY**

- A. Number of DEP Violations \_\_\_\_\_ Jan 2014 – Dec 2016

Recent compliance history will be reviewed as part of the application review process. \_\_\_\_\_ Jan 2017 – Dec 2019

- B. Explain any DEP violation(s) occurring between 1/14 and 12/19 including the date, type, cause(s) for the violation(s), and facility’s action to resolve the violation(s).

**VI. BIOSOLIDS QUALITY**

- A. Method of Biosolids Use/Disposal
  - Land Application
  - Distribution / Marketing
  - Landfill
  - Incineration/Bioenergy
  - Transfer

- B. If biosolids are land applied, what type of pathogen reduction is provided?  A  B

- C. If biosolids are land applied or distributed/marketed, provide the annual average for the pollutant parameters for the last year.

Parameter	Annual Average	Units
Arsenic		mg/kg dry weight
Cadmium		mg/kg dry weight
Copper		mg/kg dry weight
Lead		mg/kg dry weight
Mercury		mg/kg dry weight
Molybdenum		mg/kg dry weight
Nickel		mg/kg dry weight
Selenium		mg/kg dry weight
Zinc		mg/kg dry weight

- D. Does this facility comply with the pathogen reduction/vector attraction requirements of 40 CFR Part 503?
  - Yes
  - No
  - NA

**VII. RECORDKEEPING AND REPORTING**

A. Were the following reports submitted in a timely manner and in accordance with Department rules?

- 1. Discharge Monitoring Reports  Yes  No  NA
- 2. Ground Water Monitoring Reports  Yes  No  NA
- 3. Reclaimed Water or Effluent Analysis Reports  Yes  No  NA
- 4. Treatment Facility Biosolids Annual Summary  Yes  No  NA

B. Did you take and report all samples required by the permit or Department rules?  Yes  No

C. Are the following records up-to-date and available to all operators at a convenient location?

- 1. Record Drawings (Plans and Specifications)  Yes  No
- 2. Operation and Maintenance Manuals  Yes  No
- 3. Daily Operation and Maintenance Logs  Yes  No
- 4. Domestic Wastewater Facility Permit  Yes  No

D. Do operation and maintenance manuals include the following?

- 1. Procedures for Normal Operation, Process Control, and Troubleshooting  Yes  No
- 2. Maintenance and Repair Procedures (Including a List of Recommended Spare Parts and Supply Inventories)  
 Yes  No
- 3. Monitoring Procedures  Yes  No
- 4. Safety Procedures  Yes  No
- 5. Emergency Operating Procedures  Yes  No

**VIII. OPERATOR STAFFING**

A. During the last 12 months, has this facility been staffed in accordance with the requirements of Chapter 62-699, F.A.C.?

- Yes  No

B. Classification of Lead or Chief Operator

\_\_\_\_\_

C. Number of Operators on Staff

A\_\_\_\_B\_\_\_\_C\_\_\_\_D\_\_\_\_

**IX. FINANCING**

List the user charge fees and describe the criteria for households, industries, and other user categories.

**X. INFRASTRUCTURE**

A. If known, provide the plant's original design flow and basis \_\_\_\_\_MGD\_\_\_\_\_, level of treatment \_\_\_\_\_, and year that operations were initiated\_\_\_\_\_.

B. Provide the year and description of any significant plant and sewer upgrades and expansions.

C. Have all capacity analysis reports and updates to the capacity analysis reports, as required by Rule 62-600.405, F.A.C., been submitted to the Department?

- Yes       No

If not, explain.

D. Have planning, design, and construction of wastewater facility expansions been timely and in accordance with Rule 62-600.405, F.A.C.?

- Yes       No

If not, explain.

E. Have all improvements recommended by the facility's most recent operation and maintenance report been made?

- Yes       No

If not, explain.

- F. Complete and attach at the end of this application a **Layout Sketch of the Treatment Facility** using a Flow Process Diagram to identify the effluent/reclaimed water and biosolids treatment processes.
- G. Complete and attach at the end of this application a **Service Area Layout Sketch**. Draw a conceptual sketch (provides relative position but need not be dimensionally correct nor accurately scaled) which depicts and identifies, as applicable: the significant sewered and unsewered communities and industrial parks; the plant; the reuse or disposal systems; the discharge surface waters; and the reclaimed water or effluent and biosolids application areas.

H. Collection and Transmission System

- 1. Operation and Maintenance Program (Describe goals, staffing, funding, scheduled inspection, cleaning and repairs.)

- 2. Infiltration and Inflow (Describe conditions of and problems caused by infiltration and inflow during wet and dry weather, including: overflows and bypasses; violation of reclaimed water and effluent limitations; and detection and correction techniques used to remedy problems.)

- 3. Collection and Transmission System Overflows (Provide information on overflows and bypasses experienced during the past 3 years, including: frequency of the overflows, its causes, and corrective/preventive actions taken.)

- 4. Sewer Use Ordinance (Describe specific prohibitions and enforcement strategies.)

- 5. Structural Integrity (Describe the severity of sulfide corrosion and broken and collapsed sewers.)

**XI. SUMMARY OF AWARD JUSTIFICATION NARRATIVE**

Provide a one page or less narrative that summarizes how the facility’s performance has excelled over the past three years including how this represents DEP’s values of accountability, innovation, communication, service, and integrity. Include at least three, up-to-date photographs (no brochures or photocopies) which depicts these operation and maintenance practices. Include captions with photographs.

**XII. OUTSTANDING/INNOVATIVE OPERATION AND MAINTENANCE PRACTICE NARRATIVE**

The applicant should provide narratives consisting of five key operation and maintenance topics. Each narrative should be two pages or less.

The applicant should explain the outstanding and innovative operation and maintenance practices that have contributed to the plant's success. Recommended operation and maintenance topics include:

- \*Process Control and Field Monitoring
- \*Equipment Maintenance Management
- \*Laboratory Management
- \*Pollution Prevention
- \*Biosolids Management
- \*Septage Management
- \*Toxic Waste Controls
- \*Collection System Controls
- \*Collection System Maintenance Management
- \*Financial Management
- \*Public Education
- \*Automation
- \*Safety Education
- \*Plant Staffing and Training
- \*Operation and Maintenance Reviews and Best Management Practices Fats, Oils and Grease Handling

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Excellence Awards *for*  
DOMESTIC WASTEWATER FACILITIES**

**Service Area Layout**  
(Photocopies are acceptable.)

Plant Name: \_\_\_\_\_ DEP Facility Identification Number: \_\_\_\_\_

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**Layout Sketch of the Treatment Facility**  
(Photocopies are acceptable.)

Plant Name: \_\_\_\_\_ DEP Facility Identification Number: \_\_\_\_\_