



DEPARTMENT OF ENVIRONMENTAL PROTECTION

2022 Plant Operations Excellence Awards for Public Water Supply Facilities

The application submission deadline is **November 30, 2022**
Submit this application to the Approved County Health Department or DEP office that regulates
your system

Recent compliance history will be reviewed as part of the application review process

I. Facility Identification

Facility Name:

PWS ID #:

Application Contact Name and Title:

Mailing Address:

Email Address:

Phone Number:

II. Award Category (check one):

1. Facility Type

- Small Community (serving $\leq 3,300$ persons)
- Medium Community (serving 3,300 – 50,000 persons)
- Large Community (serving $> 50,000$ persons)
- Non-Community (includes both Transient and Non-Transient)

2. DEP District Office

- | | | |
|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Northwest | <input type="checkbox"/> Southwest | <input type="checkbox"/> Northeast |
| <input type="checkbox"/> Southeast | <input type="checkbox"/> South | <input type="checkbox"/> Central |

Facility Description

Population Served:

Number of Maintenance Personnel:

Total Number of Utility Department Employees:

Certification Class Required for Facility Operation:

Number of Operators in each Certification Class:

A	C
B	D

Total Number of Operators:

Process Description

Outline the improvements for your treatment process that you have completed in the last year.

III. QUALITY OF WATER PRODUCED

A. Compliance History

Number of Bacteriological Violations*	MCL ¹	M/R ²
January - June 2022		
January - December 2021		
January - December 2020		

Number of Chemical/Radiological violations*	MCL ¹	M/R ²
January – June 2022		
January - December 2021		
January - December 2020		

*Please explain any extraordinary circumstances that led to MCL/TT and/or M/R violation(s) and how the violation(s) was corrected in the field below.

¹MCL = Maximum Contaminant Level

²M/R = Monitoring and Reporting

B. Please explain any outstanding violations associated with your last Sanitary Survey Report.

IV. Facility Operation and Maintenance

A. Overall Appearance (Optional)

Provide photographs of the facility's interior, exterior, personnel, brochures, site plan, and other system aspects to be highlighted.

B. Maintenance Management (Optional)

Describe your maintenance program and how it assures optimum operations and long-term reliability. (Use additional sheets if necessary.)

Do you have the following written schedules, programs, and plans? (Provide copies if possible.) For numbers 1-13 below select the appropriate response.

- | | | | |
|-----------------------------------------------------------|------------------------------|-----------------------------|-----------------------------|
| 1. Preventive Maintenance Schedule for equipment | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 2. Preventive maintenance schedule for the physical plant | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 3. Grounds maintenance program | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 4. Cross connection control program | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 5. Lead and copper tap sampling plan | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 6. Bacteriological monitoring plan | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 7. Emergency Management Plan(optional) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 8. Wellhead Protection Plan (optional) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |

Do operation and maintenance manuals include the following?

- | | | | |
|--------------------------------------------------------------------------------------|------------------------------|-----------------------------|-----------------------------|
| 9. Procedures for normal operation, process control and troubleshooting | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 10. Repair procedures including a list of recommended spare parts/supply inventories | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 11. Monitoring procedures | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 12. Safety procedures | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 13. Emergency Operating Procedures | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |

C. Staff Training and Certification

Describe the program for encouraging certification and training (including safety courses) performed for your staff in-house as well as to outside groups. Include the frequency of attendance by personnel. Use additional sheets if necessary and attach documentation if possible.

For numbers 1-11 below select the appropriate response.

1. Do you have a safety policy or program? Yes No NA
2. Do you have a safety committee or inspector? Yes No NA
3. Do you hold safety inspections more than once a year? Yes No NA
4. Do you hold safety classes to certify personnel in CPR, first aid, chlorine handling, self-contained breathing apparatus (SCBA), etc.? Yes No NA

Do you have the following safety equipment?

5. Floating rings or pole hooks at tanks Yes No NA
6. Gas detectors Yes No NA
7. Safety glasses Yes No NA
8. Safety gloves Yes No NA
9. SCBA Yes No NA
10. Do you have more than one person on duty for every shift that requires staffing?
11. Has time been lost due to accidents during the preceding 12 months?
Yes No NA
12. Do you practice emergency/disaster operations procedures?
Yes No NA

V. Record Keeping and Reporting

A. Were the following reports submitted in a timely manner and in accordance with DEP Rules (select the appropriate response)?

- | | | | |
|------------------------------------------------------------|------------------------------|-----------------------------|-----------------------------|
| 1. Monthly Operating Reports (MORs) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 2. Lead and copper sampling results | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 3. All chemical, radiological, and bacteriological results | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |

B. Emergency Response Program

Describe your emergency response program in terms of:

(Answer 1 through 3 below on separate sheet(s) or provide copies of plans or outline of plans, table of contents of manuals, etc.)

1. Availability of emergency repair crews,
2. Procedures for preventing contaminant infiltration into the water supply under emergency conditions, and
3. Manner of supplying customers with safe water in an emergency situation.

Do you have a written plan for the following?

For numbers 4-12 below select the appropriate response.

- | | | | |
|---------------------------------------------------------------|------------------------------|-----------------------------|-----------------------------|
| 4. Chlorine leakage or chemical spills | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 5. Fires | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 6. Main breaks | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 7. Mechanical failures | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 8. Natural disasters | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 9. Power outages/auxiliary power | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 10. Sewage/residual spills | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 11. Disease outbreaks | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 12. Do you practice emergency/disaster operations procedures? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |

C. Water Conservation Program (Use additional sheets if necessary)

Describe any water conservation programs in place at your system.

VI. Outstanding Operation and Maintenance Practices

(Use additional sheets if necessary.)

A. Describe any innovative ideas in operation and maintenance that have resulted in changes above and beyond routine maintenance that have improved your facility's operation.

B. Describe any quality control tests performed by your facility that were above and beyond

VII. Customer Relations/Acceptance of Facility Performance

(Provide copies of any materials that demonstrate customer relations performance. Use additional sheets if necessary.)

A. Describe how you involve the general public and public officials in the management of your facility.

- B. Describe the types of complaints received (taste or odor, pressure, appearance) and summarize how complaints are resolved, including severity and legitimacy of issues.

VIII. Award Justification

(Use additional sheet(s).)

- A. Explain in one page or less, why your facility is unique and deserving of this award, including a summary of how this represents DEP's values of accountability, innovation, communication, service and integrity. Topics may include:
- Public Education
 - Best Management Practices
 - Customer Relations
 - Unique History of the Facility
 - Other Awards Received
 - Community Outreach
 - Special Individuals, etc.
- B. (Optional) Additional documentation such as pictures with captions, videos, brochures, etc. is encouraged.