



DEPARTMENT OF ENVIRONMENTAL PROTECTION

2019 Plant Operations Excellence Awards Public Water Supply Facilities

The application submission deadline is October 10, 2019
Submit this application to the Approved County Health Department or DEP office that regulates your system

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 <= 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

- Northwest Southwest Northeast
Southeast South 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 \_\_\_\_\_ B \_\_\_\_\_ C \_\_\_\_\_ D \_\_\_\_\_ Total Number of Operators: \_\_\_\_\_

**PROCESS DESCRIPTION**

Briefly outline the treatment process from source to distribution (attach additional sheets if necessary).

**III. QUALITY OF WATER PRODUCED**

A. Compliance History

Number of Bacteriological Violations*	MCL <sup>1</sup>	M/R <sup>2</sup>
January - May 2019	_____	_____
January - December 2018	_____	_____
January - December 2017	_____	_____
Number of Chemical/Radiological violations*	MCL <sup>1</sup>	M/R <sup>2</sup>
January - May 2019	_____	_____
January - December 2018	_____	_____
January - December 2017	_____	_____

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

<sup>1</sup>MCL = Maximum Contaminant Level

<sup>2</sup>M/R = Monitoring and Reporting

B. If you purchase your water describe the benefits. (Attach additional sheets if necessary)

C. Attach a copy of your most recent Sanitary Survey Report.

**IV. FACILITY OPERATION AND MAINTENANCE**

**A. OVERALL APPEARANCE**

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

**B. MAINTENANCE MANAGEMENT**

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	Yes	No	NA
2. Preventive maintenance schedule for the physical plant	Yes	No	NA
3. Grounds maintenance program	Yes	No	NA
4. Cross connection control program	Yes	No	NA
5. Lead and copper tap sampling plan	Yes	No	NA
6. Bacteriological monitoring plan	Yes	No	NA
7. Emergency Management Plan (optional)	Yes	No	NA
8. Wellhead Protection Plan (optional)	Yes	No	NA

Do operation and maintenance manuals include the following?

9. Procedures for normal operation, process control and troubleshooting	Yes	No	NA
10. Repair procedures including a list of recommended spare parts/supply inventories	Yes	No	NA
11. Monitoring procedures	Yes	No	NA
12. Safety procedures	Yes	No	NA
13. Emergency Operating Procedures	Yes	No	NA

**C. STAFF TRAINING AND CERTIFICATION**

Describe the program for encouraging certification and training. 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? | Yes | No | NA |
| 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 |

List Training and Safety Courses and the frequency of attendance by personnel.  
(Use additional sheets if necessary.)

Describe any training your staff performs in-house and to outside groups.  
(Use additional sheets if necessary.)

**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)	Yes	No	NA
2. Lead and copper sampling results	Yes	No	NA
3. All chemical, radiological, and bacteriological results	Yes	No	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	Yes	No	NA
5. Fires	Yes	No	NA
6. Main breaks	Yes	No	NA
7. Mechanical failures	Yes	No	NA
8. Natural disasters	Yes	No	NA
9. Power outages/auxiliary power	Yes	No	NA
10. Sewage/residual spills	Yes	No	NA
11. Disease outbreaks	Yes	No	NA
12. Do you practice emergency/disaster operations procedures?	Yes	No	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 those required by the State or EPA.

**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 your system of public notification for calculated disturbances (flushing hydrants, etc.) and uncalculated disturbances (main breaks, etc.).

C. 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. Topics may include:

- Public Education
- Best Management Practices
- Customer Relations
- Unique History of the Facility
- Other Awards Received
- Community Outreach
- Special Individuals, etc.

B. Additional documentation is encouraged (pictures, videos, brochures, etc.).