**Florida Water Environment Association**

**2018 Collection System of the Year Application**

Utility Name Utility Contact Phone Email Address\_\_\_\_\_\_\_\_

*Enter Utility Name Here**Enter Utility Contact Here**Enter Utility Contact Here**Enter Email Address Here*

**System Size/Overview**

Population Served *Population Served*

Number of Residential Accounts *Number of Residential Accounts*

Number of Commercial Accounts *Number of Commercial Accounts*

Miles of Gravity Pipe *Miles of Gravity Pipe*

Miles of Force Main *Miles of Force Main*

Number of Pump Stations *Number of Pump Stations*

Number of Air Relief Valves *Number of Air Relief Valves*

Number of Food Service Establishments (FSE) *Number of Food Service Establishments*

**Collection System Performance**

Annual Operating Budget $*Annual Operating Budget*

Dry Weather SSOWet Weather SSO

Number of SSOs (January 1, 2017 – December 31, 2017) *\_\_\_\_\_\_* *\_\_\_\_\_\_*

Number of SSOs (January 1, 2016 – December 31, 2016) *\_\_\_\_\_\_* *\_\_\_\_\_\_*

Number of SSOs (January 1, 2015 – December 31, 2015) *\_\_\_\_\_\_* *\_\_\_\_\_\_*

Total Gallons of SSO Reported 2017 *\_\_\_\_\_\_\_*

Total Gallons of SSO Reported 2016 *\_\_\_\_\_\_\_*

Total Gallons of SSO Reported 2015 *\_\_\_\_\_\_\_*

|  |  |  |
| --- | --- | --- |
| 2017 | 2016 | 2017 |
| *\_\_\_\_\_\_\_* | *\_\_\_\_\_\_\_* | *\_\_\_\_\_\_\_* |

Annual Rainfall (in Inches)

*\_\_\_\_\_\_\_**\_\_\_\_\_\_\_**\_\_\_\_\_\_\_*

**Operator Training/Certification**

Number of Collection System Employees *\_\_\_\_\_\_\_\_\_*

Number of Certified Collection System Operators *\_\_\_\_\_\_\_\_\_*

Number of Collection System Field Crews *\_\_*

**Training Offered (Yes/No)**

On-the-Job collections operations and maintenance training offered and tracked Yes  No

On-the-Job training pump station operation and maintenance offered and tracked Yes  No

Professional certified collection system operator training offered Yes  No

Describe your Training Program:

*Describe Training Program Here*

**Safety Program (Yes/No)**

Personnel safety is monitored and tracked Yes  No

Mandatory safety training required for employees Yes  No

Safety training tracked and measured Yes  No

Emergency response training offered Yes  No

Safety testing and drills are conducted Yes  No

Describe your Safety Training Program:

*Describe your Safety Training Program Here*

**Collection System Maintenance**

Annual Review of Inspection Yes  No

Permanent Flow Monitoring Program Yes  No

Number of Flow Monitors *\_\_\_\_\_\_\_\_\_*

Number of Rainfall Gauges *\_\_\_\_\_\_\_\_\_*

Temporary Flow Monitoring Yes  No

Describe your flow monitoring program

*Describe your Flow Monitoring Program Here*

Miles of Sewer Smoke Tested *\_\_*

Number of Manholes Inspected *\_\_*

Defect Coding using MACP Rating System Yes  No

Miles of Gravity Sewer CCTV Inspection *\_\_\_\_\_\_\_\_\_*

CCTV Defect Coding using PACP Rating System Yes  No

Miles of Gravity Sewer Cleaned *\_\_\_\_\_\_\_\_\_*

Miles of Force Main Inspected (internal inspection) *\_\_\_\_\_\_\_\_\_*

Miles of Public Gravity Sewer Root Treatment *\_\_\_\_\_\_\_\_\_*

Number of Fats, Oils, and Grease Facility (FSE) Inspections *\_\_\_\_\_\_\_\_\_*

Number of Air Relief Valve inspections *\_\_\_\_\_\_\_\_\_*

Describe any unique or special collection system maintenance programs:

*Unique or Special Collection System Maintenance Progams*

**Pump Station Maintenance** Frequency

Preventive maintenance of pumps (Yes/No and Frequency) Yes  No  / *\_\_\_\_\_\_\_\_\_*

Predictive maintenance Yes  No

Number of Pump Station Capacity Assessments Performed *\_\_\_\_\_\_\_\_\_*

Back-up power at all pump stations ­­ Yes  No

Describe Pump Station Maintenance Program:

*Describe Pump Station Maintenance Program Here*

**Capacity Assessment Methodology**

System Assets are mapped (As-Builts, GIS, etc.) and up to date Yes  No  Computerized Work Order System for maintenance activities Yes  No

Hydraulic Model Established/Calibrated Yes  No

I/I (Infiltration/Inflow) monitoring and reduction program Yes  No

Map, database, or GIS indicating surcharge and overflow situations *\_\_*

Describe Capacity Assurance Methodology including all of the above and any unique or special programs:

*Describe Capacity Assurance Methodology Here*

**System Rehabilitation**

CIP budget for rehabilitation and sewer replacement Yes  No

Rehabilitation and Replacement Expenditures 2017 *\_\_*

(Collection System & Pump Stations Only)

Miles of Gravity Sewer Rehabilitated/Replaced *\_\_*

Number of Manholes Rehabilitated/Replaced *\_\_*

Number of Gravity Sewer Point Repairs *\_\_*

Number of Pump Stations Upgraded or Replaced *\_\_*

Describe Rehabilitation Program including any unique or special methodology:

*Describe Rehabilitation Program Here*

**Regulatory Compliance**

Are you currently under a Consent Order/Decree Yes  No

Under a Consent Order/Decree in the past 5 years Yes  No

|  |
| --- |
| Please provide pertinent information regarding regulatory compliance issues including programs  and mediation results:  *Describe Regulatory Compliance Issues Here* |
|  |
| **Additional Supplemental Information**  Please provide any additional information that you feel contribute to your utility deserving the Collection System of the Year award:  *Describe Additional Information Here* |
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