**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* |
|  |