**2015 EARLE B. PHELPS AWARD**

**APPLICATION FORM**

**\*\* Please send application to** [**tnixon@greeley-hansen.com**](mailto:tnixon@greeley-hansen.com) **through email or Dropbox if possible.**

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Category \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (AWT, Advanced Secondary, Secondary)

(*AWT*: 5,5,3,1 eff. limits *Adv Sec.*: Sec. Clarification, Filtration, High Level Disin. *Sec.*: Clarification, Std. Disin.)

Facility Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submitted by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prepared by (Company/Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide the following information based on an average of the **previous twelve (12) months record**:

|  |  |  |
| --- | --- | --- |
| **Design Average Daily Flow (ADF)** \_\_\_\_\_\_\_\_\_\_\_\_ mgd | **Actual Average Daily Flow** \_\_\_\_\_\_\_\_\_\_\_\_ mgd | **Actual Maximum Daily Flow** \_\_\_\_\_\_\_\_\_\_\_ mgd |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **BOD (mg/L)** | **TSS (mg/L)** | **TN (mg/L)** | **TP (mg/L)** | **Coliforms (#/100 mL)** | **pH** |
| **Influent** |  |  |  |  |  |  |
| **Effluent** |  |  |  |  |  |  |
| **% Removal** |  |  |  |  |  |  |
| **Permit Limit** |  |  |  |  |  |  |
| **# Days Out of Compliance** |  |  |  |  |  |  |

Please submit copies of monthly (FDEP DMR) reports, which substantiate the above averages.

Solids Treatment: Biosolids class level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe your facility’s solids treatment operations, processes and final disposal method\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. ***Do you have wide fluctuations in flow?***  (seasonal flow, wet weather I/I, hourly variations, etc.) \_\_\_\_\_\_\_\_\_ If yes, explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Actual Maximum Daily Flow (mgd) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Actual Maximum Weekly Average Daily Flow (mgd) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Actual Maximum Monthly Average Daily Flow (mgd) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Actual Maximum Hourly Flow (mgd) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proximity of plant flow treated to permitted capacity:

(2013 Avg. MADF)/(Permitted Capacity) x 100 = \_\_\_\_\_\_\_\_\_\_\_\_mgd

1. ***Do you have wide fluctuations in influent waste strength?*** (i.e., industrial sources, septage, etc.) \_\_\_\_\_\_\_\_\_ If yes, Explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **BOD**  **(mg/L)** | **TSS**  **(mg/L)** | **TN**  **(mg/L)** | **TP**  **(mg/L)** |
| **Maximum Daily** |  |  |  |  |
| **Maximum Monthly** |  |  |  |  |

Number of Days Recorded pH < 6 \_\_\_\_\_\_\_\_\_\_\_\_ pH > 9 \_\_\_\_\_\_\_\_\_\_\_\_

% of Plant Flow from Industrial Sources \_\_\_\_\_\_\_\_\_\_\_\_

Specific Toxics: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Septage Volume and Frequency Received (gal):

Daily \_\_\_\_\_\_\_\_\_

Weekly \_\_\_\_\_\_\_\_\_

Monthly \_\_\_\_\_\_\_\_\_

% of ADF \_\_\_\_\_\_\_\_\_

1. ***Laboratory Utilization/Sampling***

Do you have an on-site laboratory? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many locations within your plant are sampled? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parameters Analyzed for Compliance:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Parameter** | **Frequency Sampled**  **(daily, weekly, monthly, continuous)** | **Location of Sample**  **(influent, effluent, sidestream, etc.)** | **Grab/Composite** |
| **Flow** |  |  |  |
| **BOD** |  |  |  |
| **TSS** |  |  |  |
| **TN** |  |  |  |
| **TKN** |  |  |  |
| **NH3** |  |  |  |
| **NOx** |  |  |  |
| **TP** |  |  |  |
| **pH** |  |  |  |
| **Coliform** |  |  |  |
| **Other\* (add add’l lines as necessary)** |  |  |  |
|  |  |  |  |

**\*Others (i.e., COD, MLSS, MLVSS, SVI, F/M, SRT, Sludge Blanket, D.O., turbidity, ORP, Cl residual, temp., etc.)**

**Parameters Analyzed for Process Control:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Parameter** | **Frequency Sampled**  **(daily, weekly, monthly, continuous)** | **Location of Sample**  **(influent, effluent, sidestream, etc.)** | **Grab/Composite** |
| **Flow** |  |  |  |
| **BOD** |  |  |  |
| **TSS** |  |  |  |
| **TN** |  |  |  |
| **TKN** |  |  |  |
| **NH3** |  |  |  |
| **NOx** |  |  |  |
| **TP** |  |  |  |
| **pH** |  |  |  |
| **Coliform** |  |  |  |
| **Other\* (add add’l lines as necessary)** |  |  |  |
|  |  |  |  |

**\*Others (i.e., COD, MLSS, MLVSS, SVI, F/M, SRT, Sludge Blanket, D.O., turbidity, ORP, Cl residual, temp., etc.)**

FDEP Laboratory Certification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location(s) of Process Laboratory

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List Analytical/Process Control Equipment Utilized

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Is QA/QC Plan utilized? \_\_\_\_\_\_\_ What parameters does it cover? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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No. of laboratory staff? \_\_\_\_\_\_\_\_\_\_\_\_ How long is laboratory data kept? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. ***Safety***

Do you have a Safety Officer and/or Safety Committee? \_\_\_\_\_\_\_\_\_ Please list \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Monthly Safety Meetings? \_\_\_\_\_\_\_\_\_. Who attends \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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CPR training, first aid, emergency response, accident record, chlorine handling (please describe safety plan/safety record/safety procedures)

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List previous plant safety awards received (awarding organization, name of award and date received)

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1. ***Plant Maintenance Procedures***

Name organization entity that is in responsible charge for conducting maintenance and what group performs the maintenance activities? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please describe plant maintenance procedures/preventive maintenance program

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List previous plant O&M awards received (awarding organization, name of award and date received)

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1. ***Plant Records/Library***

Describe plant records and library information available to plant personnel (i.e., O&M Manuals, Record Drawings, EPA materials, etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Who is responsible for completing the Daily Log, and who has oversight over the completion of the Log?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there a separate Library Room? \_\_\_\_\_\_\_\_\_\_.

1. ***Continuing Education***

List plant operators and certification class of each:

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Does your utility cover staff costs for CEUs and certification/license renewals? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. ***General Housekeeping***

What measures are followed to keep up the general housekeeping of plant?

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1. ***Additional Information***

Please submit any additional information which helps describe your treatment facility; e.g., age, type of treatment, process flow diagram, other recent awards, number of staff and level of training, power consumption reduction/minimization efforts, facility LEED/energy certifications or awards, and/or innovative processes utilized. Elaborate submittals are not required..