**EARLE B. PHELPS AWARD**

**APPLICATION FORM**

**\*\* Please send the application to** **Tina.Nixon@parsons.com** **through email if possible.**

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

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

Plant Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Contact Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_ Submitted by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide the following information based on an average of the previous twelve months record:

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | BOD | TSS | TN | TP | Coliforms | pH |
| Influent |  |  |  |  |  |  |
| Effluent |  |  |  |  |  |  |
| % Removal |  |  |  |  |  |  |
| Permit Limit |  |  |  |  |  |  |
| # Days Out of Compliance |  |  |  |  |  |  |

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

1. Do you have wide fluctuations in flow? \_\_\_\_\_\_\_\_\_ If yes, explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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(i.e., seasonal flow, wet weather I/I, hourly variations, etc.)

Maximum Daily Flow \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Maximum Weekly Flow \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Maximum Monthly Flow \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Maximum Hourly Flow \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you have wide fluctuations in influent waste strength? \_\_\_\_\_\_\_\_\_\_ If yes, explain:\_\_\_\_\_\_\_

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

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(i.e., industrial sources, septage, etc.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | BOD  | TSS  | TN  | TP |
| 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, other) | Location of Sample | Grab/Composite |
| Flow |  |  |  |
| BOD |  |  |  |
| TSS |  |  |  |
| TN |  |  |  |
| TP |  |  |  |
| pH |  |  |  |
| Coliform |  |  |  |
| Other |  |  |  |
|  |  |  |  |
|  |  |  |  |

Parameters Analyzed for Process Control:

|  |  |  |  |
| --- | --- | --- | --- |
| Parameter | Frequency Sampled(daily, weekly, monthly, other) | Location of Sample | Grab/Composite |
| Flow |  |  |  |
| BOD |  |  |  |
| TSS |  |  |  |
| TN |  |  |  |
| TP |  |  |  |
| pH |  |  |  |
| Coliform |  |  |  |
| Other |  |  |  |
|  |  |  |  |
|  |  |  |  |

Others (i.e., COD, MLSS, MLVSS, SVI, F/M, SRT, Sludge Blanket, D.O., etc.)

Location(s) of Process Laboratory

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Turn around time for analyses (list parameter/turn around time)

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List Laboratory 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? \_\_\_\_\_\_\_\_\_. 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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1. Plant Maintenance Procedures

Please describe plant maintenance procedures/preventive maintenance program

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

1. . Continuing Education

List Plant Operators and Certification Class of each

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

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1. General Housekeeping

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

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Please submit any additional information which helps describe your treatment facility; e.g., age, type of treatment, process flow diagram, recent awards, number of staff and level of training. Elaborate submittals are not required.