**2020 EARLE B. PHELPS AWARD**

**APPLICATION FORM**

**\*\* Please email application to Tina Nixon at** [**tina.nixon@stantec.com**](mailto:tina.nixon@stantec.com) **or upload to my Dropbox (will send a link) or another document share site, if possible.**

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

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

* Advanced Waste Treatment AWT: 5,5,3,1 effluent limits
* Advanced Secondary: Secondary clarification, filtration, and high level disinfection
* Secondary: Clarification followed by disinfection

***Part 1 General***

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

FDEP Permit Identification Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

***Part 2 Plant Design Criteria***

Design Annual Average Daily Flow (MGD)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Design Daily Peak Flow MGD\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Design Influent and Effluent BOD, TSS, TKN Total P, Disinfection Criteria and pH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Number and Description for Surface Water Discharge Outfalls\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number and Description for Reuse Disposal Options (Part II, III, IV, V, VI, Other)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Underground Injection Wells\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number and Description Other Land Application Uses\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Part 3 Plant Performance***

Please provide the following information based on the **previous twelve (12) months data as reported to FDEP**

Annual Average Daily Flow (MGD)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Annual Average Daily Flow % of Permitted Capacity\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Maximum Daily Flow of the 12-month period (MGD)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Annual Average Influent and Effluent BOD, TSS, TKN, TP as appropriate and other parameters as listed in the table:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **BOD (mg/L)** | **TSS (mg/L)** | **TN (mg/L)** | **TP (mg/L)** | **Turbidity (NTU)** | **pH** | **Toxicity (%)** |
| **Annual Average Influent** |  |  |  |  |  |  |  |
| **Annual Average Effluent** |  |  |  |  |  |  |  |
| **% Removal** |  |  |  |  |  |  |  |
| **# Occurrences Out of Compliance** |  |  |  |  |  |  |  |

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

List previous plant, operations, or maintenance performance awards received (awarding organization, name of award and date received)

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

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***Part 4 Solids Treatment***

Biosolids class level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe the biosolids treatment operations, processes and final disposal method\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***Part 5 Flow and Loading Fluctuations***

Typical Daily Flow Peaking Factor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Typical Wet Weather Flow Peaking Factor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Typical Seasonal Flow Peaking Factor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Significant Industrial Users (SIU) identified on the Permit\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimated Plant Flow from Industrial Sources (%) \_\_\_\_\_\_\_\_\_\_\_\_\_

Specific Pollutants identified for each SIU): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please provide the following information based on the **previous twelve (12) months data as reported to FDEP**

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

Septage Volume and Frequency Received (gal):

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

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

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

% of AADF \_\_\_\_\_\_\_\_\_

***Part 6 Laboratory***

Is there a compliance laboratory on-site \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identify the sampling requirements listed in the Permit on the following table:

|  |  |  |  |
| --- | --- | --- | --- |
| **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** |  |  |  |
| **Turbidity** |  |  |  |
| **Chlorine Residual** |  |  |  |
| **Other (add add’l lines as necessary** |  |  |  |

**Identify Process Control Testing Performed On Site:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Parameter** | **Frequency Sampled**  **(daily, weekly, monthly, continuous)** | **Location of Sample**  **(Influent, effluent, sidestream, etc.)** | **Grab/Composite** |
| **Flow** |  |  |  |
| **COD** |  |  |  |
| **MLSS, MLVSS** |  |  |  |
| **SVI** |  |  |  |
| **F/M, SRT** |  |  |  |
| **Blankets3** |  |  |  |
| **DO, Respiration Rate** |  |  |  |
| **Ammonia, NOX, P** |  |  |  |
| **ORP** |  |  |  |
| **Other (add add’l lines as necessary)** |  |  |  |

***Part 7 Safety***

Is there a Safety Officer and/or Safety Committee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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***Part 8 Plant Operations and Maintenance Procedures***

Are day-to day maintenance activities performed in house or subcontracted\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are day-to day operations activities performed in house or subcontracted\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many hours per day is the plant staffed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe plant maintenance procedures/preventive maintenance program

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***Part 9 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? \_\_\_\_\_\_\_\_\_\_.

***Part 10 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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Part 11 General Housekeeping***

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

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

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***Part 12 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, facility LEED/Envision/energy certifications or awards, and/or innovative processes utilized. Elaborate submittals are not required.