

SARBS 2008 NOMINATION FORM

Plant of the Year Award

The nomination form for the SARBS 2008 Plant of the Year is the same as the form used at the state level by the CWEA. This nomination form is found on the following pages.

The criteria for winning the SARBS award is the same as winning the state level (CWEA) award. See the following page

Instructions for applying for a SARBS award:

1. Applicants must use the attached form, other formats will not be accepted. Applicants must answer all questions that follow. Submitted materials will not be returned. USE THE ATTACHED FORM EVEN THOUGH THE FORM TITLE STATES 'CWEA 2008 NOMINATION FORM'
2. Send completed awards nomination form to

South Orange County Wastewater Authority
34156 Del Obispo Street
Dana Point, CA 92629
Attention: Brian Peck

E-mails and faxes will not be accepted.
3. Send five copies of the completed nomination form.
4. The nominator will be notified that the nomination form has been received.
5. All nominations must be received or postmarked by October 17, 2008.
6. Nominees will be contacted regarding interviews by October 31, 2008.
7. SARBS will send the application for the successful nominee (SARBS Award Winner) to the CWEA for consideration in the state level competition.
8. For questions contact Brian Peck at bpeck@socwa.com.

GOOD LUCK!

CWEA 2008 NOMINATION FORM

Plant of the Year Award

Nominee:

Name: _____

Agency: _____

Address: _____

City, Zip Code: _____

Work Phone: _____

Fax: _____

Email Address: _____

Nominating Local Section: _____

Nominator:

Name: _____

Agency: _____

Address: _____

City, Zip Code: _____

Work Phone: _____

Fax: _____

Email Address: _____

Nominating Local Section: _____

Size Category:

Less than 5 MGD (Design Flow)	<input type="checkbox"/>
Greater than or equal to 5 MGD and less than or equal to 20 MGD (Design Flow)	<input type="checkbox"/>
Greater than 20 MGD (Design Flow)	<input type="checkbox"/>

Checklist of Awards Criteria: You must include all of the following to be eligible for the award.

1. CWEA Member (at least one person at agency)?
2. Application less than 2 inches.
3. Four copies of the nomination packet?
4. Recent photographs of each treatment process, current organization chart, plant brochures.
5. Facility has been in continuous operation for the past three (3) years.

Instructions:

1. Applicants must use the attached form, other formats will not be accepted.
2. Submitted materials will not be returned.
3. A single nomination for each category of this award may be submitted by each local section for their Local Section winner and CWEA Standing Committee (other than Super Group).
4. The CWEA Supergroup Awards are coordinated by the CWEA Supergroup Committee.
5. The team will evaluate all nominees for this award. Only the top two nominated candidates in each size category will be visited by the team to decide the winner in each category. Each candidate visited will have up to four hours to be evaluated if needed.
6. All award nominees will be notified of their status prior to the CWEA Annual Conference.
7. Send State Award Nominations to CWEA Awards program, 7677 Oakport Street, Suite 600, Oakland, CA 94621. Emails will not be accepted.
8. **All state awards must be received by FRIDAY JANUARY 9, 2009, postmarks will not be accepted.**
9. Questions: Dave Kachelski, Supergroup Committee Chair, (909) 877-2752 or email: kachelskid@hotmail.com

Local Section or Standing Committee Submitting Nomination:

I. APPLICATION AND QUESTIONNAIRE:

- A. Agency: _____

- B. Name of Plant: _____

- C. Address of Plant: _____

- D. Plant Telephone Number: _____

- E. Name of Superintendent/Manager: _____

- F. Number of Employees at Facility: _____

Breakdown of Employees:*

- 1. Number of Operators: _____
- 2. Number of Maintenance Personnel: _____
- 3. Number of Laboratory Personnel: _____
- 4. Number of Collection Personnel: _____
- 5. Number of Industrial Waste Personnel: _____
- 6. Number of Engineer Personnel: _____
- 7. Number of Support Staff Personnel: _____

*Small plants that do not have laboratory and/or industrial waste programs will not be penalized for lack of these departments.

- G. Number of Employees members of CWEA: _____
 % of Workforce: _____

H. Name of Local Section: _____
 Number of Employees attending CWEA conferences, training sessions,
 Functions over the past three years _____

I. Name any employee(s) holding an office or committee, award winners
 (either Section or CWEA), within the past three (3) years: _____

J. Classification of Plant: _____
 Number of Operators Certified by the SWRCB in each grade level:
 OIT: _____ Grade 1: _____ Grade 2: _____
 Grade 3: _____ Grade 4: _____ Grade 5: _____

K. Number of Employees currently certified in the CWEA Technical Certification Program:

	GRADE			
Collection System Maintenance:	1 ___	2 ___	3 ___	4 ___
Electrical/Instrumentation:	1 ___	2 ___	3 ___	4 ___
Industrial Waste Inspection:	1 ___	2 ___	3 ___	4 ___
Laboratory Analysis:	1 ___	2 ___	3 ___	4 ___
Mechanical Technology:	1 ___	2 ___	3 ___	4 ___
Operator, Industrial Waste Treatment Plant:	1 ___	2 ___	3 ___	4 ___
Water Certification:	1 ___	2 ___	3 ___	4 ___
Biosolids:	1 ___	2 ___	3 ___	4 ___

II. A. SUMMARY AWARD JUSTIFICATION:

Provide a brief description of the accomplishments that form the basis of this nomination focusing on compliance results, innovative practices, management systems, cost effectiveness and reduction, and other evidence of superior plant operations within the last three years.

III. OPERATIONS AND FACILITY DESCRIPTION:

A. 1. Design Average Dry Weather Capacity: _____ MGD
Design Average Wet Weather Capacity: _____ MGD

2. Average Daily Flow: _____ MGD
Percent of Capacity: _____%
Average WWF: _____ MGD
Percent of Capacity: _____%

3. Average Peak Flow: _____ MGD

4. Percent Industrial Influent: _____%

B. Type of Plant/Process Description:

1. Type of Plant: _____

2. Process Description: _____

3. Is your plant part of a district, satellite facility or a corporation?
If yes, describe the structure and relationship. What type of support and resources are shared?

C. 1. Has your facility had NPDES permit violations in the past three years?

If yes, state number, type, permit limit, violation level, cause, and resolutions.

- H. Describe how your laboratory support activities enhance plant operation, process control, reliable effluent monitoring and permit reporting.
- I. Describe what you have done to ensure that your financial management and user charge systems provide the level of operating revenues necessary to sustain efficient operations at present and in the future? Provide revenue and expenditure dollar figure amounts for your last full budget year. Show the budget direction over the last three years.
- J. Describe how your facility ensures that personnel staffing and training programs meet OSHA and other requirements.

K. Describe how your facility ensures the professional development of its staff. What is the average dollar amount budgeted for training per employee? How many hours per employee per year for inside training and how many for outside training? (Include safety separately.) Does your facility have tuition reimbursement?

L. Describe the steps taken to involve and educate the general public and public officials in your facility.

- D. Describe how your departments use computers or other automation systems to enhance the effectiveness of your organization's operations, maintenance, laboratory and administrative program? List software programs your facility uses and state basic purpose.
- E. Provide an overview of the goals and objectives of your maintenance program.
- F. Describe your facility's approach to analyzing trends related to maintenance costs and performance of equipment to assure optimum operations and reliability.

- G. Percent of time required to do:
Scheduled maintenance: _____%
Unscheduled maintenance: _____%
- H. Describe your communications loop between maintenance and operations.
- I. What portion of the total O&M budget is allocated to maintenance?
- J. List areas of maintenance responsibilities:
Plant(s): _____ Lift Station(s): _____
Other: _____
- K. What in-house trades is your entire staff trained in? (welding, pipefitting, etc.)

V. OTHER (required to include):

- A. Schematic of Plant.
- B. Copy of latest DMR/NPDES Permit or other regulators' requirements
(Do not include appendices or attachments).
- C. Recent photographs of each treatment process.
- D. Plant brochures, if available.
- E. Current organization chart.
- F. Copy of most recent monthly monitoring report.
- G. Inspection Team Information:
 - a. Contact name
 - b. Facility location map with directions
 - c. Contact phone number, fax number, e-mail

California Water Environment Association

"Plant of the Year Award"

scoring system

Nominated Agency _____

<u>APPLICATION FORM ITEM</u>	<u>MAXIMUM POINTS</u>	<u>EMPHASIS ON SCORING</u>
I.A. thru I.	6	General Info
I.J	4	CWEA Participation
I.K.	4	Certification
II.A.	12	Facility Accomplishments
III.C.	6	Permit Compliance
III.D.	6	Benchmarking
III.E.	6	Process Control
III.F.	6	Pretreatment strategy
III.G.	6	Biosolids processes
III.I.	4	Financial condition
III.J. thru K.	6	Training and Safety
III.L.	4	Public Relations
IV.A.	4	Energy conservation
IV.B.	2	Inventory Control
IV.C. thru D.	6	Innovations and Control
IV.E. thru F.	6	Maintenance strategy
IV.G. thru J.	4	Maintenance Efficiency
IV. K.	2	Trades
V.	6	Required information
<u>Maximum Total</u>	<u>100</u>	