

**EARLE B. PHELPS AWARD APPLICATION FORM**

\*\* Please email application or request a OneDrive link for upload to Jason Hopp at jhopp@heywardfl.com.

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| --- | --- |
| Date: |  |
| Applicant Category: |  |
|  | AWT, Advanced Secondary, or 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
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## **Part 1 General**

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| Facility Name: |  |
| FDEP Permit #: |  |
| Facility Owner: |  |
| Facility Address: |  |
| Contact Name: |  |
| Contact Phone: |  |
| Contact Email: |  |
| Submitted By: |  |
| Prepared By (Name & Company): |  |

## **Part 2 Plant Design Criteria**

|  |  |
| --- | --- |
| Design Annual Average Daily Flow (MGD): |  |
| Design Max Month Flow (MGD): |  |
| Design Peak Daily Flow (MGD): |  |
| Design Influent cBOD, TSS, Ammonia, TKN, and TP (as applicable): |
|  |
| Design Effluent cBOD, TSS, Nitrate, TN, TP, and Disinfection Criteria (as applicable): |
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| Number and Description for Reuse Disposal Options: |
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| Number of Underground Injection Wells: |
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| Number and Description Other Land Application Uses: |
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## **Part 3 Plant Performance**

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

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| --- | --- | --- | --- |
| Annual Average Daily Flow (MGD): |  |  |  |
| Annual Average Daily Flow % of ***Design*** ADF: |  |  |  |
| Max Daily Flow of the 12-month period (MGD): |  |  |  |
| Annual Average Parameters as listed in table (regardless of permit requirements): |  |  |
|  | **cBOD****(mg/L)** | **TSS (mg/L)** | **Nitrate (mg/L)** | **Fecal (CFU)** | **Turbidity (NTU)** | **TN (mg/L)** | **TP (mg/L)** | **TKN (mg/L)** | **NH3 (mg/L)** |
| **Annual Average Influent** |  |  |  |  |  |  |  |  |  |
| **Annual Average Effluent** |  |  |  |  |  |  |  |  |  |
| **# Occurrences Out of Compliance** |  |  |  |  |  |  |  |  |  |

\* Please submit all daily certified laboratory data on the Daily Lab Data Compilation spreadsheet.

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| List previous plant, operations, or maintenance performance awards received in previous two years: |
| **Awarding Organization** | **Name of Award** | **Date Received** |
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## **Part 4 Biosolids Treatment**

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| Biosolids Class Level: |  |
| Describe the biosolids treatment operations (in-house/contracted), processes, and final disposal method: |
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## **Part 5 Non-Domestic Flow and Loading**

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| Number of Significant Industrial Users (SIU) per EPA Guidelines: |  |
| Total number of Industrial Users: |  |
| Estimated Flow from all Industrial Sources (%): |  |
| Specific Pollutants impacting the facility and monitoring performed: |
|  |
| Septage or Leachate Volume & Frequency Received (gal): |
| Daily |  |
| Weekly |  |
| Monthly |  |
| % of AADF |  |
| Describe how leachate/septage is received and monitored by the facility: |
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## **Part 6 Laboratory / Process Control**

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| Is there a Compliance laboratory on-site? | **Yes** |  | **No** |  | **Other:** |
|  |  |  |  | **Other:** |
| Is there a Process laboratory on-site? | **Yes** |  | **No** |  | **Other:** |
| Identify the parameters tested in the NELAC Certified Laboratory on the following table: |
| **Parameter** | **Frequency Sampled** (daily, weekly, monthly, continuous) | **Location of Sample**(influent, effluent, side stream, etc.) | **Permit Requirement (**[x] **)** |
| **Flow** |  |  |[ ]
| **BOD** |  |  |[ ]
| **TSS** |  |  |[ ]
| **TN** |  |  |[ ]
| **TKN** |  |  |[ ]
| **NH3** |  |  |[ ]
| **NOx** |  |  |[ ]
| **TP** |  |  |[ ]
| **pH** |  |  |[ ]
| **Coliform** |  |  |[ ]
| **Turbidity** |  |  |[ ]
| **Chlorine Residual** |  |  |[ ]
| **Other:**  |  |  |  |[ ]
|  |  |  |  |[ ]
|  |  |  |  |[ ]
|  |  |  |  |[ ]
|  |  |  |  |[ ]
| Identify Process Control Testing performed in the on-site laboratory: |
| **Parameter** | **Frequency Sampled** (hourly, daily, weekly, monthly, continuous) | **Location of Sample**(influent, effluent, side stream, etc.) | **Grab/ Composite** |
| **TSS/MLSS** |  |  |  |
| **VSS/MLVSS** |  |  |  |
| **pH** |  |  |  |
| **Total Residual Chlorine** |  |  |  |
| **Free Residual Chlorine** |  |  |  |
| **Turbidity** |  |  |  |
| **Settleability** |  |  |  |
| **Dissolved Oxygen (D.O.)** |  |  |  |
| **ORP** |  |  |  |
| **Ammonia** |  |  |  |
| **Nitrate/Nitrite/NOx** |  |  |  |
| **Total Nitrogen** |  |  |  |
| **Total Phosphorous** |  |  |  |
| **Other:**  |  |  |  |  |
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Identify Process Control parameters used for plant operations:

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| --- | --- | --- |
| **Parameter** | **Frequency Sampled** (hourly, daily, weekly, monthly, continuous) | **Average Value** |
| **SVI** |  |  |
| **MLSS** |  |  |
| **F/M Ratio** |  |  |
| **SRT** |  |  |
| **MCRT** |  |  |
| **Sludge Age** |  |  |
| **WAS Rate (GPD or PPD)** |  |  |
| **RAS Rate (% of Flow)** |  |  |
| **Internal Recycle Rate (% of Flow)** |  |  |
| **Chlorine Usage (Gallons/Day)** |  |  |
| **Chlorine Dose (mg/L)** |  |  |
| **Sludge Blanket Depth(s)** |  |  |
| **Side Stream Nutrients** |  |  |
| **Oxygen Uptake Rate (OUR)** |  |  |
| **Tertiary Filter Removal Efficiency %** |  |  |
| **Other:** |  |  |
| **Other:** |  |  |
| **Other:** |  |  |

Identify any Process Automation and explain operations:

[ ]  Chemical Feed Control [ ]  Aeration Control [ ]  RAS Control [ ]  WAS Control

[ ]  Clarifier Monitoring [ ]  Digester Monitoring/Control [ ]  EQ Control [ ]  MBR

[ ]  SRT Control [ ]  Other

Automated Process Description(s)

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## **Part 7 Safety**

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| Is there a Safety Officer and/or Safety Committee? | Yes |  | No |  |  |
| Are Safety Meetings held at least Monthly? | Yes |  | No |  |  |
| If yes, describe or list who attends: |
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|  |  |
| --- | --- |
| Number of reported accidents/injuries in last calendar year? |  |

 Please describe safety plan/ safety record/ safety procedures (e.g. CPR training, first aid, emergency response, and chlorine handling): |
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List previous plant safety awards received in past two years:

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| --- | --- | --- |
| **Awarding Organization** | **Name of Award** | **Date Received** |
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## **Part 8 Plant Operations and Maintenance Procedures**

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| How are day-to-day **maintenance** activities performed? | In-House |  | Subcontracted |  |
| How are day-to-day **operations** activities performed? | In-House |  | Subcontracted |  |
| Utilize a CMMS system to manage maintenance activities? | Yes |  |  No |  |  |
| What % of maintenance activities are preventative? |  |  |  |
| What % of maintenance activities are corrective? |  |  |  |
| Does the plant retain maintenance SOPs? | Yes |  | No |  |  |

Please describe plant maintenance procedures/preventive maintenance program:

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## **Part 9 Plant Records/Library**

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| Check the records, documents and logs available on-site for operations staff (e.g. O&M Manuals, Record Drawings, FDEP materials, etc.). **Select items will be randomly verified during site inspection**:[ ]  Facility Permit[ ]  Reuse Protocol[ ]  Plant O&M Manuals (Hard Copy)[ ]  Plant O&M Manuals (Electronic Copy)[ ]  Record Drawings (Hard Copy)[ ]  Record Drawings (Electronic Copy)[ ]  Plant Operations SOPs[ ]  Plant Maintenance SOPs[ ]  Laboratory SOPs[ ]  FDEP Division 62 Regulations[ ]  FDEP Standard Operating Procedures[ ]  Operator Licenses Displayed/Active[ ]  Laboratory Certification Displayed/Active[ ]  pH Calibration Log [ ]  Turbidity Calibration Log [ ]  Turbidity Secondary Standards Calibration Log[ ]  Residual Chlorine Calibration Log[ ]  Residual Chlorine Secondary Standards Calibration Log[ ]  Sample/Reagent Refrigerator Temperature Log[ ]  Composite Sampler Temperature Verification Log[ ]  Composite Sampler Volume Verification Log[ ]  Composite Sampler Temperature Verification Log[ ]  Reagents/Chemical Log[ ]  Desiccant LogDescribe how plant records and library information are made available to plant personnel. |
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## **Part 10 Continuing Education**

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| List plant operators and certification class of each operator. |
| **Plant Operator** | **Certification Class** |
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| Does your utility cover staff costs for CEUs and certification/license renewals? | Yes |  | No |  |  |
| Does your utility cover staff costs for college courses or advanced training? | Yes |  | No |  |
| Does your utility perform internal training for CEUs? | Yes |  | No |  |
| Describe any unique aspects of your utility’s training program. |
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## **Part 11 General Housekeeping**

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| What measures are followed to keep up the general housekeeping of plant? |
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| What measures are taken to prevent odors from emanating off-site? |
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##  **Part 12 Additional Information**

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| Please submit any additional information which helps describe your treatment facility; e.g., age, type of treatment, process flow diagram, process control systems, and/or innovative processes utilized. Elaborate submittals are not required. |
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| Please submit any additional information which helps describe any programs or systems used to reduce operating costs (labor, sludge disposal, chemical, and/or power) and maintenance costs within the treatment facility. |
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