

MEMBRANE PLANT OPERATIONS AWARD APPLICATION

I. FACILITY IDENTIFICATION

II.

Plant Name:
PWS ID#:
Application Contact Person (name and title):
Phone Number:
Email:
Mailing Address:

FACILITY AND PROCESS INFORMATION
A. FACILITY DESCRIPTION Type of Treatment Plant (seawater, brackish, softening, MF, UF):
Population Served:
Number of Maintenance Personnel:
Number of Plant Operations Personnel:
Total Number of Plant Personnel:
State/Federal Plant Operations Classification and Level:
Number of Operators in Each Certification Class:
ABCDTotal Number of Operators:
Number of Operators with SEDA Certification:
B. PROCESS DESCRIPTION
Plant Design (build-out) flow, gpd (mgd):
Membrane Design (build-out) flow, gpd (mgd):
Plant Daily Average Operating Flow, gpd (mgd):
Membrane Daily Average Operating Flow, gpd (mgd):

Briefly outline the process	from source to distribution	(attach flow diagram).
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Describe any processes or equipment that makes your plant unique. **III.** QUALITY OF WATER PRODUCED A. COMPLIANCE HISTORY 1. Indicate if your facility has had any bacteriological violations: >MCL[®]— Number of Bacteriological Violations* Number of Chemical/Radiological Violations* >MCL¹— *Please explain any extraordinary circumstances that led to MCL and/or M/R violation(s) and how the violation(s) were corrected. ¹MCL=Maximum Contaminant Level 2. Are your State reports submitted in a timely manner and in accordance with the applicable rules and regulations? (Highlight One) Yes No **B. SANITARY SURVEY** Please provide the most current sanitary survey report. IV. FACILITY OPERATION AND MAINTENANCE A. OVERALL APPEARANCE Please provide photographs of the facilities interior and exterior, brochures, site plan and other system aspects to be highlighted B. MAINTENANCE MANAGEMENT Describe your maintenance program and how your program assures optimum operations and long-term reliability (use separate sheet). Include samples of your program if necessary, to convey your point. Do you have the following written schedules, programs, and plans? Please highlight one. Supporting data is not necessary. Sub-contracted? 1. Preventive maintenance schedule for equipment Yes No NA Do operation and maintenance manuals include the following?

2. Procedures for normal operation, process control and Yes No NA troubleshooting

3.	Repair procedures including a list of recommended	Yes	No	NA
	spare parts/supply inventories			
4.	Monitoring procedures	Yes	No	NA
5.	What is your plants' membrane cleaning frequency?			

6. How often are membranes replaced (partial / total)?

C. STAFF TRAINING AND CERTIFICATION

Describe the program for encouraging certification and training. Indicate if training includes education reimbursement, license requirements, training in water treatment after licensing, college/CEU reimbursement. Attach additional sheets as necessary.

Indicate the training/certification provided to your employees. Provide copies of any company policies pertaining to training.

1.	Does your utility encourage certification?	Yes	No	NA
2.	Does your utility encourage training?	Yes	No	NA
3.	Do you have a safety committee or inspector?	Yes	No	NA
4.	Do you hold safety classes to certify personnel in the following the second s	owing:		
	a. CPR/ First aid b. Chlorine handling / Self-contained	Yes	No	NA
	breathing apparatus (SCBA)	Yes	No	NA
	c. Confined Space	Yes	No	NA
Please indicate if you have the following safety equipment:				
	Personal Protective Equipment Do you have more than one person on duty for every	Yes	No	NA
	shift that requires staffing?	Yes	No	NA
3.	Has time been lost due to accidents during the preceding 12 months?	Yes	No	NA

List training and safety courses and the frequency of attendance by personnel:

Describe any training your staff performs in-house and/or to outside groups:

V. <u>RECORD KEEPING AND REPORTING</u>

- A. EMERGENCY RESPONSE PROGRAM Yes No NA For the following questions, use a separate sheet and provide a brief description.
 - 1. Describe the how you supply customers with safe water in an emergency. Information regarding your Emergency Operations Plan is helpful.

Do you have a written plan for the following?

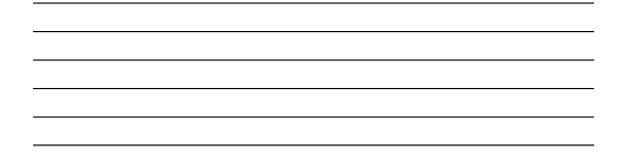
B.

1.	Chlorine leakage or chemical spills	Yes	No	NA
2.	Natural disasters (hurricane, tornado, flood, etc.)	Yes	No	NA
3.	Power outages/auxiliary power	Yes	No	NA
4.	Do you practice emergency/disaster operations procedures?	Yes	No	NA
WA	TER CONSERVATION PROGRAM	Yes	No	NA

1. Provide a brief description of any water conservation programs:

VI. OUTSTANDING OPERATION AND MAINTENANCE PRACTICES

A. Give further information and explanation detailing why you think your facility should be awarded the Southeast Desalting Association Plant Operations Award.



PLEASE ANSWER ANY 2 OF THE FOLLOWING QUESTIONS:

B. Describe any innovative ideas in operation and maintenance that have resulted in changes above and beyond routine maintenance that has improved your facility operation.

C. Describe any non-routine and/or uncommon operation and maintenance activities performed by Staff. Indicate the approximate frequency of these activities.

D. Describe an innovative technology or idea that was implemented to improve the water treatment processes at the plant (pretreatment, membrane or post-treatment) within the membrane plant.

E. Describe unique methods or processes developed or implemented by the plant that make it operations exceptional attach additional sheets as necessary.

F. Describe programs adopted by management to improve gender diversity, Attach additional sheets as necessary.

All applications <u>MUST</u> be submitted electronically to <u>registration@southeastdesalting.com</u> by April 3rd, 2020. Submit any additional material with this application that may be helpful in evaluating your plant for the Outstanding Membrane Plant Award. If your application is larger than 20MB please contact the SEDA Office at (772)781-7698. Good Luck!