



MEMBRANE PLANT OPERATIONS AWARD APPLICATION

I. FACILITY IDENTIFICATION

Plant Name: _____

PWS ID#: _____

Application Contact Person (name and title): _____

Phone Number: _____

Email: _____

Mailing Address: _____

II. 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:

A ____ B ____ C ____ D ____ Total 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).

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:

Number of Bacteriological Violations* >MCL² _____

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?		
	Yes	No	NA
1. Preventive maintenance schedule for equipment			

Do operation and maintenance manuals include the following?

2. Procedures for normal operation, process control and troubleshooting	Yes	No	NA
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- | | | | |
|---|-----|----|----|
| 3. Repair procedures including a list of recommended spare parts/supply inventories | Yes | No | NA |
| 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: | | | |
| a. CPR/ First aid | Yes | No | NA |
| b. Chlorine handling / Self-contained breathing apparatus (SCBA) | Yes | No | NA |
| c. Confined Space | Yes | No | NA |

Please indicate if you have the following safety equipment:

- | | | | |
|---|-----|----|----|
| 1. Personal Protective Equipment | Yes | No | NA |
| 2. Do you have more than one person on duty for every 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. RECORD KEEPING AND REPORTING

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?

- | | | | |
|--|-----|----|----|
| 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 |

B. WATER 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 **MUST** be submitted electronically to registration@southeastdesalting.com 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!