



# MEMBRANE PLANT OPERATIONS AWARD APPLICATION

## **I. FACILITY IDENTIFICATION**

Plant Name: \_\_\_\_\_

PWS ID#: \_\_\_\_\_

Application Contact Person (name and title): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Executive Summary: \_\_\_\_\_

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## **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).

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Describe any processes or equipment that makes your plant unique.

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**III. QUALITY OF WATER PRODUCED**

**A. COMPLIANCE HISTORY**

1. Indicate if your facility has had any bacteriological violations:

Number of Bacteriological Violations\* >MCL<sup>2</sup> \_\_\_\_\_

Number of Chemical/Radiological Violations\* >MCL<sup>1</sup> \_\_\_\_\_

\* Please explain any extraordinary circumstances that led to MCL and/or M/R violation(s) and how the violation(s) were corrected.

<sup>1</sup>MCL=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	Yes	No	NA
Do operation and maintenance manuals include the following?			
2. Procedures for normal operation, process control and troubleshooting	Yes	No	NA
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.

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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 | N  |

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

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

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**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.

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Do you have a written plan for the following?

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|--|-----|----|----|
| 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:

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**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.

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**PLEASE ANSWER ONLY 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, in the past 5 years.

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

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D. Describe an innovative technology or idea that was implemented, in the past 5 years to improve the water treatment processes at the plant (pretreatment, membrane or post-treatment) within the membrane plant.

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E. Describe unique methods or processes developed or implemented, in the last 5 years by the plant that make its operations exceptional attach additional sheets as necessary.

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F. Describe programs adopted by management to **improve** gender diversity, Attach additional sheets as necessary. DO NOT provide your non-discrimination policy as a response.

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All applications must be submitted to [registration@southeastdesalting.com](mailto:registration@southeastdesalting.com).

Include any additional material that may be helpful with your submission. Good Luck!