

CWEA 2008 NOMINATION FORM

Collection System 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:

0 - 249 miles Small	<input type="checkbox"/>
250-500 miles Medium	<input type="checkbox"/>
Over 500 miles Large	<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. 15 minute video of nominated system? FOR STATE LEVEL AWARDS ONLY
3. Four copies of the nomination packet?

Instructions:

1. Applicants must use the attached form, other formats will not be accepted.
2. Submitted materials, including VHS video, 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 Collection Systems).
4. The CWEA Collection Systems Awards are coordinated by the CWEA Collection System Committee Awards Evaluation Team. The team is comprised of the Awards Subcommittee Chair, Committee Chair, and three representatives from the Northern Region and three from the Southern Region.
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 two hours to be evaluated if needed.
6. All award nominees will be notified of their award 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.

All state awards must be received by FRIDAY JANUARY 9, 2009, postmarks will not be accepted.

9. Questions: Call Ralph Palomares, Collections Systems Committee Awards Chair, (949) 837-5957 or email: rpalomares@etwd.com

BACKGROUND INFORMATION:

Nominated System: _____

A. Size of Collection System: _____ miles

B. Average Daily flow: _____ MGD

C. Number of Employees: _____.

Number of Labor Hours worked (from 7/1/06 through 06/30/07) : _____

D. Range of Pipe Sizes: _____ inches to _____ inches

E. Number of Pumping Stations: _____ Population Served _____

F. Areas of Responsibility: Sanitary Sewers, Laterals, Storm Drains,
 Pumping Stations, Other: _____

G. Is responsibility for sewers tributary to this collection system shared with another agency/entity: Yes No. If yes, please answer the following:

This system is mainly _____ (trunks/laterals). Describe how the responsibility for this system is divided:

H. Annual Budget: Operating \$ _____ Capital Improvements \$ _____

I. Annual Service Charge (average residence): \$ _____

J. NPDES Permit No.: _____

NPDES Permit Discharge Prohibition for Sanitary Sewers: _____

K. Describe any unique challenges that your agency has faced and describe how you have addressed those challenges (be specific, this information will be used to assess the level of complexity of your operation, use additional sheets if required), _____

L. Copy of Organization Chart Attached? Yes No

II. REGULATORY COMPLIANCE:

A. Number of Overflows from July 1, 2006 through June 30, 2007 (An overflow is defined as a release of sewage upstream of the Treatment Facility): _____

Number of Stoppages from July 1, 2006 through June 30, 2007: _____

Dry Weather Overflows, Wet Weather Overflows

B. Do you report spills/overflows? Yes No

Do you have written reporting procedures? Yes No

C. Do you have written clean-up/containment procedures? Yes No

Who do you report to? RWQCB, OES, Other (list)

D. Do you have an Emergency Response plan? Yes No

If yes, is the Emergency Response Plan in Writing? Yes No

E. Do you have a Source Control/Pretreatment Program? Yes No

III. ACCOMPLISHMENTS:

(List your agencies accomplishments from July 1, 2006 through June 30, 2007, use additional sheets if required) _____

IV. MINIMUM REQUIREMENTS:

(Your agency must have a program in each of the following areas in order to be considered for the Award, briefly describe each program.)

A. *PREVENTIVE MAINTENANCE PROGRAM*

1. Do you maintain "trouble spots"? Yes No

2. Describe your program: _____

3. Do you clean and inspect your entire system? Yes No

4. Do you use chemicals (y = yes, n = no)

Root Control _____ Grease Control _____ Rodent/Insect Control _____

Other _____

5. Do you have an odor and corrosion control program? Yes No

Describe your program: _____

6. Do you have input on plans for new construction? Yes No

B. CORRECTIVE MAINTENANCE PROGRAM⁽⁹⁹⁾:

1. Do you make repairs? Yes No. Do you use contractors? Yes No

2. Do you have a pipeline replacement program? Yes No

2a. Is this a part of a Capital Improvement Program (CIP)? Yes No

2b. Amount budgeted for your wastewater collection CIP \$ _____

3. Describe other activities: _____

C. SAFETY AND ACCIDENT PREVENTION PROGRAM:

1. Number of Injuries (from July 1, '06 through June 30, '07): _____

Number of Lost Work Days: _____

2. Program Elements (indicate elements in your program: y = yes, n = no)

Tailgate Sessions _____, Meetings _____, Posters _____,

Posting Statistics _____, Confined Space Entry _____,

Trench Safety _____, Respiratory Protection _____,

Hazard Communication _____, Traffic Control _____,

Defensive Driving _____, Jobsite Inspections _____,

Accident Investigations _____, Safety Committee _____,

Written Safety Rules _____, Discipline for Violating Safety Rules _____

D. TRAINING PROGRAM/EMPLOYEE DEVELOPMENT PROGRAM:

1. Areas of Training Program
(indicate elements in your program: y = yes, n = no)

CPR _____, First Aid _____, Shoring _____, Confined Space _____,

SCBA _____, Equipment Operation _____, Other: _____

2. Annual Training Budget: \$ _____ (include labor cost)

3. Attach list of employees who hold CWEA Certificates, are CWEA members, or hold CWEA offices.

4. Do you require technical certification? Yes No

4. List other employee development activities: _____

E. *ADMINISTRATIVE PROCEDURES/DATA MANAGEMENT PROGRAM*₍₉₉₎:

1. Do you keep records (y = yes, n = no)
Compliments/Complaints _____, Public Service Calls _____,
Productivity _____, Call Backs (poor quality work) _____,
Employee Performance _____, Cost of Service _____,
Facilities Location (mapping system) _____,
Equipment Maintenance _____, Employee Training _____

F. *LONG RANGE PLANNING PROGRAM:*

1. Do you have a Long Range plan? Yes No
2. List five (5) long range goals: _____

California Water Environment Association

"Collection System Of The Year Award₍₉₉₎"

Rating Criteria For Judging Nominees

Nominated Agency _____

CRITERIA	POSSIBLE POINTS	ACTUAL POINTS
Regulatory Compliance (overflows, clean-up procedures, reporting procedures)	15	_____ _____
Accomplishments during the past year	10	_____
Preventive Maintenance Program (stoppages, preventive actions)	15	_____
Corrective Maintenance Program (repairs, replacement, rehabilitation)	10	_____
Safety Program and Record (written rules, program elements, CAL OSHA Form 500 accidents/injuries)	15	_____
Training Program (materials, facilities, documentation, budget)	10	_____
Video (introductory presentation, personnel, housekeeping, equipment)	10	_____
Emergency Procedures (written procedures, training)	10	_____
Administrative Procedures (documentation, forms)	5	_____
Overall Score	100	_____ _____

Comments:

Rater: _____

Date: _____

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Rating Criteria For Judging Nominees

SITE INSPECTION

Nominated Agency _____

CRITERIA	POSSIBLE POINTS	ACTUAL POINTS
Regulatory Compliance (overflows, clean-up procedures, reporting procedures)	15	_____
Accomplishments during the past year	10	_____
Preventive Maintenance Program (stoppages, preventive actions)	15	_____
Corrective Maintenance Program (repairs, replacement, rehabilitation)	10	_____
Safety Program and Record (written rules, program elements, CAL OSHA Form 500 accidents/injuries)	15	_____
Training Program (materials, facilities, documentation, budget)	10	_____
Site Inspection (introductory presentation, personnel, housekeeping, equipment)	10	_____
Emergency Procedures (written procedures, training)	10	_____
Administrative Procedures (documentation, forms)	5	_____
Overall Score	<u>100</u>	_____

Comments:

Rater: _____

Date: _____