

APPLICATION FOR COLLECTION SYSTEM MAINTENANCE

Nominator Information Please type or print legibly in ink. Illegible applications will be returned.

First name:	MI:	Last name:
Work phone:	Cell:	Email:
Nominator Agency:		
Tour address:		
City:	State:	Zip:
Alternate Contact Name:		Email:

Nominee Name

Nominee Agency:		
Nominee Contact:	Email:	Phone:
Alternate Contact:	Email:	Phone:

Application Vocation and Grade Level

Award Type	Check One
Small (0-249 Miles)	<input type="checkbox"/>
Medium (250-500 Miles)	<input type="checkbox"/>
Large (Over 500 Miles)	<input type="checkbox"/>

Background Information

Nominated System:					
Areas of Responsibility	<input type="checkbox"/> Sanitary Sewers	<input type="checkbox"/> Laterals	<input type="checkbox"/> Storm Drains	<input type="checkbox"/> Pumping Stations	<input type="checkbox"/> Other
<input type="checkbox"/> Other					
Size of Collection System:	In miles:				
Gravity Sewers					
Force Mains					
Laterals (per jurisdiction)					
Storm Drains					
Number of pumping stations:					
Number of employees:	How many are full time?	How many are part time?			
<i>Please attach organization chart (required).</i>					
Number of employees holding CWEA certifications:					
Average Daily Flow from collection system: _____ MGD					
Population Served:					
Number of service connections:					
Range of pipe sizes maintained (not including laterals): _____ inches to _____ inches					
Budget for year (List your prior fiscal year dates): _____					
Operating and maintenance: _____ Capital improvements: _____					

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:

REGULATORY COMPLIANCE

Number of stoppages:

How many of these stoppages resulted in Sewer System Overflows?

Further, how many of the overflows were:

Mainline overflows:	Category 1:	Category 2:	Category 3:
Lateral overflows:	Category 1:	Category 2:	Category 3:

Is your agency required to report private lateral/overflows? Yes No

Your agency's spills per 100 miles of pipe? _____

Do you report spills and overflows? Yes No

Do you have written reporting procedures? Yes No

Do you have written cleanup procedures? Yes No

Do you have an Emergency Response Plan? Yes No

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

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. (Use additional sheets if necessary.)

PREVENTIVE MAINTENANCE PROGRAM

Do you maintain "trouble spots?" Yes No

Do you clean your entire system? Yes No

How many miles are cleaned each year? _____

Do you inspect your entire system? Yes No

How many miles are inspected each year? _____

Do you use chemicals?	Root Control <input type="checkbox"/> Yes <input type="checkbox"/> No	Grease Control <input type="checkbox"/> Yes <input type="checkbox"/> No	Rodent/Insect Control <input type="checkbox"/> Yes <input type="checkbox"/> No	Other: _____
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Describe your program. (Use additional sheets if necessary.)

CORRECTIVE MAINTENANCE PROGRAM

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

Do you have a pipeline replacement program? Yes No

Describe your program here and list other activities. (Use additional sheets if necessary.)

SAFETY AND ACCIDENT PREVENTION PROGRAM

Number of injuries: _____ Number of lost work days: _____

Program elements:	Tailgate Sessions <input type="checkbox"/> Yes <input type="checkbox"/> No	Meetings <input type="checkbox"/> Yes <input type="checkbox"/> No	Posters <input type="checkbox"/> Yes <input type="checkbox"/> No	Posting Statistics <input type="checkbox"/> Yes <input type="checkbox"/> No	Confined Space Entry <input type="checkbox"/> Yes <input type="checkbox"/> No
Trench Safety <input type="checkbox"/> Yes <input type="checkbox"/> No	Respiratory Protection <input type="checkbox"/> Yes <input type="checkbox"/> No	Hazard Communication <input type="checkbox"/> Yes <input type="checkbox"/> No		Traffic Control <input type="checkbox"/> Yes <input type="checkbox"/> No	Defensive Driving <input type="checkbox"/> Yes <input type="checkbox"/> No
Jobsite Inspections <input type="checkbox"/> Yes <input type="checkbox"/> No	Accident Investigations <input type="checkbox"/> Yes <input type="checkbox"/> No	Safety Committee <input type="checkbox"/> Yes <input type="checkbox"/> No	Written Safety Rules <input type="checkbox"/> Yes <input type="checkbox"/> No	Discipline for Violating Safety Rules <input type="checkbox"/> Yes <input type="checkbox"/> No	

Describe your program. (Use additional sheets if necessary.)

TRAINING PROGRAM/EMPLOYEE DEVELOPMENT PROGRAM

Areas of training program:

CPR <input type="checkbox"/> Yes <input type="checkbox"/> No	First Aid <input type="checkbox"/> Yes <input type="checkbox"/> No	Shoring <input type="checkbox"/> Yes <input type="checkbox"/> No	Confined Space <input type="checkbox"/> Yes <input type="checkbox"/> No	SCBA <input type="checkbox"/> Yes <input type="checkbox"/> No	Equipment Operation <input type="checkbox"/> Yes <input type="checkbox"/> No
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Other:

Do you require technical certification? Yes No

Describe your program. (Use additional sheets if necessary.)

ADMINISTRATIVE PROCEDURES/DATA MANAGEMENT PROGRAM

Do you keep records?

Compliments/Complaints <input type="checkbox"/> Yes <input type="checkbox"/> No	Public Service Calls <input type="checkbox"/> Yes <input type="checkbox"/> No	Productivity <input type="checkbox"/> Yes <input type="checkbox"/> No	Call Backs (poor quality work) <input type="checkbox"/> Yes <input type="checkbox"/> No	Employee Performance <input type="checkbox"/> Yes <input type="checkbox"/> No
Cost of Service <input type="checkbox"/> Yes <input type="checkbox"/> No	Facilities Location (mapping system) <input type="checkbox"/> Yes <input type="checkbox"/> No	Equipment Maintenance <input type="checkbox"/> Yes <input type="checkbox"/> No	Employee Training <input type="checkbox"/> Yes <input type="checkbox"/> No	

Describe your program. (Use additional sheets if necessary.)