

KENTUCKY WATER & WASTEWATER OPERATORS ASSOCIATION, INC.

OUTSTANDING TREATMENT PLANT EVALUATION FORM

1. Name of Facility _____
2. Contact Person _____
3. Phone Number _____
4. Age of Plant: ____ Type of Plant: (WA) ____ (WW) ____ (Industrial) _____
5. Design Capacity _____ Average Flow _____
6. Plant Currently Meeting Limits / Regulations ____ YES ____ NO

____ number of times plant violated permit conditions within the past 12 months

Please explain (no) above and/ or causes of violations: _____

7. Staffing:

Number of employees at plant ____

Plant operation year-round ____ yes ____ no

Is plant operated by certified operators? ____ yes ____ no

List all certification levels ____ I ____ II ____ III ____ IV

Is plant adequately staffed? ____ yes ____ no

Days/Hours of operation _____ with staff ____ without _____

8. LABORATORY:

Laboratory facilities on-site? ____ yes ____ no

Laboratory adequate for permit testing: ____ yes ____ no

Explanation: _____

Are current standard methods procedures being used?
__ yes __ no __ other

9. OPERATIONS / TRAINING :

Are operators using established process control procedures?
____ yes ____ no

Are O & M manuals available on site? ____ yes ____ no

Are in-house training programs established? ____ yes ____ no

Provide a brief description of plant operations: _____

Condition of treatment equipment: _____

10. HOUSEKEEPING: (overall plant-grounds-buildings-employees- etc.)

Excellent _____ Good _____

Fair _____ Poor _____

11. CONFIRMATION BY REGULATORY AGENCY: _____

12. PLEASE ATTACH A PLANT LAYOUT, FLOW CHART AND
BRIEF DESCRIPTION OF FACILITY BEING NOMINATED **(MANDATORY)**

DATE: _____

REVIEWED BY: _____

COMMENTS: **(Please attach supportive material to warrant consideration of award)**
