

AWARD NOMINATION FORM

CHECK ONE FOR A AND B BELOW:

A. UHL T. MANN AWARD (OPERATIONS)

B. CATEGORY: 0.0-0.5 MGD ___; 0.6-1.0 MGD ___; 1.1-10.0 MGD ___; 10.1-50.0 MGD ___; Over 50.0 MGD ___.

NOMINEE DATA

NAME: _____

TITLE: _____

ORGANIZATION: _____

HOME ADDRESS: _____

TELEPHONE: WORK: _____ HOME: _____

NYWEA MEMBER: YES ___ NO ___

CHAPTER _____

NYS OPERATORS CERTIFICATE: TYPE _____ GRADE _____

DATE ISSUED: _____ NUMBER: _____

PRESENT SUPERVISOR'S NAME: _____ TELEPHONE: _____

TITLE: _____

ADDRESS: _____ ZIP: _____

CHIEF ELECTED OFFICIAL: NAME: _____ TITLE: _____

ADDRESS: _____ ZIP: _____

TELEPHONE: _____

EDUCATION AND TRAINING:

Training completed:

Education:

Experience:

TREATMENT PLANT NAME: _____

PLANT ADDRESS: 751 Mill Rd, Staten Island, NY 10306 TYPE AND GRADE: Step Feed Activate Sludge

DESIGN FLOW: _____ MGD

ACTUAL FLOW: 28.5 MGD

	<u>CONCENTRATION, mg/l</u>		<u>REMOVAL EFFICIENCY, %</u>
	<u>INFLUENT</u>	<u>EFFLUENT</u>	
CBOD:	___	___	___
SS:	___	___	___
OTHER:	___	___	

UNIT PROCESSES

- | | | | |
|----------|-------------------------------|----------|---------------------------------|
| *1. ___ | Screening | *21. ___ | Disinfection Cl ₂ |
| 2. ___ | Grinder | 22. ___ | Thickening |
| *3. ___ | Grit Removal | 23. ___ | Incineration |
| 4. ___ | Pre-Aeration | 24. ___ | Elutriation |
| 5. ___ | Primary Settling | 25. ___ | Activated Carbon |
| 6. ___ | Secondary Settling | *26. ___ | Anaerobic Digestion |
| 7. ___ | Chemical Treatment | 27. ___ | Vibration Screens |
| 8. ___ | Trickling Filter(s) | 28. ___ | Lagoons |
| 9. ___ | Extended Aeration | 29. ___ | Sludge Drying Beds |
| 10. ___ | Modified Activated Sludge | 30. ___ | Belt Presses |
| *11. ___ | Conventional Activated Sludge | 31. ___ | Centrifuge |
| 12. ___ | Waste Stabilization Ponds | 32. ___ | Wet Oxidation |
| 13. ___ | Aerobic Digestion | 33. ___ | Heat Drying |
| 14. ___ | Micro-Strainer | 34. ___ | Chemical Sludge Cond. |
| 15. ___ | Aerated Lagoon | 35. ___ | Vacuum Filters |
| 16. ___ | Intermittent Sand Filters | 36. ___ | Ozonation |
| 17. ___ | Rapid Sand Filter(s) | 37. ___ | Heating, Air Cond. Ventil. Ref. |
| 18. ___ | Reverse Osmosis | 38. ___ | Building and Grounds |
| 19. ___ | Electrodialysis | 39. ___ | Underground pipeline repair |
| 20. ___ | Diatomaceous Filter(s) | 40. ___ | Tertiary Settling |
| | | 41. ___ | Odor Control |
| | | *42. ___ | Other |

* (Additional information as necessary by item number on a separate sheet).

42. Other:

Personnel Supervised: (Authorized) ___ (Actual) ___
Total Plant Staff: (Authorized) ___ (Actual) ___

SAFETY RECORD:

Year _____ Accidents _____ Time Lost _____ days
Previous Year _____ Accidents _____ Time Lost _____ days

OTHER SAFETY INFORMATION:

-2-

THIS SECTION IS MOST IMPORTANT TO THE COMMITTEE'S EVALUATION PROCESS. WHAT OUTSTANDING ACTIVITIES WARRANT CONSIDERATION FOR THIS AWARD? (CHECK THE APPROPRIATE FUNCTIONS AND EXPLAIN, ON ADDITIONAL SHEETS, THE DETAIL OF ALL CATEGORIES CHECKED).

- | | | | |
|-----------------|---------------------------------|-----------------|-----------------------------------|
| A. _____ | PLANT OPERATIONS | H. _____ | SUPERVISION AND MANAGEMENT |
| B. _____ | PLANT MAINTENANCE | I. _____ | LABORATORY |
| C. _____ | PROCESS IMPROVEMENTS | J. _____ | RECORDS AND REPORTS |
| D. _____ | EXPERIMENTATION/RESEARCH | K. _____ | SAFETY |
| E. _____ | COST EFFECTIVENESS | L. _____ | TRAINING |
| F. _____ | NYWEA INVOLVEMENT | M. _____ | PUBLIC RELATIONS |
| G. _____ | ENERGY CONSERVATION | N. _____ | OTHER |

LOCAL NEWSPAPERS:

Names and addresses for future press releases.

NOMINATOR DATA

NOMINATOR NAME: _____

ADDRESS: _____

SIGNATURE:

DATE: _____ **TELEPHONE:** _____

DO NOT WRITE BELOW THIS LINE

COMMITTEE LIAISON NAME: _____ **TELEPHONE:** ()

RECOMMENDED PRESENTER: _____ **TELEPHONE:** ()