

# NHWPCA “Plant of the Year” Award Application

Name of Treatment Plant: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Superintendent/CO: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Attach List of Names

Description of Treatment Plant (attach schematic) \_\_\_\_\_

\_\_\_\_\_

Years Plant has been operating \_\_\_\_\_ Year of last Upgrade \_\_\_\_\_



## **Compliance** - Wt 35%

Submit copies of your DMRs for January 2024 through December 2025. These will be weighted on number of required tests during the 12-month period vs. number of violations. (A plant performing 1,000 different parameters annually with eight annual violations (99.2% compliant) would be ranked slightly higher than a plant performing 100 different parameters with one annual violation (99% compliant).

NOTE: Attach discussions on any compliance issues for your NPDES that explain incidences of non-compliance. These will be factored against number of violations if adequately justified.



## **Safety** - Wt. 15%

How often do you hold safety meetings? Weekly [ ] Bi-weekly [ ] Monthly [ ] Other [ ]

Have you had any loss time accidents this year? Yes [ ] No [ ] If yes, man-days lost \_\_\_\_

Do you have a written safety program? Yes [ ] No [ ]

Are your safety meetings / training documented in writing? Yes [ ] No [ ]

Have you received any safety awards in the past? Yes [ ] No [ ]

List other unique features of your Safety Program \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## **Employee Education** - Wt. 15%

How many staff members have wastewater treatment operator's license? \_\_\_\_\_

How many staff members have collection system licenses? \_\_\_\_\_

How many staff have NEWEA's voluntary lab tech certification? \_\_\_\_\_

Does your plant have a formal internal employee cross-training program? Yes [ ] No [ ]

List other educational participation: \_\_\_\_\_

\_\_\_\_\_

**Public Outreach - Wt. 10%**

If you answer yes to any of the below please forward a copy of the article, proof of award or other supporting documentation with this submission.

Have you submitted any WW articles to a local or State newspapers? Yes [ ] No [ ]

Has your plant received any local, regional, state or national PR coverage? Yes [ ] No [ ]

Has your plant received any type awards (Chamber of Commerce, Rotary, Local Council, Civic Groups, NEWEA, NHWPCA, WEF etc.)? Yes [ ] No [ ]

Do you hold tours for School groups? Yes [ ] No [ ] # of tours/yr. \_\_\_\_\_

Does staff go to local schools to make presentations? Yes [ ] No [ ]

List other type of outreach activities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



**Professional Participation - Wt. 15%**

How many employees are active members of NHWPCA? \_\_\_\_\_

Has your plant submitted any articles to the Collector, NEWEA or WEF publications? Yes [ ] No [ ]  
(Please forward a copy of the article(s) with this submission).

Did anyone attend the fall meeting? Yes [ ] No [ ] number \_\_\_\_\_

Did anyone attend the winter meeting? Yes [ ] No [ ] number \_\_\_\_\_

Did anyone attend the Trade Fair? Yes [ ] No [ ] number \_\_\_\_\_

Has anyone served on the Board of Directors or other active NHWPCA committees? Yes [ ] No [ ] Name(s) \_\_\_\_\_

\_\_\_\_\_

List other unique type NHWPCA participation: \_\_\_\_\_

\_\_\_\_\_

Use this space or additional pages to list other information that pertains to any of the above:

\_\_\_\_\_  
\_\_\_\_\_

**Upon review of all applications, and plant visits of top 3 plants, the site visit will account for 10% of total score.**



**Rules:** The period covered is from January 1 through December 31 of the previous year. If your plant is chosen as a finalist, a site visit will be conducted and all information submitted will be verified. All treatment plants are eligible and scoring will be on a ratio basis of employees to activities. Compliance scoring is also a ratio of all tests performed in one year vs. the number of violations for that test. If there are questions regarding this application please contact a member of the NHWPCA Board of Directors ([www.nhwPCA.org](http://www.nhwPCA.org)). **Submit completed applications to: NHWPCA POTY Award, 10 Tower Office Park Ste, Woburn MA 01801 - BY Friday, August 28, 2026**

The undersigned acknowledges that the information gathered by themselves, or others under their direction, is true and accurate to the best of their knowledge. If information is intentionally misleading or misrepresentative of the facts, for the purpose of gaining a point advantage, then at the discretion of NHWPCA’s Board of Directors this application will be disqualified.

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME