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MISSOURI WATER ENVIRONMENT ASSOCIATION

Member of the
Water Environment Federation

2019 – 2020 MWEA OFFICERS

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The **Missouri Water Environment Association (MWEA) Industrial Wastewater Committee (IWC)** would like to invite qualified industries and engineering consultants to submit nominations for two prestigious awards, the 2019 MWEA Industrial Safety Award and the 2019 MWEA Industrial Water Quality Achievement Award.

The **MWEA Industrial Safety Award** is presented to two industrial facilities (small and large flows) that demonstrate the best safety rating. Information regarding the award and a survey to evaluate potential awardees are enclosed. Please take the time to participate by completing and submitting the survey to Nick Johnson at the email or mailing address indicated below by **February 21, 2020**.

The **MWEA Industrial Water Quality Achievement Award** is presented to one industrial facility that best demonstrates significant, lasting, and measurable excellence in water quality improvement or in the prevention of water quality degradation. The award criteria are included on the enclosed sheet. Nomination submittals should follow the enclosed award criteria and should be sent to Nick Johnson at the email or mailing address indicated below by **February 21, 2020**.

The IWC will judge the entries and select the awardees. Both awards will be presented during the Awards Luncheon on Monday, March 30, 2020 at the MWEA/AWWA Joint Annual Meeting, which will be held at the Margaritaville Lake Resort in Osage Beach, Missouri. Meeting registration information is available at the MWEA website at www.mwea.org. The winning entries will be contacted prior to the meeting to inform them of the results, and to confirm that someone will be present to accept their award. The results will also be published in the MWEA Newsletter that is delivered to all members.

If you have any questions, please contact:

Nick Johnson
Burns & McDonnell
9400 Ward Parkway
Kansas City, MO 64114
(816) 448-7388
ndjohnson@burnsmcd.com

The Industrial Wastewater Committee thanks you for your interest and participation

2019 MWEA INDUSTRIAL WATER QUALITY ACHIEVEMENT AWARD

The Industrial Water Quality Achievement Award is presented to a corporation and, if applicable, to its engineering firm that best demonstrates significant, lasting, and measurable excellence in water quality improvement or in the prevention of water quality degradation as demonstrated by innovative design and operation of an industrial wastewater, pretreatment or source prevention program.

Criteria:

1. The program should be operated by an industry or show significant input by industry.
2. Joint awards between industrial and engineering consultants will be made for innovative designs or process alternations or management.
3. The program location must lie within the boundaries of the State of Missouri.
4. A program is eligible during a five-year period immediately after documented results become a matter of public record. Renominations may be made.
5. The program must demonstrate a significant achievement in design, operation, or process change resulting in demonstrated long-term water quality improvement. The application should give significant detail as to the nature of the engineering or scientific advances leading to the improvement. Examples of criteria are one or more of the following:
 - a. Detailed summary data showing significant reduction in classic macro pollutants, e.g. BOD, COD, N, P, TS discharged to the receiving stream or municipal sewer.
 - b. Detailed summary data showing significant reduction in micro pollutants, e.g. chlorinated hydrocarbons, pesticides, metals, or hazardous compounds to the receiving stream or municipal sewer.
 - c. A method of source reduction by process alternation which demonstrates reduction of water used or water pollution.
 - d. A method of source reduction by product alternation which demonstrates reduction of water used or water pollution.
 - e. A method of materials recycling resulting in lower water use, or lower water pollution generation.
 - f. A method of waste water treatment involving energy saving without loss of efficiency.
 - g. Innovations resulting in the protection of groundwater, soil, or air from a new or existing industrial wastewater treatment facility.
 - h. An environmental management strategy or training program that increases environmental awareness and results in significant source reduction or water pollution prevention.

Submit:

1. Letter requesting nomination from the potential award recipient or a representative (i.e., engineering firm)
2. Body of Application:
 - a. Problem statement and program goals
 - b. Problem solution
 - c. Unique scientific or engineering or management skills embodied in the program
 - d. Evidence of attainment of goals (at least one year of data)
 - e. External references from a municipal, state or federal agency
 - f. Summary of why the program is worthy of award.

Nominations Accepted From:

Corporation or engineering firm on its behalf

Nominations Deadline:

Nomination application materials should be submitted to the MWEA Industrial Wastewater Committee Chairman at the following address by **February 21, 2020**:

Nick Johnson
Burns & McDonnell
9400 Ward Parkway
Kansas City, MO 64114
(816) 448-7388
ndjohnson@burnsmcd.com

**MISSOURI WATER ENVIRONMENT ASSOCIATION
INDUSTRIAL WASTEWATER COMMITTEE
SAFETY SURVEY FORM FOR
INDUSTRIAL WASTEWATER TREATMENT PLANTS**

To be eligible for the award, the facility must be an Industrial Wastewater Treatment Plant in the State of Missouri, and the facility has not been a recipient of this award within the last three years. Complete the form in full and return by **February 21, 2020**. Please print or type the information on this form.

SECTION A. General Information

1. Name of Organization or Company _____
2. Name of Treatment Facility _____
3. Mailing Address _____

4. Contact Person _____
5. Title of Contact Person _____
6. Phone Number _____
7. Fax Number _____

SECTION B. Safety and Accident Data for Calendar Year 2019

1. Number of WWT Facility employees (Including Supervisors) _____
2. Total hours worked by WWT Facility employees ⁽¹⁾ _____
3. Total number of work injuries on the job. _____
4. Number of injuries in No. 3 requiring First Aid. _____
5. Number of injuries in No. 3 requiring Medical Assistance. _____
6. Total working hours lost due to work injury ⁽²⁾ _____
7. Total days lost due to work injuries. _____
8. Number of fatal accidents. _____
9. Does the Facility have a formal safety program? _____
10. List the important aspects of the Safety Program. _____

⁽¹⁾ If exact hours are not known, assume one full-time employee works 235 days per year, or 1880 hours per year. Include contractor and sub-contractor hours for plant operation services.

⁽²⁾ Include all hours lost for injury whether first aid or medial assistance was required or not.

SECTION C. Disabling Injuries.

Indicate the total number of work related disabling injuries or lost time accidents for the categories listed below that occurred at your treatment plant during the calendar year.

1. Type of Injury

- | | |
|--|--|
| <input type="checkbox"/> Chemical Burn | <input type="checkbox"/> Respiratory |
| <input type="checkbox"/> Thermal Burn (Fire, electrical, temp) | <input type="checkbox"/> Strain |
| <input type="checkbox"/> Foreign Body | <input type="checkbox"/> Sprain |
| <input type="checkbox"/> Fracture | <input type="checkbox"/> Wound (Cuts, bruises, ruptures) |
| <input type="checkbox"/> Irritation (Bites, stings, abrasions) | <input type="checkbox"/> Occupational Illness |
| <input type="checkbox"/> Other (specify) _____ | |

2. Causes of Accident

- | | |
|---|--|
| <input type="checkbox"/> Struck by falling or flying objects | <input type="checkbox"/> Contact with temperature extremes |
| <input type="checkbox"/> Struck against stationary or moving object | <input type="checkbox"/> Contact with caustic/acid or toxic sub. |
| <input type="checkbox"/> Struck against sharp or blunt object | <input type="checkbox"/> Caught in, under or between objects |
| <input type="checkbox"/> Sprain/strain in lifting or pushing object | <input type="checkbox"/> Animal or insect bites |
| <input type="checkbox"/> Sprain/strain due to awkward position or slip | <input type="checkbox"/> Rubbed or abrasions |
| <input type="checkbox"/> Falls to different level from stairs or ladder | <input type="checkbox"/> Occupational illness |
| <input type="checkbox"/> Falls to same level from working surface | <input type="checkbox"/> Motor vehicle |
| <input type="checkbox"/> Contact with electric current | <input type="checkbox"/> Other (specify) _____ |

3. Site Location

- | | |
|--|--|
| <input type="checkbox"/> Preliminary Treatment | <input type="checkbox"/> Walkways |
| <input type="checkbox"/> Tanks or settling basins/pits/ponds | <input type="checkbox"/> Laboratory |
| <input type="checkbox"/> Chemical/disinfection equipment | <input type="checkbox"/> Off-site work related |
| <input type="checkbox"/> Sludge handing equipment | <input type="checkbox"/> Internal housekeeping/maintenance |
| <input type="checkbox"/> Pump stains, wet or dry pits | <input type="checkbox"/> Motor vehicle |
| <input type="checkbox"/> Pipes, valves, overhead fixtures | <input type="checkbox"/> Maintenance shop/yard |
| <input type="checkbox"/> Electrical equipment | <input type="checkbox"/> Other (specify) _____ |

4. Part of Body

- | | |
|--|--|
| <input type="checkbox"/> Foot | <input type="checkbox"/> Face (including eyes, nose and mouth) |
| <input type="checkbox"/> Leg | <input type="checkbox"/> Head |
| <input type="checkbox"/> Pelvic Region | <input type="checkbox"/> Back |
| <input type="checkbox"/> Chest | <input type="checkbox"/> Arm |
| <input type="checkbox"/> Shoulder | <input type="checkbox"/> Hand |
| <input type="checkbox"/> Neck | <input type="checkbox"/> Other (Specify) _____ |

5. Employee Experience (Indicate number of injuries based on Employee's work experience.)

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> 0 to 2 Years | <input type="checkbox"/> 5 to 10 Years | <input type="checkbox"/> Greater than 15 years |
| <input type="checkbox"/> 2 to 5 Years | <input type="checkbox"/> 10 to 15 Years | |

Section D. Treatment Facility Information

1. Facility NPDES/POTW Permit Number _____

2. Average Daily flow in Million Gallons _____

3. Check Applicable Treatment Elements

- | | |
|--|--|
| <input type="checkbox"/> Sodium hydroxide metals precipitation | <input type="checkbox"/> Aerated lagoon |
| <input type="checkbox"/> Lime-metals precipitation | <input type="checkbox"/> Primary treatment |
| <input type="checkbox"/> Electrochem precipitation | <input type="checkbox"/> Sludge thickening |
| <input type="checkbox"/> Comminutors | <input type="checkbox"/> Land application |
| <input type="checkbox"/> DAF/Oil & grease removal | <input type="checkbox"/> Trickling filter |
| <input type="checkbox"/> Grit removal | <input type="checkbox"/> Activated sludge |
| <input type="checkbox"/> pH adjustment | <input type="checkbox"/> Aerobic digestion |
| <input type="checkbox"/> RBC | <input type="checkbox"/> Anaerobic digestion |
| <input type="checkbox"/> Cyanide destruction | <input type="checkbox"/> Vacuum filters |
| <input type="checkbox"/> Incineration | <input type="checkbox"/> Filter press |
| <input type="checkbox"/> Reverse osmosis/ion exchange | <input type="checkbox"/> Belt press |
| <input type="checkbox"/> Pure oxygen | <input type="checkbox"/> Effluent pumps |
| <input type="checkbox"/> UV/Hydrogen peroxide | <input type="checkbox"/> Drying beds |
| <input type="checkbox"/> Gravity filters | <input type="checkbox"/> Lift station |
| <input type="checkbox"/> Air strippers | <input type="checkbox"/> Biofilters |
| <input type="checkbox"/> Activated carbon | <input type="checkbox"/> Lagoon |
| <input type="checkbox"/> Disinfection | <input type="checkbox"/> MBR System |
| <input type="checkbox"/> Other (specify) _____ | |

Form Completed By: _____ **Date:** _____