

Direct Potable Water Reuse Standard Operating Procedure

Wichita Falls, Texas

Chain of Command

SHOULD
COMBINE W/COMMUNICATIONS
NOTIFICATIONS
AND ALARMS/
SHUTDOWNS

This SOP supersedes any previous SOP on this topic.

INTRODUCTION

The chain of command is extremely important to maintain proper lines of communications during the Direct Potable Reuse operation. The command structure and contact information for each individual within the chain of command is laid out below in an easily identifiable format.

OBJECTIVE

To ensure that the staff of the Direct Potable Reuse Plant understand the responsibilities of various personnel across multiple Departments/Division and the relevant contact information.

PROCEDURE

DPR Operations Supervisor:

This position is responsible for the overall functioning and operation of the Direct Potable Reuse Plant.

Daniel K. Nix
Utilities Operations Manager
691-1153 Office
704-7236 Cell

Russell Schreiber
Director of Public Works
761-7411 Office
613-7445 Cell

DPR Plant Supervisors:

This position is responsible for the operations of the individual Plants (Wastewater & Water Treatment) within the Direct Potable Reuse Plant.

Wastewater Treatment

Harold Burris
Wastewater Treatment Superintendent
397-2535 Office
733-4106 Cell

Bill Thornton
O&M Supervisor
397-2540 Office
257-4414 Cell

Water Treatment

Mark Southard
Water Treatment Superintendent
691-1153 Office
704-3912 Cell

Steven Forbes
O&M Supervisor
691-1153 Office
595-6262 Cell

DPR Plant Operations:

Operations of the Direct Potable Reuse Plant is handled by various levels of Operators at both Wastewater and Water Treatment. They can be reached at the following numbers.

Wastewater Operations Center
397-2542

Water Operations Center
691-1153

Related SOP's

Communications SOP

Prepared by: _____ Date: _____

Approved by: _____ Date: _____

*This SOP is considered effective on the date it is approved. SOP's are to be reviewed and/or updated annually or any time this process has changed.

Reviewed by: _____ Date: _____

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Reviewed by: _____ Date: _____

Reviewed by: _____ Date: _____

Reviewed by: _____ Date: _____

Sign below and date that you have read this SOP. By signing you are stating that you understand and will defer to this SOP when applicable.

Printed Name	Signature	Date	Printed Name	Signature	Date