

# Environmental Operators Certification Program

201, 3833 Henning Drive, Burnaby, BC V5C 6N5

Ph: 604.874.4784 Fax: 604.874.4794 Toll Free 1.866.552.EOCP



## Application for Classification of Small Water Systems

Classification Fee: \$50.00 + HST

PLEASE PRINT

Notes:

1. Inline treatment such as chlorination and fluoridation are considered part of the water distribution system unless combined with other chemical or physical treatment processes.
2. An up-to-date process flow schematic plan **must** accompany this application.

Name of Facility: _____	Facility Number: _____
Location: _____	_____
Street Address	City Province Postal Code
Mailing Address: _____	_____
(if different) Street Address	City Province Postal Code
Phone: _____	Fax: _____
Facility Email: _____	

Chief Operator: _____	Certification Number: _____
First Name Surname	
Address: _____	_____
Street Address	City Province Postal Code
Phone: _____	Fax: _____
Email: _____	

Name of Owner or Applicant: _____	
Municipality, Company, etc.	
Contact Person: _____	Title: _____
First Name Surname	
Mailing Address: _____	_____
Street Address	City Province Postal Code
Phone: _____	Fax: _____
Email: _____	

Facility Billing Contact: _____	Title: _____
First Name Surname	
Address: _____	_____
Street Address	City Province Postal Code
Phone: _____	Fax: _____
Email: _____	

OFFICE USE ONLY		
Total Points: _____	Initials: _____	Facility Classification: _____

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## 1. SIZE

			<b>Pts</b>
a) Maximum population served, peak day (Max. 500)	_____ persons		1
b) Present average daily flow	_____ m <sup>3</sup> /d		1
c) Daily average design flow	_____ m <sup>3</sup> /d		1
d) Peak daily flow	_____ m <sup>3</sup> /d		1
e) Storage reservoirs	_____ m		1

## 2. DISTRIBUTION SYSTEM

a) Climate (Choose only one)				
i. Mild (eg. Vancouver)		<input type="checkbox"/> Yes		0
ii. Moderate (eg. Kelowna)		<input type="checkbox"/> Yes		1
iii. Severe (eg. Fort St. John)		<input type="checkbox"/> Yes		2
b) Length of distribution system	_____ m	<input type="checkbox"/> Yes	<input type="checkbox"/> No	0 – 2
c) Number of booster pump stations	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	1 – 2
d) Maximum horsepower pump	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	0 – 1
e) Number of hydrants	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	2
f) Number of standpipes	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	1
g) Air/vacuum relief valves		<input type="checkbox"/> Yes	<input type="checkbox"/> No	2
h) Pressure relief valves		<input type="checkbox"/> Yes	<input type="checkbox"/> No	2

## 3. RAW WATER SOURCE

a) Gravity surface		<input type="checkbox"/> Yes	<input type="checkbox"/> No	2
b) Pumped surface		<input type="checkbox"/> Yes	<input type="checkbox"/> No	3
c) Pumped well		<input type="checkbox"/> Yes	<input type="checkbox"/> No	4
d) Raw water variability				
i. Little or no variation		<input type="checkbox"/> Yes	<input type="checkbox"/> No	0
ii. Moderate, requires treatment change 10% to 50% of the time		<input type="checkbox"/> Yes	<input type="checkbox"/> No	2
iii. Severe, requires pronounced and/or frequent treatment changes		<input type="checkbox"/> Yes	<input type="checkbox"/> No	5

## 4. PRETREATMENT

a) Screening of surface water				
i. Course screen (>5mm)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	2
ii. Fine Screen (<5mm)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	4
iii. Microscreen		<input type="checkbox"/> Yes	<input type="checkbox"/> No	5
b) pH/temperature adjustment		<input type="checkbox"/> Yes	<input type="checkbox"/> No	4
c) Gravity setting		<input type="checkbox"/> Yes	<input type="checkbox"/> No	2
d) Other _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No	2 – 10

## 5. TREATMENT

a) Filtration				
i. Slow sand		<input type="checkbox"/> Yes	<input type="checkbox"/> No	5
ii. Gravity sand		<input type="checkbox"/> Yes	<input type="checkbox"/> No	5
iii. Pressure sand		<input type="checkbox"/> Yes	<input type="checkbox"/> No	5
iv. Multimedia		<input type="checkbox"/> Yes	<input type="checkbox"/> No	5
v. Cartridge		<input type="checkbox"/> Yes	<input type="checkbox"/> No	5
vi. Other _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No	5

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### 5. TREATMENT (Continued)

			Pts
b) Activated carbon filtration	<input type="checkbox"/> Yes	<input type="checkbox"/> No	5
c) Ion exchange (softening or colour removal)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	10
d) Iron/Manganese removal			
i. Greensand	<input type="checkbox"/> Yes	<input type="checkbox"/> No	10
ii. Birm	<input type="checkbox"/> Yes	<input type="checkbox"/> No	10
iii. Oxidation/filtration	<input type="checkbox"/> Yes	<input type="checkbox"/> No	10
iv. Sequestration	<input type="checkbox"/> Yes	<input type="checkbox"/> No	8
e) Coagulation and flocculation:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	1 - 4
List chemical(s) added _____			
f) Clarification			
i. Simple gravity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	5
ii. Inclined plate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	10
iii. Tubes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	10
iv. Dissolved Air Flotation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	8
g) Membrane filtration	<input type="checkbox"/> Yes	<input type="checkbox"/> No	10
h) Fluoridation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	5
i) Other _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	1 - 10

### 6. SLUDGE/BACKWASH DISPOSAL

a) Disposal to sewer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	2
b) Disposal to raw water source	<input type="checkbox"/> Yes	<input type="checkbox"/> No	4
c) Evaporate sludge drying	<input type="checkbox"/> Yes	<input type="checkbox"/> No	2
d) Other _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	1 - 5

### 7. DISINFECTION

a) Chlorination			
i. Solid	<input type="checkbox"/> Yes	<input type="checkbox"/> No	5
ii. Liquid	<input type="checkbox"/> Yes	<input type="checkbox"/> No	5
iii. Gas	<input type="checkbox"/> Yes	<input type="checkbox"/> No	5
b) Ozonation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	5
c) Ultra violet radiation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	5

### 8. LABORATORY ANALYSIS

a) Bacteriological/Biological (Choose all that apply)			
i. Lab work done outside plant	<input type="checkbox"/> Yes		0
ii. Membrane filter procedures	<input type="checkbox"/> Yes		3
iii. Use of fermentation tubes or any dilution method, fecal coliform determination	<input type="checkbox"/> Yes		5
b) Chemical/Physical (Choose all that apply)			
i. Lab work done by outside personnel	<input type="checkbox"/> Yes		0
ii. Push button or colourimetric methods for simple tests such as chlorine residual, pH	<input type="checkbox"/> Yes		3
iii. Additional procedures – titration, jar tests, alkalinity, hardness	<input type="checkbox"/> Yes		5

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## 9. SYSTEM INSTRUMENTATION

- a) Flow Measurement
  - i. Weir/flume (Visual Only)  Yes  No 1
  - ii. Mechanical/magnetic  Yes  No 2
  - iii. Ultrasonic  Yes  No 3
- b) Instrumentation (SCADA) (Choose all that apply)
  - i. System to provide data with no process operation  Yes 0
  - ii. System to provide data with limited process operation  Yes 2
  - iii. System to provide data with moderate process operation  Yes 4
  - iv. System to provide data with extensive or total process operation  Yes 6

## 10. OTHER

- a) Standby power  Yes  No 2
- b) Other (Please Specify) \_\_\_\_\_  Yes  No 1 - 5

### COMMENTS BY OPERATOR:

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### FOR OFFICE USE ONLY:

Date Received: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Total Points: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Entered: \_\_\_\_\_

Flow schematics received:  Yes  No

Signature: \_\_\_\_\_

By: \_\_\_\_\_