

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: An up-to-date process flow schematic including treatment system, if present, **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:	Facility Location UTM Coordinates		Northing Easting		

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

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

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

MINISTRY OF HEALTH INFORMATION	Health Authority:	Local Health Area:
	Service Delivery Area:	

OFFICE USE ONLY		
Total Points:	Initials:	Facility Classification:

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1. SIZE (approximate values acceptable)

		Pts
a) Population during periods of normal maximum use (max 500)	_____ persons	1
b) Flow during periods of normal maximum use (daily average)	_____ m ³ /d	1
c) Design flow (daily average)	_____ m ³ /d	1
d) Peak daily flow	_____ m ³ /d	1
e) Number of connections	_____	
f) Storage reservoirs	_____ m ³	1

2. DISTRIBUTION SYSTEM

a) Climate (Choose only one)			
i. Mild (eg. Vancouver)		<input type="checkbox"/> Yes	<input type="checkbox"/> No 0
ii. Moderate (eg. Kelowna)		<input type="checkbox"/> Yes	<input type="checkbox"/> No 1
iii. Severe (eg. Fort St. John)		<input type="checkbox"/> Yes	<input type="checkbox"/> No 2
b) Length of distribution system	_____ m		0 – 2
c) Number of booster pump stations	_____		1 – 2
d) Maximum horsepower pump	_____		0 – 1
e) Number of hydrants	_____		2
f) Number of standpipes	_____		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) Source			
i. Treated Water (provide details in comment area)		<input type="checkbox"/> Yes	<input type="checkbox"/> No 0
ii. Gravity surface		<input type="checkbox"/> Yes	<input type="checkbox"/> No 2
iii. Pumped surface		<input type="checkbox"/> Yes	<input type="checkbox"/> No 3
iv. Pumped well		<input type="checkbox"/> Yes	<input type="checkbox"/> No 4
b) 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. Settling 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	
i. All bacteriological/biological laboratory work done outside plant	<input type="checkbox"/> Yes <input type="checkbox"/> No 0
ii. Membrane filter procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No 3
iii. Use of fermentation tubes or any dilution method, fecal coliform determination	<input type="checkbox"/> Yes <input type="checkbox"/> No 5
b) Chemical/Physical	
i. All chemical/physical laboratory work done by outside personnel	<input type="checkbox"/> Yes <input type="checkbox"/> No 0
ii. Push button or colourimetric methods for simple tests such as chlorine residual, pH	<input type="checkbox"/> Yes <input type="checkbox"/> No 3
iii. Additional procedures – titration, jar tests, alkalinity, hardness	<input type="checkbox"/> Yes <input type="checkbox"/> No 5

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9. SYSTEM INSTRUMENTATION

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

10. OTHER

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

COMMENTS BY OPERATOR:

FOR OFFICE USE ONLY:	
Date Received: _____	Flow schematics received: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Completed: _____	Signature: _____
Total Points: _____	
Comments: _____ _____ _____	
Date Entered: _____	By: _____