

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 Wastewater Systems

Classification Fee: \$100.00 + HST

PLEASE PRINT

Notes:

1. To be considered a wastewater treatment facility, the facility must contain one or more of the Primary, Secondary, or Advanced Wastewater Treatment components. Simple in-line activities such as booster pumping, screening, comminution, or chlorination is considered an integral part of the collection system if there is no "Treatment" component.
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:	_____		

WASTE MANAGEMENT PERMIT			
Permit or Operational Certificate #:	_____	Date of Issue:	_____
Management Region:	_____	Latest Amend Date:	_____

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

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1. SIZE

		Pts
a) Maximum population served (max 500)	_____ persons	1
b) Present flow (daily average)	_____ m ³ /d	
c) Design flow (daily average)	_____ m ³ /d	1
d) Peak daily flow	_____ m ³ /d	--

2. COLLECTION SYSTEM

a) Length of collection system	_____ m	0 - 2
b) Number of pumps / lift stations	_____	0 - 2
c) Maximum horsepower pump	_____ HP	0 - 1
d) Number of air / vacuum relief valves	_____	2

3. VARIATION IN RAW WASTES (Choose one only)

a) Variations do not exceed those normally expected	<input type="checkbox"/> Yes	0
b) Recurring deviations or excessive variations of 100 to 200% in strength and/or flow	<input type="checkbox"/> Yes	2
c) Recurring deviations or excessive variations of more than 200% in strength and/or flow	<input type="checkbox"/> Yes	4

4. PRETREATMENT

a) Is more than 50% of main flow pumped to the plant	<input type="checkbox"/> Yes	<input type="checkbox"/> No	3
b) Screening / Comminution			
i. Static bar screen	<input type="checkbox"/> Yes	<input type="checkbox"/> No	1
ii. Mechanically raked / cleaned screen	<input type="checkbox"/> Yes	<input type="checkbox"/> No	2
iii. Grinder pump / comminuter	<input type="checkbox"/> Yes	<input type="checkbox"/> No	2
c) Grit removal			
i. Settling basin	<input type="checkbox"/> Yes	<input type="checkbox"/> No	1
ii. Mechanical	<input type="checkbox"/> Yes	<input type="checkbox"/> No	2
iii. Aerated	<input type="checkbox"/> Yes	<input type="checkbox"/> No	2
d) Flow equalization	<input type="checkbox"/> Yes	<input type="checkbox"/> No	1
e) pH/Temperature adjustment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	1
f) Pre-aeration	<input type="checkbox"/> Yes	<input type="checkbox"/> No	2
g) Grease / Oil separation			
i. Gravity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	2
ii. Mechanical	<input type="checkbox"/> Yes	<input type="checkbox"/> No	3
h) Chemical addition			
i. Pre-chlorination	<input type="checkbox"/> Yes	<input type="checkbox"/> No	5
ii. Nitrate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	5
iii. Other - please specify: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	5

5. PRIMARY TREATMENT

a) Sedimentation / clarification (mechanical sludge removal)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	5
b) Combined sedimentation digestion			
i. Septic tank	<input type="checkbox"/> Yes	<input type="checkbox"/> No	2
ii. Other - please specify: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____

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5. PRIMARY TREATMENT continued

Pts

- c) Lagoon
 - i. Anaerobic Yes No 3
 - ii. Facultative Yes No 3

6. SECONDARY TREATMENT

- a) Biofiltration with secondary clarification (RBC, Trickling Filter) Yes No 10
- b) Activated sludge with secondary clarification/membrane bioreactor Yes No 15
- c) Sequencing batch reactor Yes No 15
- d) Stabilization ponds without aeration Yes No 5
- e) Aerated lagoon Yes No 8
- f) Polishing pond or constructed wetlands Yes No 2
- g) Effluent filters (Explain process in comments section) Yes No 2 – 5

7. SOLIDS HANDLING

- a) Solids thickening Yes No 2
- b) Aerobic digestion Yes No 6
- c) Evaporation sludge drying Yes No 2
- d) Composting (Explain process in comments section) Yes No 2 - 10
- e) On-site landfilling of solids Yes No 2

8. DISINFECTION

- a) Chlorination
 - i. Solid Yes No 1
 - ii. Liquid Yes No 3
 - iii. Gas Yes No 5
- b) Dechlorination
 - i. Liquid Yes No 3
 - ii. Gas Yes No 5
- c) Ozonation Yes No 10
- d) Ultra violet radiation Yes No 2

9. EFFLUENT DISCHARGE

- a) Remote effluent storage Yes No 2
- b) Land disposal (Subsurface)
 - i. Tile field Yes No 2
 - ii. Rock pit Yes No 3
 - iii. Other - please specify: _____ Yes No _____
- c) Land Disposal (Surface)
 - i. Infiltration beds and trenches / Open trenches Yes No 4
 - ii. Irrigation:
 - a. Standard system Yes No 3
 - b. PRV stations Yes No 4
 - iii. Exfiltration basin Yes No 4
 - iv. Other - please specify: _____ Yes No _____
- d) Surface Water
 - i. Not more than secondary treatment required Yes No 0
 - ii. More than secondary treatment required Yes No 2

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10. LABORATORY ANALYSIS (Choose all that apply)

- | | | Pts |
|--|------------------------------|------------|
| a) Laboratory work done by outside personnel | <input type="checkbox"/> Yes | 0 |
| b) Push-button or visual methods for simple tests: e.g. pH, settleable solids, temp. | <input type="checkbox"/> Yes | 3 |
| c) Additional procedures: DO, COD, BOD, gas analysis, titrations, solids, volatile content | <input type="checkbox"/> Yes | 5 |

11. SYSTEM INSTRUMENTATION

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

12. OTHER

- | | | | |
|---------------------------------|------------------------------|-----------------------------|-------|
| a) Standby power | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2 |
| b) Other (Please Specify) _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1 - 5 |

COMMENTS BY OPERATOR:

FOR OFFICE USE ONLY:

Date Received: _____

Date Completed: _____

Total Points: _____

Comments:

Flow schematics received: Yes No

Signature: _____

Date Entered: _____

By: _____