

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 Water Treatment Facility

Classification Fee: \$50.00 +HST

PLEASE PRINT

Note: 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

- | | | Pts |
|--|-------------------------|------------|
| a) Maximum population served, peak day | _____ persons | 1 – 5 |
| b) Daily average design flow | _____ m ³ /d | 1 – 5 |
| c) Peak Flow | _____ m ³ /d | |
| d) Clearwell size | _____ m ³ /d | 1 – 5 |

2. WATER SUPPLY SOURCES

- | | | |
|---|--|---|
| a) Ground water | <input type="checkbox"/> Yes <input type="checkbox"/> No | 3 |
| b) Surface water or groundwater under the direct influence of surface water | <input type="checkbox"/> Yes <input type="checkbox"/> No | 5 |

3. VARIATIONS IN RAW WATER (Choose only one)

- | | | |
|--|------------------------------|---|
| a) Little or no variation | <input type="checkbox"/> Yes | 0 |
| b) Moderate, requires treatment changes 10% to 50% of the time | <input type="checkbox"/> Yes | 2 |
| c) Severe, requires pronounced and/or frequent treatment changes | <input type="checkbox"/> Yes | 5 |

4. RAW WATER QUALITY

- | | | |
|---|--|---|
| a) Raw water quality is subject to occasional: | | |
| i. Taste and/or odour levels | <input type="checkbox"/> Yes <input type="checkbox"/> No | 3 |
| ii. Colour levels | <input type="checkbox"/> Yes <input type="checkbox"/> No | 3 |
| iii. Iron and/or manganese levels | <input type="checkbox"/> Yes <input type="checkbox"/> No | 3 |
| iv. Turbidity levels | <input type="checkbox"/> Yes <input type="checkbox"/> No | 3 |
| v. Coliform and/or fecal counts | <input type="checkbox"/> Yes <input type="checkbox"/> No | 3 |
| vi. Algae growths | <input type="checkbox"/> Yes <input type="checkbox"/> No | 3 |
| b) Raw water quality is subject to occasional: | | |
| i. Industrial and commercial waste pollution | <input type="checkbox"/> Yes <input type="checkbox"/> No | 5 |
| ii. Agricultural pollution | <input type="checkbox"/> Yes <input type="checkbox"/> No | 5 |
| iii. Urban runoff, erosion, and storm water pollution | <input type="checkbox"/> Yes <input type="checkbox"/> No | 3 |
| iv. Recreational use (boating, fishing, etc.) | <input type="checkbox"/> Yes <input type="checkbox"/> No | 2 |

5. PRE-TREATMENT

- | | | |
|-------------------------------|--|---|
| a) Screening, coarse (>5mm) | <input type="checkbox"/> Yes <input type="checkbox"/> No | 2 |
| b) Screening, fine (<5mm) | <input type="checkbox"/> Yes <input type="checkbox"/> No | 4 |
| c) Plant pumping of main flow | <input type="checkbox"/> Yes <input type="checkbox"/> No | 3 |

6. CHEMICAL TREATMENT/ADDITION

- | | | |
|-----------------------------------|--|---|
| a) Fluoridation | <input type="checkbox"/> Yes <input type="checkbox"/> No | 5 |
| b) pH adjustment | <input type="checkbox"/> Yes <input type="checkbox"/> No | 4 |
| c) Stability or corrosion control | <input type="checkbox"/> Yes <input type="checkbox"/> No | 4 |

7. COAGULATION AND FLOCCULATION

- | | | |
|--------------------------------|--|---|
| a) Chemical coagulant addition | <input type="checkbox"/> Yes <input type="checkbox"/> No | 2 |
| b) Rapid mix units | | |
| i. Mechanical mixers | <input type="checkbox"/> Yes <input type="checkbox"/> No | 3 |
| ii. Injection mixers | <input type="checkbox"/> Yes <input type="checkbox"/> No | 2 |
| iii. In-line blender mixers | <input type="checkbox"/> Yes <input type="checkbox"/> No | 2 |
| c) Flocculation tanks | | |
| i. Hydraulic flocculators | <input type="checkbox"/> Yes <input type="checkbox"/> No | 2 |
| ii. Mechanical flocculators | <input type="checkbox"/> Yes <input type="checkbox"/> No | 3 |

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8. CLARIFICATION/SEDIMENTATION

	Yes	No	Pts
a) Horizontal flow (rectangular basins)	<input type="checkbox"/>	<input type="checkbox"/>	5
b) Horizontal flow (round basins)	<input type="checkbox"/>	<input type="checkbox"/>	10
c) Up-flow solids contact sedimentation	<input type="checkbox"/>	<input type="checkbox"/>	10
d) Inclined plate sedimentation	<input type="checkbox"/>	<input type="checkbox"/>	10
e) Tube sedimentation	<input type="checkbox"/>	<input type="checkbox"/>	10
f) Dissolved air floatation	<input type="checkbox"/>	<input type="checkbox"/>	8

9. FILTRATION

a) Single media filtration	<input type="checkbox"/>	<input type="checkbox"/>	3
b) Dual or mixed media filtration	<input type="checkbox"/>	<input type="checkbox"/>	5
c) Microscreens	<input type="checkbox"/>	<input type="checkbox"/>	5
d) Diatomaceous earth filters	<input type="checkbox"/>	<input type="checkbox"/>	5
e) Cartridge filters	<input type="checkbox"/>	<input type="checkbox"/>	5
f) Slow sand filters	<input type="checkbox"/>	<input type="checkbox"/>	5
g) Direct filtration	<input type="checkbox"/>	<input type="checkbox"/>	5
h) Catalytic oxidation, absorption filtration (includes greensand, birm and others)	<input type="checkbox"/>	<input type="checkbox"/>	10

10. ADDITIONAL TREATMENT PROCESSES

a) Aeration	<input type="checkbox"/>	<input type="checkbox"/>	3
b) Packed tower aeration	<input type="checkbox"/>	<input type="checkbox"/>	5
c) Ion exchange	<input type="checkbox"/>	<input type="checkbox"/>	10
d) Chemical precipitation softening	<input type="checkbox"/>	<input type="checkbox"/>	5
e) Copper sulphate treatment	<input type="checkbox"/>	<input type="checkbox"/>	5
f) Powdered activated carbon	<input type="checkbox"/>	<input type="checkbox"/>	5
g) Reverse osmosis, electrodialysis	<input type="checkbox"/>	<input type="checkbox"/>	15

11. DISINFECTION

a) Gaseous chlorine	<input type="checkbox"/>	<input type="checkbox"/>	5
b) Liquid or powdered chlorine	<input type="checkbox"/>	<input type="checkbox"/>	5
c) Chlorine dioxide	<input type="checkbox"/>	<input type="checkbox"/>	5
d) Ozonization	<input type="checkbox"/>	<input type="checkbox"/>	5
e) Ultraviolet	<input type="checkbox"/>	<input type="checkbox"/>	5
f) On-site generation of chlorine	<input type="checkbox"/>	<input type="checkbox"/>	5

12. RESIDUALS DISPOSAL

a) Discharge to lagoons	<input type="checkbox"/>	<input type="checkbox"/>	1
b) Discharge to lagoons and then raw water source	<input type="checkbox"/>	<input type="checkbox"/>	2
c) Discharge to raw water	<input type="checkbox"/>	<input type="checkbox"/>	4
d) Disposal to sanitary sewer	<input type="checkbox"/>	<input type="checkbox"/>	2
e) Mechanical dewatering	<input type="checkbox"/>	<input type="checkbox"/>	8
f) On-site disposal	<input type="checkbox"/>	<input type="checkbox"/>	2
g) Solids composting	<input type="checkbox"/>	<input type="checkbox"/>	5

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13. LABORATORY ANALYSIS

Pts

- a) Bacteriological/Biological (Choose all that apply)
 - i. Lab work done outside plant Yes 0
 - ii. Membrane filter procedures Yes 3
 - iii. Use of fermentation tubes or any dilution method, fecal coliform determination Yes 5
 - iv. Biological identification Yes 7
 - v. Virus studies or similarly complex work conducted on site Yes 10
- b) Chemical/Physical (Choose all that apply)
 - i. Lab work done by outside personnel Yes 0
 - ii. Push button colourimetric methods for simple test such as chlorine residual, pH Yes 3
 - iii. Additional procedures – titration, jar tests, alkalinity, hardness Yes 5
 - iv. More advanced determination such as numerous inorganics Yes 7
 - v. Highly sophisticated instrumentation such as atomic absorption and gas chromatography Yes 10

14. 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

15. 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: Yes No

Date Completed: _____

Signature: _____

Total Points: _____

Comments:

Date Entered: _____

By: _____