

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 Wastewater Collection Systems

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) Normal population served | _____ persons | 10 – 40 |
| b) Daily average design flow | _____ m ³ /d | |
| c) Peak daily flow | _____ m ³ /d | 1 – 5 |
| d) Total pump capacity | _____ m ³ /d | 1 – 5 |

2. 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 |
| d) Raw wastes subject to serious toxic waste discharge | <input type="checkbox"/> Yes | 6 |

3. OPERATIONS & MAINTENANCE

- | | | | |
|---|------------------------------|-----------------------------|---|
| a) Screening/Comminution | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2 |
| b) Chemical Addition (odour control) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 4 |
| c) Collection system personnel responsible for flushing and vactoring of system | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2 |
| d) Collection system personnel responsible for camera and/or smoke testing | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 4 |
| e) Collection system personnel responsible for collecting samples for analysis | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 5 |
| f) Computerized maintenance management system | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 3 |

4. STANDBY POWER

- | | | | |
|-----------------------|------------------------------|-----------------------------|---|
| a) Manual controls | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 4 |
| b) Automatic controls | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 8 |

5. 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 |

6. OTHER

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

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COMMENTS BY OPERATOR:

FOR OFFICE USE ONLY:

Date Received: _____

Date Completed: _____

Total Points: _____

Comments:

Date Entered: _____

Flow schematics received:

Yes

No

Signature: _____

By: _____