

# 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 Treatment Facilities

*Classification Fee: Based on flow. See table at the end of this form.*

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: _____	

# 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



## 1. SIZE

		<b>Pts</b>
a) Normal population served	_____ persons	
b) Present flow (daily average)	_____ m <sup>3</sup> /d	1 - 5
c) Design flow (daily average)	_____ m <sup>3</sup> /d	1 - 5
d) Peak daily flow	_____ m <sup>3</sup> /d	--

## 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. PRETREATMENT

a) System Pumping of Main Flow	<input type="checkbox"/> Yes	<input type="checkbox"/> No	3
b) Screening/Comminution			
i. Bar Screen	<input type="checkbox"/> Yes	<input type="checkbox"/> No	1
ii. Mechanically Raked/Cleaned Screens or Comminution	<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 or 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
iii. Dissolved Air Flotation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	8
h) Pre-chlorination (If checked, facility cannot receive the 5 pts for chlorinating treated wastewater - 9(a))	<input type="checkbox"/> Yes	<input type="checkbox"/> No	5

## 4. 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. Imhoff Tank	<input type="checkbox"/> Yes	<input type="checkbox"/> No	5
iii. Other - please specify: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
c) Lagoon			
i. Anaerobic	<input type="checkbox"/> Yes	<input type="checkbox"/> No	3
ii. Facultative	<input type="checkbox"/> Yes	<input type="checkbox"/> No	3

## 5. SECONDARY TREATMENT

a) Biofiltration with Secondary Clarification			
i. Rotating Biological Contactor	<input type="checkbox"/> Yes	<input type="checkbox"/> No	10
ii. Trickling Filter	<input type="checkbox"/> Yes	<input type="checkbox"/> No	10
iii. Other - please specify: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	1 - 10

## 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



### 5. SECONDARY TREATMENT (continued)

Pts

b) Activated Sludge (Includes nitrification by extended aeration)

i. With Secondary Clarification

Yes  No 15

ii. Sequencing Batch Reactor

Yes  No 15

iii. Membrane Bioreactor

Yes  No 15

c) Stabilization Ponds without Aeration

Yes  No 5

d) Aerated lagoon

Yes  No 8

### 6. ADVANCED WASTEWATER TREATMENT

a) Polishing Pond/Constructed Wet Lands

Yes  No 2

b) Chemical/Physical – without Secondary

Yes  No 15

c) Chemical/Physical – following Secondary

Yes  No 10

d) Biological Nutrient Removal

Yes  No 12

e) Ion Exchange

Yes  No 10

f) Reverse Osmosis, Electrodialysis

Yes  No 15

g) Air Stripping

Yes  No 5

### 7. ADDITIONAL TREATMENT PROCESSES

a) Chemical/Nutrient Addition (with exception of chlorine and enzymes)

Yes  No 1 - 4

List Additions: \_\_\_\_\_

b) Dissolved Air Flotation (If checked, facility cannot receive the 8 pts for DAF for grease/oil separation - 3(g)(c))

Yes  No 8

c) Mixed Media Filters

i. Intermittent

Yes  No 2

ii. Recirculating Intermittent

Yes  No 3

d) Microscreens

Yes  No 5

### 8. SOLIDS HANDLING

a) Solids Conditioning

Yes  No 5

b) Solids Thickening

Yes  No 2

c) Anaerobic Digestion

Yes  No 10

d) Aerobic Digestion

Yes  No 6

e) Evaporation Sludge Drying

Yes  No 2

f) Mechanical Dewatering

Yes  No 8

g) Pasteurization

Yes  No 10

h) Composting (Explain process in comments section)

Yes  No 2 - 10

i) Solids Reduction/Incineration

Yes  No 12

j) On-site Landfilling of Solids

Yes  No 2

### 9. DISINFECTION

a) Chlorination

i. Solid

Yes  No 1

ii. Liquid

Yes  No 3

iii. Gas

Yes  No 5

# 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



## 9. DISINFECTION

Pts

- |                           |                              |                             |    |
|---------------------------|------------------------------|-----------------------------|----|
| b) Dechlorination         |                              |                             |    |
| i. Liquid                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 3  |
| ii. Gas                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 5  |
| c) Ozonation              | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 10 |
| d) Ultra-Violet Radiation | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2  |

## 10. EFFLUENT DISCHARGE

- |   |                              |                             |   |
|---|------------------------------|-----------------------------|---|
| a) Remote Effluent Storage  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2 |
| b) Land Disposal (Subsurface)   |                              |                             |   |
| i. Tile Field   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2 |
| ii. Rock Pit  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 3 |
| iii. Other - please specify: _____  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |   |
| c) Land Disposal (Surface)  |                              |                             |   |
| i. Infiltration beds and trenches   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 4 |
| ii. Irrigation:      a. Standard system   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 3 |
| b. PRV stations   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 4 |
| d) Surface Water  |                              |                             |   |
| i. Secondary treatment is adequate  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 0 |
| ii. More than secondary treatment required  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2 |
| iii. Stream conditions are very critical and a high degree of treatment is required | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 4 |
| e) Post Aeration  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2 |

## 11. LABORATORY ANALYSIS

- |  |                              |  |    |
|--|------------------------------|--|----|
| a) Bacteriological/Biological (Choose all that apply)  |                              |  |    |
| i. Lab work done by outside personnel  | <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 visual methods for simple tests: e.g. pH, settleable solids, temp           | <input type="checkbox"/> Yes |  | 3  |
| iii. Additional procedures: DO, COD, BOD, gas analysis, titrations, solids, volatile content   | <input type="checkbox"/> Yes |  | 5  |
| iv. More advanced determinations such as specific constituents, nutrients, total oils, phenols | <input type="checkbox"/> Yes |  | 7  |
| v. Highly sophisticated instrumentation such as atomic absorption and gas chromatography       | <input type="checkbox"/> Yes |  | 10 |

## 12. 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 |

# 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



## 13. OTHER

- a) Standby power \_\_\_\_\_
- b) Odour destruction \_\_\_\_\_
- c) Other (Please Specify) \_\_\_\_\_

		Pts
<input type="checkbox"/> Yes	<input type="checkbox"/> No	2
<input type="checkbox"/> Yes	<input type="checkbox"/> No	1 - 5
<input type="checkbox"/> Yes	<input type="checkbox"/> No	1 - 5

### COMMENTS BY OPERATOR:

---



---



---



---

#### FOR OFFICE USE ONLY:

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Flow schematics received:  Yes  No

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

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

#### Classification Fees:

Flow (m <sup>3</sup> /d)	<1,000	≥1,000 to <2,000	≥2,000 to <5,000	≥5,000 to <14,000	≥14,000 to <50,000	≥50,000
Fees (excluding HST)	\$100 / 5 yr	\$100	\$200	\$400	\$800	\$1,600