

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 (see sections 4, 5, and 6). 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 **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: _____	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

		Pts
a) Population during periods of normal maximum use	_____ persons	
b) Flow during periods of normal maximum use (daily average)	_____ m ³ /d	1 - 5
c) Design flow (daily average)	_____ m ³ /d	1 - 5
d) Peak daily flow	_____ m ³ /d	--

2. VARIATION IN RAW WASTES

a) Variations (Choose one only)			
i. Variations do not exceed those normally expected	<input type="checkbox"/> Yes	<input type="checkbox"/> No	0
ii. Recurring deviations or excessive variations of 100 to 200% in strength and/or flow	<input type="checkbox"/> Yes	<input type="checkbox"/> No	2
iii. Recurring deviations or excessive variations of more than 200% in strength and/or flow	<input type="checkbox"/> Yes	<input type="checkbox"/> No	4
b) Raw wastes subject to serious toxic waste discharge	<input type="checkbox"/> Yes	<input type="checkbox"/> No	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 / Channel(s)	<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 (If checked, facility cannot receive the points for DAF for grease/oil separation – 7(b))	<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 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 15 |
| ii. Sequencing Batch Reactor | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 15 |
| iii. Membrane Bioreactor | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 15 |
| c) Stabilization Ponds without Aeration | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 5 |
| d) Aerated lagoon | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 8 |

6. ADVANCED WASTEWATER TREATMENT

- | | | | |
|--|------------------------------|-----------------------------|----|
| a) Polishing Pond/Constructed Wet Lands | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2 |
| b) Chemical/Physical – without Secondary | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 15 |
| c) Chemical/Physical – following Secondary | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 10 |
| d) Biological Nutrient Removal | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 12 |
| e) Ion Exchange | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 10 |
| f) Reverse Osmosis, Electrodialysis | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 15 |
| g) Air Stripping | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 5 |

7. ADDITIONAL TREATMENT PROCESSES

- | | | | |
|--|------------------------------|-----------------------------|-------|
| a) Chemical/Nutrient Addition (with exception of chlorine and enzymes) | <input type="checkbox"/> Yes | <input type="checkbox"/> 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)(iii)) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 8 |
| c) Mixed Media Filters | | | |
| i. Intermittent | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2 |
| ii. Recirculating Intermittent | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 3 |
| d) Microscreens | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 5 |

8. SOLIDS HANDLING

- | | | | |
|---|------------------------------|-----------------------------|--------|
| a) Solids Conditioning | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 5 |
| b) Solids Thickening | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2 |
| c) Anaerobic Digestion | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 10 |
| d) Aerobic Digestion | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 6 |
| e) Evaporation Sludge Drying | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2 |
| f) Mechanical Dewatering | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 8 |
| g) Pasteurization | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 10 |
| h) Composting (Explain process in comments section) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2 - 10 |
| i) Solids Reduction/Incineration | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 12 |
| j) On-site Landfilling of Solids | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2 |

9. DISINFECTION

- | | | | |
|---|------------------------------|-----------------------------|---|
| a) Chlorination (If checked, facility cannot receive the points for pre-chlorinating wastewater – 3(h)) | | | |
| i. Solid | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1 |
| ii. Liquid | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 3 |
| iii. Gas | <input type="checkbox"/> Yes | <input type="checkbox"/> 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 (continued)

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 | | | |
| i. All bacteriological/biological laboratory work done by outside personnel | <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 visual methods for simple tests: e.g. pH, settleable solids, temp | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 3 |
| iii. Additional procedures: DO, COD, BOD, gas analysis, titrations, solids, volatile content | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 5 |
| iv. More advanced determinations such as specific constituents, nutrients, total oils, phenols | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 7 |
| v. Highly sophisticated instrumentation such as atomic absorption and gas chromatography | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 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) | | | |
| i. System to provide data with no process operation | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 0 |
| ii. System to provide data with limited process operation | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2 |
| iii. System to provide data with moderate process operation | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 4 |
| iv. System to provide data with extensive or total process operation | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 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: _____ By: _____

Flow schematics received: Yes No

Signature: _____

Classification Fees:

Flow (m ³ /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