

# Environmental Operators' Certification Program

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## Application for Classification of Small Wastewater Systems

Classification Fee: \$107.00

PLEASE PRINT

Application date: _____	Date received: _____
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 treatment 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 plan of the process flow schematics <b>must</b> 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: _____			
Email: _____				

Chief Operator: _____	Certificate Number: _____		
First Name	Surname		
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: _____			

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

OFFICE USE ONLY	
Total Points: _____	Facility Classification: _____
Date: _____	Signature: _____

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Shaded areas on this form will be completed by the Certification Program during confirmation. Please print on the lines provided or place an "X" in the appropriate box.

## 1. SIZE

- a) Maximum population served (max 500) \_\_\_\_\_ persons
- b) Present flow (daily average) \_\_\_\_\_ m3/d
- c) Design flow (daily average) \_\_\_\_\_ m3/d
- d) Peak daily flow \_\_\_\_\_ m3/d
- e) Storage (man-made reservoir and/or tanks) \_\_\_\_\_ m3

## 2. COLLECTION SYSTEM

- a) Length of Collection System \_\_\_\_\_ m
- b) Number of Pumps/???? Stations \_\_\_\_\_
- c) Maximum Horsepower Pump \_\_\_\_\_ HP
- d) Air/Vacuum Relief Valves \_\_\_\_\_

## 3. VARIATION IN RAW WASTES Choose one only

- a) Variations do not exceed those normally expected  YES  NO
- b) Recurring deviations or excessive variations of 100 to 200% in strength and/or flow  YES  NO
- c) Recurring deviations or excessive variations of more than 200% in strength and/or flow  YES  NO

## 4. PRETREATMENT

- a) System Pumping of Main Flow  YES  NO
- b) Screening/Comminuation  Static Bar Screen  Mechanical  Grinder Pump  YES  NO
- c) Grit Removal  Settling Basin  Mechanical  Aerated  YES  NO
- d) Flow Equalization  YES  NO
- e) pH/Temperature Adjustment  YES  NO
- f) Grease/Sludge Separation  YES  NO
- g) Chemical Addition  Pre-chlorination  ????  Other  YES  NO

## 5. PRIMARY TREATMENT

- a) Sedimentation/Clarification (mechanical sludge removal)  YES  NO
- b) Combined Sedimentation Digestion  Septic Tank  Imhoff Tank  Other  YES  NO
- c) Lagoon  Anaerobic  Facultative  YES  NO

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## 6. SECONDARY TREATMENT

- a) Biofiltration with Secondary Clarification  YES  NO
- b) Activated Sludge with Secondary Clarification/Membrane Bioreactor  YES  NO
- c) Stabilization Ponds without Aeration  YES  NO
- d) Aerated lagoon  YES  NO
- e) Sequencing Batch Reactor  YES  NO
- f) Polishing Pond or Constructed Wetlands  YES  NO
- g) Effluent Filters  YES  NO

## 7. SOLIDS HANDLING

- a) Solids Thickening  YES  NO
- b) Aerobic Digestion  YES  NO
- c) Evaporation Sludge Drying  YES  NO
- d) Composting  YES  NO
- e) On-site Landfilling of Solids  YES  NO

## 8. DISINFECTION

- a) Chlorination  Solid  Liquid  Gas  YES  NO
- b) Deozonation???  Liquid  Gas  YES  NO
- c) Ozonation  YES  NO
- d) Ultra Violet Radiation  YES  NO

## 9. EFFLUENT DISCHARGE

- a) Land Disposal (Subsurface)  Tile Field  Rock Pit  Other  YES  NO
- b) Land Disposal (Surface)  Open Trenches  Im????  Exfiltration Basin  Other  YES  NO
- c) Surface Water (More than secondary treatment required)  YES  NO

## 10. LABORATORY CONTROL BY PLANT PERSONNEL

- a) Chemical/Physical  YES  NO 
  - Push-button or visual methods for simple tests: e.g. pH, settleable solids, temp.  YES  NO
  - Additional procedures: DO, C??, BCC, gas analysis, titrations, solids, volatile content  YES  NO

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## 11. OTHER

a) Flow Measurement	<input type="checkbox"/> Visual	<input type="checkbox"/> Mechanical/Magnetic	<input type="checkbox"/> Ultrasonic	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>
b) Land Disposal (Surface)				<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>
System to provide data with no process operation				<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>
System to provide data with limited process operation				<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>
System to provide data with extensive or total process operation				<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>
c) Standby Power				<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>
d) Other				<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>

**COMMENTS BY OPERATOR:**

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**FOR OFFICE USE ONLY:**

Flow schematics received:  Yes  No

Date entered: \_\_\_\_\_

Comments:

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