

# Environmental Operators' Certification Program

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## Application for Classification of Wastewater Treatment Facilities

Classification Fee: \$???

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 **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: \_\_\_\_\_

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: \_\_\_\_\_

# Application for Classification of Wastewater Treatment Facilities

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) Present flow (daily average) \_\_\_\_\_ m3/d
- b) Design flow (daily average) \_\_\_\_\_ m3/d
- c) Peak daily flow \_\_\_\_\_ m3/d

## 2. 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
- d) Raw wastes subject to toxic waste discharge  YES  NO

## 3. PRETREATMENT

- a) Plant Pumping of Main Flow  YES  NO
- b) Screening/Comminution  Bar Screen  Mechanical or Static Screens/Comminution  YES  NO
- c) Grit Removal  Settling Basin  Mechanical or Aerated  YES  NO
- d) Flow Equalization  YES  NO
- e) pH/Temperature Adjustment  YES  NO
- f) Pre-aeration  YES  NO
- g) Grease/Oil Separation  Gravity  Mechanical  Dissolved Air Flotation  YES  NO
- h) Pre-chlorination  YES  NO

## 4. PRIMARY TREATMENT

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

## 5. 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

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### 6. ADVANCE WASTEWATER TREATMENT

- |  |                              |                             |                          |
|--|------------------------------|-----------------------------|--------------------------|
| a) Polishing Pond/Constructed Wet Lands    | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> |
| b) Chemical/Physical – without Secondary   | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> |
| c) Chemical/Physical – following Secondary | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> |
| d) Biological Nutrient Removal             | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> |
| e) Ion Exchange                            | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> |
| f) Reverse Osmosis, Electrodialysis        | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> |
| e) Air Stripping                           | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> |

### 7. ADDITIONAL TREATMENT PROCESSES

- |  |                              |                             |                          |
|--|------------------------------|-----------------------------|--------------------------|
| a) chemical/Nutrient Addition (with exception of chlorine and enzymes)   | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> |
| List Additions: _____  | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> |
| c) Dissolved Air Flotation   | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> |
| c) Mixed Media Filters <input type="checkbox"/> Intermittent <input type="checkbox"/> Recirculating Intermittent | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> |
| c) Microscreens  | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> |

### 8. SOLIDS HANDLING

- |                                  |                              |                             |                          |
|----------------------------------|------------------------------|-----------------------------|--------------------------|
| a) Solids Conditioning           | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> |
| b) Solids Thickening             | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> |
| c) Anaerobic Digestion           | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> |
| d) Aerobic Digestion             | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> |
| e) Evaporation Sludge Drying     | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> |
| f) Mechanical Dewatering         | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> |
| g) Pasteurization                | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> |
| h) Composting                    | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> |
| i) Solids Reduction/Incineration | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> |
| j) On-site Landfilling of Solids | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> |

### 9. DISINFECTION

- |   |                              |                             |                          |
|---|------------------------------|-----------------------------|--------------------------|
| a) Chlorination (check one) <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> |
| b) Dechlorination <input type="checkbox"/> Liquid <input type="checkbox"/> Gas  | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> |
| c) Ozonation  | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> |
| d) Ultra Violet Radiation   | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> |

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## 10. EFFLUENT DISCHARGE

a) Remote Effluent Storage (maximum)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>
b) Land disposal (subsurface)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>
c) Land Disposal (Surface)			
Infiltration beds and trenches	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>
Irrigation: <input type="checkbox"/> Standard system	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>
<input type="checkbox"/> PRV stations	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>
f) Surface Water			
Secondary treatment is adequate	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>
More than secondary treatment required	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>
Stream conditions are very critical and a high degree of treatment is required	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>
e) Post Aeration	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>

## 11. LABORATORY CONTROL BY PLANT PERSONNEL

a) Bacteriological/Biological			
Lab work done outside the plant	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>
Membrane filter procedures	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>
Use of fermentation tubes or any dilution method; fecal coliform determination	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>
b) Chemical/Physical			
Lab work done outside the plant	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>
Push-button or visual methods for simple tests: e.g. pH, settleable solids, temp	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>
Additional procedures: DO, COD, BOD, gas analysis, titrations, solids, volatile content	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>
More advanced determinations such as specific constituents, nutrients, total oils, phenols	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>
Highly sophisticated instrumentation such as atomic absorption and gas chromatography	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>

## 12. OTHER

a) Flow Measurement	<input type="checkbox"/> Weir/Flume (visual only)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>
	<input type="checkbox"/> Mechanical/Magnetic	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>
	<input type="checkbox"/> Ultrasonic	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>
b) Instrumentation (SCADA)	<input type="checkbox"/> System to provide data with no process operation	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>
	<input type="checkbox"/> System to provide data with limited process operation	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>
	<input type="checkbox"/> System to provide data with moderate process operation	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>
	<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) Other (odour destruction, on-site power generation)	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>

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**COMMENTS BY OPERATOR:**

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**FOR OFFICE USE ONLY:**

Flow schematics received:  Yes  No

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

Comments:

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