

Environmental Operators' Certification Program

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Application for Classification of Small Water Systems

Facility Classification Fee: \$50.00 + \$3.00 GST = \$53.00

Application Date: _____	Date Received: _____
Notes: Inline treatment such as chlorination and fluoridation are considered part of the water distribution system unless combined with other chemical or physical treatment processes.	
Please attach a schematic drawing or detailed explanation of your system	

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: _____			

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

Application for Small Water System Classification

Please print on the lines provided or place an "X" in the appropriate box.

1. SIZE	OFFICE USE ONLY
a) Maximum population served (max 500) _____ persons	
b) Present flow (daily average) _____ m ³ /d	
c) Design flow (daily average) _____ m ³ /d	
d) Peak daily flow _____ m ³ /d	
e) Storage (man-made reservoir and/or tanks) _____ m ³	
2. DISTRIBUTION SYSTEM	
a) Climate <input type="checkbox"/> Mild (eg. Vancouver) <input type="checkbox"/> Moderate (eg. Kelowna) <input type="checkbox"/> Severe (eg. Fort St. John)	
b) Length of distribution system _____ m	
c) Number of booster pump stations _____	
d) Maximum horsepower pump _____ HP	
e) Number of hydrants _____	
f) Number of standpipes _____	
g) Air/vacuum relief valves <input type="checkbox"/> Yes <input type="checkbox"/> No	
h) Pressure relief valves <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. RAW WATER SOURCE	
a) Gravity surface <input type="checkbox"/> Yes <input type="checkbox"/> No	
b) Pumped surface <input type="checkbox"/> Yes <input type="checkbox"/> No	
c) Pumped well <input type="checkbox"/> Yes <input type="checkbox"/> No	
d) Raw water variability <input type="checkbox"/> Little or no variation <input type="checkbox"/> Moderate, requires treatment change 10% to 50% of the time <input type="checkbox"/> Severe, requires pronounced and/or frequent treatment changes	

4. PRETREATMENT	OFFICE USE ONLY
a) Screening of surface water <input type="checkbox"/> Coarse screen <input type="checkbox"/> Fine screen <input type="checkbox"/> Microscreen	
b) pH/temperature adjustment <input type="checkbox"/> Yes <input type="checkbox"/> No	
c) Gravity settling <input type="checkbox"/> Yes <input type="checkbox"/> No	
d) Other _____	
5. TREATMENT	
a) Filtration <input type="checkbox"/> Slow Sand (3) <input type="checkbox"/> Gravity Sand <input type="checkbox"/> Pressure Sand <input type="checkbox"/> Multimedia (5) <input type="checkbox"/> Cartridge <input type="checkbox"/> Other: _____	
b) Activated carbon filtration <input type="checkbox"/> Yes <input type="checkbox"/> No	
c) Ion exchange (softening or colour removal) <input type="checkbox"/> Yes <input type="checkbox"/> No	
d) Iron/Manganese removal <input type="checkbox"/> Greensand <input type="checkbox"/> Birm <input type="checkbox"/> Oxidation/filtration <input type="checkbox"/> Sequestration	
e) Coagulation and flocculation: List chemical(s) added _____ _____	
f) Clarification <input type="checkbox"/> Simple gravity <input type="checkbox"/> Inclined plate <input type="checkbox"/> Tubes <input type="checkbox"/> DAF	
g) Membrane filtration <input type="checkbox"/> Yes <input type="checkbox"/> No	
h) Fluoridation <input type="checkbox"/> Yes <input type="checkbox"/> No	
i) Other _____	

Application for Small Water System Classification

Please print on the lines provided or place an "X" in the appropriate box.

<p>6. SLUDGE/BACKWASH DISPOSAL</p> <p>a) Disposal to sewer <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b) Disposal to raw water <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c) Evaporate sludge drying <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d) Other _____</p> <p>7. DISINFECTION</p> <p>a) Chlorination</p> <p><input type="checkbox"/> Solid</p> <p><input type="checkbox"/> Liquid</p> <p><input type="checkbox"/> Gas</p> <p>b) Ozonation <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c) Ultra violet radiation <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. LABORATORY CONTROL BY PLANT PERSONNEL</p> <p>a) Chemical/Physical</p> <p><input type="checkbox"/> Push-button or visual methods for simple tests: e.g. pH, temperature</p> <p><input type="checkbox"/> Additional procedures: e.g. solids, etc.</p>	OFFICE USE ONLY
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<p>9. OTHER</p> <p>a) Flow measurement</p> <p><input type="checkbox"/> Visual</p> <p><input type="checkbox"/> Mechanical/magnetic</p> <p><input type="checkbox"/> Ultrasonic</p> <p>b) Instrumentation (SCADA)</p> <p><input type="checkbox"/> System to provide data with no process operation</p> <p><input type="checkbox"/> System to provide data with limited process operation</p> <p><input type="checkbox"/> System to provide data with extensive or total process operation</p> <p>c) Standby power <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d) Other _____</p> <p style="text-align: right;">TOTAL POINTS</p>	OFFICE USE ONLY
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COMMENTS BY OPERATOR:

FOR OFFICE USE ONLY:

Flow schematics received: Yes No

Date entered: _____

Comments: _____
