

Environmental Operators' Certification Program

201, 3833 Henning Drive, Burnaby, BC V5C 6N5

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Application for Classification of Water Distribution Facility

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: _____

WATER DISTRIBUTION SYSTEM CLASSIFICATION

17/05/19

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) Normal population served	-----	persons	<input type="checkbox"/>
b) Peak flow	-----	m3/d	<input type="checkbox"/>
c) Total pump capacity	-----	m3/d	<input type="checkbox"/>
e) Storage facilities (man-made reservoirs and tanks)	-----	m3	<input type="checkbox"/>

2 SYSTEM SOURCE

a) Surface water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Ground water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Storage dams over 10 metres high	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Gravity supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) All or portion of supply pumped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3 SYSTEM PRESSURE

a) Single Zone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Multi Zone - with PRV Stations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Multi Zone - with Altitude Valves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4 CLIMATIC CONDITIONS

a) Mild (i.e. Vancouver)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Moderate (i.e. Kelowna)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Severe (i.e. Fort St. John)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5 FLUORIDATION

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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6 DISINFECTION

a) Gaseous chlorine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) with ammonia addition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Liquid or powdered chlorine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Chlorine dioxide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Ozonization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Ultraviolet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Onsite generation of chlorine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7 STANDBY POWER GENERATION

a) Automatic controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Manual controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8 SYSTEM INSTRUMENTATION

a) Flow measurement:

Mechanical/magnetic

Ultrasonic

Weir/flume (visual only)

Yes	No	<input type="checkbox"/>
Yes	No	<input type="checkbox"/>
Yes	No	<input type="checkbox"/>

b) Chlorine/residual monitoring

Yes	No	<input type="checkbox"/>
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c) SCADA:

System to provide data with little or no process control

System to provide data with moderate process control

System to provide data with extensive or total process control

Yes	No	<input type="checkbox"/>
Yes	No	<input type="checkbox"/>
Yes	No	<input type="checkbox"/>

Total Points

COMMENTS BY OPERATOR:

FOR OFFICE USE ONLY:

Flow Schematics Received

Yes	No
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Date entered: _____

Comments: