



Application for Classification of Small Water Systems

Classification Fee: \$50.00 + GST

PLEASE PRINT

Notes:

1. An up-to-date process flow schematic plan must accompany this application.
2. A facility that includes treatment using physical, chemical or biological processes, including any method of primary disinfection, to produce potable water is to be classified as a water treatment facility.

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 _____	Date Commissioned: _____

Chief Operator: _____		Certification Number: _____	
First Name	Surname		
Address: _____			
Street Address	City	Province	Postal Code
Phone: _____		Fax: _____	
Email: _____		Signature: _____	

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: _____		Signature: _____	

Facility Billing Contact: _____		Title: _____	
First Name	Surname		
Address: _____			
Street Address	City	Province	Postal Code
Phone: _____		Fax: _____	
Email: _____			

MINISTRY OF HEALTH INFORMATION	
Health Authority: _____	Local Health Area: _____
Service Delivery Area: _____	

OFFICE USE ONLY	
Total Points: _____	Initials: _____
Facility Classification: _____	

1. SIZE (approximate values acceptable)

		Pts
a) Population during periods of normal maximum use (max 500)	_____ persons	1
b) Flow during periods of normal maximum use (daily average)	_____ m ³ /d	1
c) Design flow (daily average)	_____ m ³ /d	1
d) Peak daily flow	_____ m ³ /d	1
e) Number of connections	_____	
f) Storage reservoirs	_____ m ³	1

2. DISTRIBUTION SYSTEM

a) Climate (Choose only one)			
i. Mild (eg. Vancouver)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
ii. Moderate (eg. Kelowna)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
iii. Severe (eg. Fort St. John)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Length of distribution system	_____ m		0 – 2
c) Number of booster pump stations	_____		1 – 2
d) Maximum horsepower pump	_____		0 – 1
e) Number of hydrants	_____		2
f) Number of standpipes	_____		1
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) Source			
i. Treated Water (provide details in comment area)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
ii. Gravity surface		<input type="checkbox"/> Yes	<input type="checkbox"/> No
iii. Pumped surface		<input type="checkbox"/> Yes	<input type="checkbox"/> No
iv. Pumped well		<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Raw water variability			
i. Little or no variation		<input type="checkbox"/> Yes	<input type="checkbox"/> No
ii. Moderate, requires treatment change 10% to 50% of the time		<input type="checkbox"/> Yes	<input type="checkbox"/> No
iii. Severe, requires pronounced and/or frequent treatment changes		<input type="checkbox"/> Yes	<input type="checkbox"/> No

4. PRETREATMENT

a) Screening of surface water			
i. Course screen (>5mm)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
ii. Fine Screen (<5mm)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
iii. Microscreen		<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) pH/temperature adjustment		<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) Gravity setting		<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) Other _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No

5. TREATMENT

a) Filtration			
i. Slow sand		<input type="checkbox"/> Yes	<input type="checkbox"/> No
ii. Gravity sand		<input type="checkbox"/> Yes	<input type="checkbox"/> No
iii. Pressure sand		<input type="checkbox"/> Yes	<input type="checkbox"/> No
iv. Multimedia		<input type="checkbox"/> Yes	<input type="checkbox"/> No

- | | | | |
|--------------|------------------------------|-----------------------------|---|
| v. Cartridge | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 5 |
| vi. Other | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 5 |

5. TREATMENT (Continued)

- | | | | Pts |
|---|------------------------------|-----------------------------|------------|
| b) Activated carbon filtration | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 5 |
| c) Ion exchange (softening or colour removal) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 10 |
| d) Iron/Manganese removal | | | |
| i. Greensand | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 10 |
| ii. Birm | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 10 |
| iii. Oxidation/filtration | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 10 |
| iv. Sequestration | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 8 |
| e) Coagulation and flocculation: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1 - 4 |
| List chemical(s) added | _____ | | |
| f) Clarification | | | |
| i. Simple gravity | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 5 |
| ii. Inclined plate | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 10 |
| iii. Settling tubes | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 10 |
| iv. Dissolved Air Flotation | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 8 |
| g) Membrane filtration | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 10 |
| h) Fluoridation | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 5 |
| i) Other | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1 – 10 |

6. SLUDGE/BACKWASH DISPOSAL

- | | | | |
|---------------------------------|------------------------------|-----------------------------|-------|
| a) Disposal to sewer | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2 |
| b) Disposal to raw water source | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 4 |
| c) Evaporate sludge drying | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2 |
| d) Other | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1 – 5 |

7. DISINFECTION

- | | | | |
|---------------------------|------------------------------|-----------------------------|---|
| a) Chlorination | | | |
| i. Solid | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 5 |
| ii. Liquid | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 5 |
| iii. Gas | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 5 |
| b) Ozonation | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 5 |
| c) Ultra violet radiation | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 5 |

8. LABORATORY ANALYSIS

- | | | | |
|---|------------------------------|-----------------------------|---|
| a) Bacteriological/Biological | | | |
| i. All bacteriological/biological laboratory work done outside plant | <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 colourimetric methods for simple tests such as chlorine residual, pH | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 3 |
| iii. Additional procedures – titration, jar tests, alkalinity, hardness | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 5 |

9. SYSTEM INSTRUMENTATION

- a) Flow Measurement
 - i. Weir/flume Yes No 1
 - ii. Mechanical/magnetic Yes No 2
 - iii. Ultrasonic Yes No 3
- b) Instrumentation (SCADA)
 - i. System to provide data with no process operation Yes No 0
 - ii. System to provide data with limited process operation Yes No 2
 - iii. System to provide data with moderate process operation Yes No 4
 - iv. System to provide data with extensive or total process operation Yes No 6

10. OTHER

- a) Standby power Yes No 2
- b) Other (Please Specify) _____ Yes No 1 - 5

COMMENTS BY OPERATOR:

FOR OFFICE USE ONLY:

Date Received: _____

Date Completed: _____

Total Points: _____

Comments: _____

Date Entered: _____

Flow schematics received: _____

Signature: _____

By: _____



Name of Facility: _____ Facility Number: _____

Please provide a list of the EOCP Operators working at this facility:

Operator Name	EOCP Certification Number
1. Chief Operator:	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	