



Application for Classification of Small Water Systems

Classification Fee: \$50.00 + GST, will be invoiced upon completed application submission to eocp@eocp.ca

NOTES:

- An up-to-date process flow schematic plan must accompany this application.**
- 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		Local Health Area: _____	
Health Authority: _____		_____	
Service Delivery Area: _____			

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



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)		0
ii. Moderate (eg. Kelowna)		1
iii. Severe (eg. Fort St. John)		2
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	_____	2
h) Pressure relief valves	_____	2

3. RAW WATER SOURCE

	YES	NO	
a) Source			
i. Treated Water (provide details in comment area)			0
ii. Gravity surface			2
iii. Pumped surface			3
iv. Pumped well			4
b) Raw water variability			
i. Little or no variation			0
ii. Moderate, requires treatment change 10% to 50% of the time			2
iii. Severe, requires pronounced and/or frequent treatment changes			5

4. PRETREATMENT

a) Screening of surface water		
i. Course screen (>5mm)		2
ii. Fine Screen (<5mm)		4
iii. Microscreen		5
b) pH/temperature adjustment		4
c) Gravity setting		2
d) Other _____		2 – 10

5. TREATMENT

a) Filtration		
i. Slow sand		5
ii. Gravity sand		5
iii. Pressure sand		5
iv. Multimedia		5
v. Cartridge		5
vi. Other _____		5

5. TREATMENT (Continued)

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

6. SLUDGE/BACKWASH DISPOSAL

a) Disposal to sewer			2
b) Disposal to raw water source			4
c) Evaporate sludge drying			2
d) Other _____			1 – 5

7. DISINFECTION

a) Chlorination			
i. Solid			5
ii. Liquid			5
iii. Gas			5
b) Ozonation			5
c) Ultra violet radiation			5

8. LABORATORY ANALYSIS

a) Bacteriological/Biological			
i. All bacteriological/biological laboratory work done outside plant			0
ii. Membrane filter procedures			3
iii. Use of fermentation tubes or any dilution method, fecal coliform determination			5
b) Chemical/Physical			
i. All chemical/physical laboratory work done by outside personnel			0
ii. Push button or colourimetric methods for simple tests such as chlorine residual, pH			3
iii. Additional procedures – titration, jar tests, alkalinity, hardness			5



9. SYSTEM INSTRUMENTATION

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

10. OTHER

a) Standby power			2
b) Other (Please Specify) _____			1 - 5

COMMENTS BY OPERATOR:

FOR EOCP OFFICE USE ONLY:

	YES	NO
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.	