



Application for Classification of Small Wastewater Systems

Classification Fee: \$100.00 + GST, will be invoiced upon completed application submission to eocp@eocp.ca

Notes: **An up-to-date flow schematic of the system including treatment system, if present, 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: _____ | | |
| 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: _____ | _____ | | |

| | |
|--|--------------------------|
| WASTE MANAGEMENT PERMIT | |
| Permit or Operational Certificate #: _____ | Date of Issue: _____ |
| Management Region: _____ | Latest Amend Date: _____ |

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



1. SIZE

| | | 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 | |
| c) Design flow (daily average) | _____ m ³ /d | 1 |
| d) Peak daily flow | _____ m ³ /d | -- |

2. COLLECTION SYSTEM

| | | |
|---|----------|-------|
| a) Length of collection system | _____ m | 0 - 2 |
| b) Number of pumps / lift stations | _____ | 0 - 2 |
| c) Maximum horsepower pump | _____ HP | 0 - 1 |
| d) Number of air / vacuum relief valves | _____ | |

3. VARIATION IN RAW WASTES (Choose one only)

| | YES | NO | |
|---|-----|----|---|
| a) Variations do not exceed those normally expected | | | 0 |
| b) Recurring deviations or excessive variations of 100 to 200% in strength and/or flow | | | 2 |
| c) Recurring deviations or excessive variations of more than 200% in strength and/or flow | | | 4 |

4. PRETREATMENT

| | | |
|---|--|---|
| a) Percent of main flow pumped to the plant more than 50% | | 3 |
| b) Screening / Comminution | | |
| i. Static bar screen | | 1 |
| ii. Mechanically raked / cleaned screen | | 2 |
| iii. Grinder pump / comminuter | | 2 |
| c) Grit removal | | |
| i. Settling basin | | 1 |
| ii. Mechanical | | 2 |
| iii. Aerated | | 2 |
| d) Flow equalization | | 1 |
| e) pH/Temperature adjustment | | 1 |
| f) Pre-aeration | | 2 |
| g) Grease / Oil separation | | |
| i. Gravity | | 2 |
| ii. Mechanical | | 3 |
| h) Chemical addition | | |
| i. Pre-chlorination | | 5 |
| ii. Nitrate | | 5 |
| iii. Other - please specify: _____ | | 5 |

5. PRIMARY TREATMENT

| | | |
|--|--|-------|
| a) Sedimentation / clarification (mechanical sludge removal) | | 5 |
| b) Combined sedimentation digestion | | |
| i. Septic tank | | 2 |
| ii. Other - please specify: _____ | | _____ |
| c) Lagoon | | |
| i. Anaerobic | | 3 |
| ii. Facultative | | 3 |



6. SECONDARY TREATMENT

| | YES | NO | Pts |
|---|-----|----|-------|
| a) Treatment System | | | |
| i. Biofiltration with secondary clarification (RBC, Trickling Filter) | | | 10 |
| ii. Activated sludge with secondary clarification/membrane bioreactor | | | 15 |
| iii. Sequencing batch reactor | | | 15 |
| iv. Stabilization ponds without aeration | | | 5 |
| v. Aerated lagoon | | | 8 |
| b) Polishing pond or constructed wetlands | | | 2 |
| c) Effluent filters (Explain process in comments section) | | | 2 – 5 |

7. SOLIDS HANDLING

| | | | |
|---|--|--|--------|
| a) Solids thickening | | | 2 |
| b) Aerobic digestion | | | 6 |
| c) Evaporation sludge drying | | | 2 |
| d) Composting (Explain process in comments section) | | | 2 - 10 |
| e) On-site landfilling of solids | | | 2 |

8. DISINFECTION

| | | | |
|---------------------------|--|--|----|
| a) Chlorination | | | |
| i. Solid | | | 1 |
| ii. Liquid | | | 3 |
| iii. Gas | | | 5 |
| b) Dechlorination | | | |
| i. Liquid | | | 3 |
| ii. Gas | | | 5 |
| c) Ozonation | | | 10 |
| d) Ultra violet radiation | | | 2 |

9. EFFLUENT DISCHARGE

| | | | |
|---|--|--|-------|
| a) Remote effluent storage | | | 2 |
| b) Land disposal (Subsurface) | | | |
| i. Tile field | | | 2 |
| ii. Rock pit | | | 3 |
| iii. Other - please specify: _____ | | | _____ |
| c) Land Disposal (Surface) | | | |
| i. Infiltration beds and trenches / Open trenches | | | 4 |
| ii. Irrigation: a. Standard system | | | 3 |
| b. PRV stations | | | 4 |
| iii. Exfiltration basin | | | 4 |
| iv. Other - please specify: _____ | | | _____ |
| d) Surface Water | | | |
| i. Not more than secondary treatment required | | | 0 |
| ii. More than secondary treatment required | | | 2 |



10. LABORATORY ANALYSIS

| | |
|--|------------|
| a) All laboratory work done by outside personnel | Pts |
| b) Push-button or visual methods for simple tests: e.g. pH, DO, settleable solids, temp. | 0 |
| c) Additional procedures: COD, BOD, gas analysis, titrations, solids, volatile content | 3 |
| | 5 |

11. SYSTEM INSTRUMENTATION

| | |
|--|---|
| a) Flow Measurement | |
| i. Weir/flume (Visual Only) | 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 |

12. OTHER

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

COMMENTS BY OPERATOR:

| | | |
|----------------------------------|---------------------------------|-----------|
| FOR EOCP OFFICE USE ONLY: | YES | NO |
| Date Received: _____ | Flow schematics received: _____ | |
| Date Completed: _____ | Signature: _____ | |
| Total Points: _____ | | |
| Comments: _____ _____ | | |
| Date Entered: _____ | 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. | |