



Application for Classification of Small Wastewater Systems

Classification Fee: \$100.00 + GST

PLEASE PRINT

Note: 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: _____		_____	
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)

a) Variations do not exceed those normally expected	<input type="checkbox"/> Yes	<input type="checkbox"/> No	0
b) Recurring deviations or excessive variations of 100 to 200% in strength and/or flow	<input type="checkbox"/> Yes	<input type="checkbox"/> No	2
c) Recurring deviations or excessive variations of more than 200% in strength and/or flow	<input type="checkbox"/> Yes	<input type="checkbox"/> No	4

4. PRETREATMENT

a) Percent of main flow pumped to the plant more than 50%	<input type="checkbox"/> Yes	<input type="checkbox"/> No	3
b) Screening / Comminution			
i. Static bar screen	<input type="checkbox"/> Yes	<input type="checkbox"/> No	1
ii. Mechanically raked / cleaned screen	<input type="checkbox"/> Yes	<input type="checkbox"/> No	2
iii. Grinder pump / comminuter	<input type="checkbox"/> Yes	<input type="checkbox"/> No	2
c) Grit removal			
i. Settling basin	<input type="checkbox"/> Yes	<input type="checkbox"/> No	1
ii. Mechanical	<input type="checkbox"/> Yes	<input type="checkbox"/> No	2
iii. Aerated	<input type="checkbox"/> Yes	<input type="checkbox"/> No	2
d) Flow equalization	<input type="checkbox"/> Yes	<input type="checkbox"/> No	1
e) pH/Temperature adjustment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	1
f) Pre-aeration	<input type="checkbox"/> Yes	<input type="checkbox"/> No	2
g) Grease / Oil separation			
i. Gravity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	2
ii. Mechanical	<input type="checkbox"/> Yes	<input type="checkbox"/> No	3
h) Chemical addition			
i. Pre-chlorination	<input type="checkbox"/> Yes	<input type="checkbox"/> No	5
ii. Nitrate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	5
iii. Other - please specify: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	5

5. PRIMARY TREATMENT

- | | | | |
|--|------------------------------|-----------------------------|-------|
| a) Sedimentation / clarification (mechanical sludge removal) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 5 |
| b) Combined sedimentation digestion | | | |
| i. Septic tank | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2 |
| ii. Other - please specify: _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| c) Lagoon | | | |
| i. Anaerobic | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 3 |
| ii. Facultative | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 3 |

6. SECONDARY TREATMENT

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

7. SOLIDS HANDLING

- | | | | |
|---|------------------------------|-----------------------------|--------|
| a) Solids thickening | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2 |
| b) Aerobic digestion | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 6 |
| c) Evaporation sludge drying | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2 |
| d) Composting (Explain process in comments section) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2 - 10 |
| e) On-site landfilling of solids | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2 |

8. DISINFECTION

- | | | | |
|---------------------------|------------------------------|-----------------------------|----|
| a) Chlorination | | | |
| i. Solid | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1 |
| ii. Liquid | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 3 |
| iii. Gas | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 5 |
| b) Dechlorination | | | |
| i. Liquid | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 3 |
| ii. Gas | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 5 |
| c) Ozonation | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 10 |
| d) Ultra violet radiation | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2 |

9. EFFLUENT DISCHARGE

- | | | | |
|------------------------------------|------------------------------|-----------------------------|-------|
| a) Remote effluent storage | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2 |
| b) Land disposal (Subsurface) | | | |
| i. Tile field | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2 |
| ii. Rock pit | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 3 |
| iii. Other - please specify: _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |

9. EFFLUENT DISCHARGE (Continued)

			Pts
c) Land Disposal (Surface)			
i. Infiltration beds and trenches / Open trenches	<input type="checkbox"/> Yes	<input type="checkbox"/> No	4
ii. Irrigation:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	3
a. Standard system	<input type="checkbox"/> Yes	<input type="checkbox"/> No	4
b. PRV stations	<input type="checkbox"/> Yes	<input type="checkbox"/> No	4
iii. Exfiltration basin	<input type="checkbox"/> Yes	<input type="checkbox"/> No	4
iv. Other - please specify: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
d) Surface Water			
i. Not more than secondary treatment required	<input type="checkbox"/> Yes	<input type="checkbox"/> No	0
ii. More than secondary treatment required	<input type="checkbox"/> Yes	<input type="checkbox"/> No	2

10. LABORATORY ANALYSIS

a) All laboratory work done by outside personnel	<input type="checkbox"/> Yes	<input type="checkbox"/> No	0
b) Push-button or visual methods for simple tests: e.g. pH, DO, settleable solids, temp.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	3
c) Additional procedures: COD, BOD, gas analysis, titrations, solids, volatile content	<input type="checkbox"/> Yes	<input type="checkbox"/> No	5

11. SYSTEM INSTRUMENTATION

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

12. OTHER

a) Standby power	<input type="checkbox"/> Yes	<input type="checkbox"/> No	2
b) Other (Please Specify) _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	1 - 5

COMMENTS BY OPERATOR:

FOR OFFICE USE ONLY:

Date Received: _____

Date Completed: _____

Total Points: _____

Comments: _____

Flow schematics received: Yes No

Signature: _____



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.	