EOCP Environmental Operators Certification Program

201 – 3833 Henning Drive
Burnaby, BC V5C 6N5
Tel: 604-874-4784
Toll-Free: 1-866-552-EOCP
Fax: 604-874-4794
eocp@eocp.ca www.eocp.ca

Application for Classification of Water Distribution Systems

Classification Fee: $50.00 + GST

PLEASE PRINT

Notes:

1. **An up-to-date schematic of the system must accompany this application.**
2. **To be considered a water distribution system, the system must have source water that is already potable (i.e. water from a treatment facility or groundwater from an aquifer not at risk of containing pathogens). If this is not the case, please ALSO submit an application for Classification of Water Treatment Facility along with 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: _____ 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: _____

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1. SIZE

			Pts
a)	Population during periods of normal maximum use	_____ persons (*min 500*)	10 – 40
b)	Flow during periods of normal maximum use (daily average)	_____ m^3/d	
c)	Design Flow (daily average)	_____ m^3/d	
d)	Peak daily flow	_____ m^3/d	1 – 5
e)	Storage facilities (man-made reservoirs and tanks)	_____ m^3	1 - 5
f)	Total pump capacity	_____ m^3/d	1 - 5

2. SYSTEM SOURCE

a)	Source			
i.	Treated water – provide details of source in comments area	Yes	No	0
ii.	Groundwater	Yes	No	2
iii.	Surface water	Yes	No	4
b)	Gravity / Pumped Supply			
i.	Gravity supply	Yes	No	2
ii.	All or portion of the supply pumped	Yes	No	4
c)	Storage dams over 10 metres high	Yes	No	5

3. SYSTEM PRESSURE

a)	Single Zone	Yes	No	0
b)	Multi Zone – with PRV Stations	Yes	No	8
c)	Multi Zone – with Altitude Valves	Yes	No	8

4. CLIMATIC CONDITIONS (Choose only one)

a)	Mild (i.e. Vancouver)	Yes	No	0
b)	Moderate (i.e. Kelowna)	Yes	No	1
c)	Severe (i.e. Fort St. John)	Yes	No	2

5. FLUORIDATION

Yes No 5

6. DISINFECTION

a)	Chlorination			
i.	Gaseous chlorine without ammonia addition	Yes	No	5
ii.	Gaseous chlorine with ammonia addition	Yes	No	5
iii.	Liquid or powdered hypochlorite	Yes	No	5
iv.	Chlorine dioxide	Yes	No	5
b)	Onsite generation of chlorine	Yes	No	5

7. LABORATORY ANALYSIS

a)	Bacteriological/Biological			
i.	All bacteriological/biological laboratory work done outside plant	Yes	No	0
ii.	Membrane filter procedures	Yes	No	3
iii.	Use of fermentation tubes or any dilution method, fecal coliform determination	Yes	No	5
b)	Chemical/Physical			
i.	All chemical/physical laboratory work done by outside personnel	Yes	No	0
ii.	Push button or colourimetric methods for simple tests such as chlorine residual, pH	Yes	No	3
iii.	Additional procedures – titration, jar tests, alkalinity, hardness	Yes	No	5

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8. STANDBY POWER GENERATION

			Pts
a) Manual controls	Yes	No	4
b) Automatic controls	Yes	No	8

9. SYSTEM INSTRUMENTATION

			Pts
a) Flow measurement:			
i. Weir/Flume (Visual Only)	Yes	No	1
ii. Mechanical/Magnetic	Yes	No	2
iii. Ultrasonic	Yes	No	3
b) Chlorine/residual monitoring	Yes	No	5
c) 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

			Pts
a) Other (Please Specify) _____	Yes	No	1 - 5

COMMENTS BY OPERATOR:

_____

_____

_____

_____

FOR OFFICE USE ONLY:

Date Received: _____

Date Completed: _____

Total Points: _____

Flow schematics received: Yes No

Signature: _____

Comments:

_____

_____

_____

Date Entered: _____

By: _____

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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.	