



Application for Classification of Water Treatment Facility

Classification Fee: \$50.00 + GST

PLEASE PRINT

Notes:

1. An up-to-date process flow schematic **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: _____		_____	
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

		Pts
a) Population during periods of normal maximum use	_____ persons (<i>min 500</i>)	1 – 5
b) Flow during periods of normal maximum use (daily average)	_____ m ³ /d	
c) Design flow (daily average)	_____ m ³ /d	1 – 5
d) Peak daily flow	_____ m ³ /d	
e) Clearwell size	_____ m ³	1 – 5

2. WATER SOURCES & SUPPLY

a) Water Source			
i. Groundwater (confined aquifers)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	3
ii. Surface water or groundwater under the direct influence of surface water	<input type="checkbox"/> Yes	<input type="checkbox"/> No	5
iii. Surface water and groundwater (confined aquifers)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	7
b) Water Supply			
i. Gravity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	0
ii. Pumped	<input type="checkbox"/> Yes	<input type="checkbox"/> No	5

3. VARIATIONS IN RAW WATER (Choose only one)

a) Little or no variation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	0
b) Moderate, requires treatment changes 10% to 50% of the time	<input type="checkbox"/> Yes	<input type="checkbox"/> No	2
c) Severe, requires pronounced and/or frequent treatment changes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	5

4. RAW WATER QUALITY

a) Raw water quality includes levels requiring treatment of:			
i. Taste and/or odour	<input type="checkbox"/> Yes	<input type="checkbox"/> No	3
ii. Colour	<input type="checkbox"/> Yes	<input type="checkbox"/> No	3
iii. Iron and/or manganese	<input type="checkbox"/> Yes	<input type="checkbox"/> No	3
iv. Turbidity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	3
v. Total and/or fecal coliforms	<input type="checkbox"/> Yes	<input type="checkbox"/> No	3
vi. Algae	<input type="checkbox"/> Yes	<input type="checkbox"/> No	3
b) Raw water quality is subject to:			
i. Industrial and commercial waste pollution	<input type="checkbox"/> Yes	<input type="checkbox"/> No	5
ii. Agricultural pollution	<input type="checkbox"/> Yes	<input type="checkbox"/> No	5
iii. Urban runoff, erosion, and storm water pollution	<input type="checkbox"/> Yes	<input type="checkbox"/> No	3
iv. Recreational use (boating, fishing, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	2

5. PRE-TREATMENT

a) Aeration Treatment Systems			
i. Aeration	<input type="checkbox"/> Yes	<input type="checkbox"/> No	3
ii. Packed tower aeration	<input type="checkbox"/> Yes	<input type="checkbox"/> No	5
b) Screening, coarse (>5mm)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	2
c) Screening, fine (<5mm)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	4

6. CHEMICAL ADDITION

a) Fluoridation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	5
b) pH adjustment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	4
c) Stability or corrosion control	<input type="checkbox"/> Yes	<input type="checkbox"/> No	4
d) Copper sulphate treatment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	5
e) Powdered activated carbon	<input type="checkbox"/> Yes	<input type="checkbox"/> No	5
f) Chemical coagulant addition	<input type="checkbox"/> Yes	<input type="checkbox"/> No	2
g) Chemical oxidant addition	<input type="checkbox"/> Yes	<input type="checkbox"/> No	3
h) Rapid mix units			
i. Mechanical mixers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	3
ii. Injection mixers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	2
iii. In-line blender mixers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	2

7. FLOCCULATION

a) Hydraulic flocculators	<input type="checkbox"/> Yes	<input type="checkbox"/> No	2
b) Mechanical flocculators	<input type="checkbox"/> Yes	<input type="checkbox"/> No	3

8. CLARIFICATION/SEDIMENTATION

a) Horizontal flow (rectangular basins)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	5
b) Horizontal flow (round basins)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	10
c) Up-flow solids contact sedimentation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	10
d) Inclined plate sedimentation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	10
e) Tube sedimentation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	10
f) Dissolved air floatation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	8

9. FILTRATION

a) Single media filtration	<input type="checkbox"/> Yes	<input type="checkbox"/> No	3
b) Dual or mixed media filtration	<input type="checkbox"/> Yes	<input type="checkbox"/> No	5
c) Microscreens	<input type="checkbox"/> Yes	<input type="checkbox"/> No	5
d) Diatomaceous earth filters	<input type="checkbox"/> Yes	<input type="checkbox"/> No	5
e) Cartridge filters	<input type="checkbox"/> Yes	<input type="checkbox"/> No	5
f) Slow sand filters	<input type="checkbox"/> Yes	<input type="checkbox"/> No	5
g) Direct filtration	<input type="checkbox"/> Yes	<input type="checkbox"/> No	5
h) Membranes			
i. Ultrafiltration	<input type="checkbox"/> Yes	<input type="checkbox"/> No	10
ii. Nanofiltration	<input type="checkbox"/> Yes	<input type="checkbox"/> No	10
iii. Reverse Osmosis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	10

10. ADDITIONAL TREATMENT PROCESSES

a) Catalytic oxidation, absorption filtration			
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
b) Ion Exchange / Softening			
i. Ion exchange	<input type="checkbox"/> Yes	<input type="checkbox"/> No	10
ii. Chemical precipitation softening	<input type="checkbox"/> Yes	<input type="checkbox"/> No	5
c) Electrodialysis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	15

11. DISINFECTION

a) Chlorination			
i. Gaseous chlorine	<input type="checkbox"/> Yes	<input type="checkbox"/> No	5
ii. Liquid or powdered hypochlorite	<input type="checkbox"/> Yes	<input type="checkbox"/> No	5
iii. Chlorine dioxide	<input type="checkbox"/> Yes	<input type="checkbox"/> No	5
b) On-site generation of chlorine	<input type="checkbox"/> Yes	<input type="checkbox"/> No	5
c) Ozonization	<input type="checkbox"/> Yes	<input type="checkbox"/> No	5
d) Ultraviolet	<input type="checkbox"/> Yes	<input type="checkbox"/> No	5

12. RESIDUALS DISPOSAL

a) Discharge			
i. Discharge to lagoons	<input type="checkbox"/> Yes	<input type="checkbox"/> No	1
ii. Discharge to lagoons and then raw water source	<input type="checkbox"/> Yes	<input type="checkbox"/> No	2
iii. Discharge to raw water	<input type="checkbox"/> Yes	<input type="checkbox"/> No	4
iv. Disposal to sanitary sewer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	2
b) Mechanical dewatering	<input type="checkbox"/> Yes	<input type="checkbox"/> No	8
c) On-site disposal	<input type="checkbox"/> Yes	<input type="checkbox"/> No	2
d) Solids composting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	5

13. 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
iv. Biological identification	<input type="checkbox"/> Yes	<input type="checkbox"/> No	7
v. Virus studies or similarly complex work conducted on site	<input type="checkbox"/> Yes	<input type="checkbox"/> No	10
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 colourimetric methods for simple test 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
iv. More advanced determination such as numerous inorganics	<input type="checkbox"/> Yes	<input type="checkbox"/> No	7
v. Highly sophisticated instrumentation such as atomic absorption and gas chromatography	<input type="checkbox"/> Yes	<input type="checkbox"/> No	10

14. 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

15. OTHER

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

COMMENTS BY OPERATOR:

FOR OFFICE USE ONLY:

Date Received: _____ Flow schematics received: Yes No

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.	