

Application for Classification of Wastewater Collection Systems

Classification Fee: \$50.00 + GST

PLEASE PRINT

Note: An up-to-date flow schematic of the system 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: _____	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: _____	

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

1. SIZE

		Pts
a) Population during periods of normal maximum use	_____ persons (<i>min 500</i>)	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) Total pump capacity	_____ m ³ /d	1 – 5

2. VARIATION IN RAW WASTES

a) Variations (Choose one only)			
i. Variations do not exceed those normally expected	<input type="checkbox"/> Yes	<input type="checkbox"/> No	0
ii. Recurring deviations or excessive variations of 100 to 200% in strength and/or flow	<input type="checkbox"/> Yes	<input type="checkbox"/> No	2
iii. Recurring deviations or excessive variations of more than 200% in strength and/or flow	<input type="checkbox"/> Yes	<input type="checkbox"/> No	4
b) Raw wastes subject to serious toxic waste discharge	<input type="checkbox"/> Yes	<input type="checkbox"/> No	6

3. OPERATIONS & MAINTENANCE

a) Screening/Comminution	<input type="checkbox"/> Yes	<input type="checkbox"/> No	2
b) Chemical Addition (odour control)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	4
c) Collection system personnel responsible for flushing and vactoring of system	<input type="checkbox"/> Yes	<input type="checkbox"/> No	2
d) Collection system personnel responsible for camera and/or smoke testing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	4
e) Collection system personnel responsible for collecting samples for analysis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	5
f) Computerized maintenance management system	<input type="checkbox"/> Yes	<input type="checkbox"/> No	3

4. STANDBY POWER

a) Manual controls	<input type="checkbox"/> Yes	<input type="checkbox"/> No	4
b) Automatic controls	<input type="checkbox"/> Yes	<input type="checkbox"/> No	8

5. 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

6. OTHER

a) Other (Please Specify) _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	1 - 5
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COMMENTS BY OPERATOR:

FOR OFFICE USE ONLY:

Date Received: _____

Date Completed: _____

Total Points: _____

Comments:

Date Entered: _____

Flow schematics received: Yes No

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.	