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Application for Classification of Wastewater Treatment Facilities

Classification Fee: Based on flow. See table at the end of this form.

PLEASE PRINT

- Notes:**
1. To be considered a wastewater treatment facility, the facility must contain one or more of the Primary, Secondary, or Advanced Wastewater Treatment components (see sections 4, 5, and 6). Simple in-line activities such as booster pumping, screening, comminution, or chlorination is considered an integral part of the collection system if there is no "Treatment" component.
 2. An up-to-date process flow schematic 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	_____ persons (<i>min 500</i>)	
b) Flow during periods of normal maximum use (daily average)	_____ m ³ /d	1 - 5
c) Design flow (daily average)	_____ m ³ /d	1 - 5
d) Peak daily flow	_____ m ³ /d	--

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. PRETREATMENT

a) System Pumping of Main Flow	<input type="checkbox"/> Yes	<input type="checkbox"/> No	3
b) Screening/Comminution			
i. Bar Screen	<input type="checkbox"/> Yes	<input type="checkbox"/> No	1
ii. Mechanically Raked/Cleaned Screens or Comminution	<input type="checkbox"/> Yes	<input type="checkbox"/> No	2
c) Grit Removal			
i. Settling Basin / Channel(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	1
ii. Mechanical or 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
iii. Dissolved Air Flotation (If checked, facility cannot receive the points for DAF for grease/oil separation – 7(b))	<input type="checkbox"/> Yes	<input type="checkbox"/> No	8
h) Pre-chlorination (If checked, facility cannot receive the 5 pts for chlorinating treated wastewater – 9(a))	<input type="checkbox"/> Yes	<input type="checkbox"/> No	5

4. 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. Imhoff Tank	<input type="checkbox"/> Yes	<input type="checkbox"/> No	5
iii. 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

5. SECONDARY TREATMENT

a) Biofiltration with Secondary Clarification			
i. Rotating Biological Contactor	<input type="checkbox"/> Yes	<input type="checkbox"/> No	10
ii. Trickling Filter	<input type="checkbox"/> Yes	<input type="checkbox"/> No	10

iii. Other - please specify: _____

Yes No 1 - 10
Pts

5. SECONDARY TREATMENT (continued)

- b) Activated Sludge (Includes nitrification by extended aeration)
 - i. With Secondary Clarification Yes No 15
 - ii. Sequencing Batch Reactor Yes No 15
 - iii. Membrane Bioreactor Yes No 15
- c) Stabilization Ponds without Aeration Yes No 5
- d) Aerated lagoon Yes No 8

6. ADVANCED WASTEWATER TREATMENT

- a) Polishing Pond/Constructed Wet Lands Yes No 2
- b) Chemical/Physical – without Secondary Yes No 15
- c) Chemical/Physical – following Secondary Yes No 10
- d) Biological Nutrient Removal Yes No 12
- e) Ion Exchange Yes No 10
- f) Reverse Osmosis, Electrodialysis Yes No 15
- g) Air Stripping Yes No 5

7. ADDITIONAL TREATMENT PROCESSES

- a) Chemical/Nutrient Addition (with exception of chlorine and enzymes) Yes No 1 - 4
 List Additions: _____
- b) Dissolved Air Flotation (If checked, facility cannot receive the 8 pts for DAF for grease/oil separation - 3(g)(iii)) Yes No 8
- c) Mixed Media Filters
 - i. Intermittent Yes No 2
 - ii. Recirculating Intermittent Yes No 3
- d) Microscreens Yes No 5

8. SOLIDS HANDLING

- a) Solids Conditioning Yes No 5
- b) Solids Thickening Yes No 2
- c) Anaerobic Digestion Yes No 10
- d) Aerobic Digestion Yes No 6
- e) Evaporation Sludge Drying Yes No 2
- f) Mechanical Dewatering Yes No 8
- g) Pasteurization Yes No 10
- h) Composting (Explain process in comments section) Yes No 2 - 10
- i) Solids Reduction/Incineration Yes No 12
- j) On-site Landfilling of Solids Yes No 2

9. DISINFECTION

- a) Chlorination (If checked, facility cannot receive the points for pre-chlorinating wastewater – 3(h))
 - i. Solid Yes No 1
 - ii. Liquid Yes No 3
 - iii. Gas Yes No 5

9. DISINFECTION (continued)

			Pts
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

10. 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	___
c) Land Disposal (Surface)			
i. Infiltration beds and trenches	<input type="checkbox"/> Yes	<input type="checkbox"/> No	4
ii. Irrigation:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	3
a. Standard system			
b. PRV stations	<input type="checkbox"/> Yes	<input type="checkbox"/> No	4
d) Surface Water			
i. Secondary treatment is adequate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	0
ii. More than secondary treatment required	<input type="checkbox"/> Yes	<input type="checkbox"/> No	2
iii. Stream conditions are very critical and a high degree of treatment is required	<input type="checkbox"/> Yes	<input type="checkbox"/> No	4
e) Post Aeration	<input type="checkbox"/> Yes	<input type="checkbox"/> No	2

11. LABORATORY ANALYSIS

a) Bacteriological/Biological			
i. All bacteriological/biological laboratory work done by outside personnel	<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
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 or visual methods for simple tests: e.g. pH, settleable solids, temp	<input type="checkbox"/> Yes	<input type="checkbox"/> No	3
iii. Additional procedures: DO, COD, BOD, gas analysis, titrations, solids, volatile content	<input type="checkbox"/> Yes	<input type="checkbox"/> No	5
iv. More advanced determinations such as specific constituents, nutrients, total oils, phenols	<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

12. 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

13. OTHER

- | | | | |
|---------------------------------|------------------------------|-----------------------------|-----------------|
| a) Standby power | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Pts
2 |
| b) Odour destruction | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1 - 5 |
| c) 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: _____

Date Entered: _____

Flow schematics received: Yes No

Signature: _____

By: _____

Classification Fees:

Flow (m ³ /d)	<1,000	≥1,000 to <2,000	≥2,000 to <5,000	≥5,000 to <14,000	≥14,000 to <50,000	≥50,000
Fees (excluding GST)	\$100 / 5 yr	\$100	\$200	\$400	\$800	\$1,600

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.	