

Water & Wastewater Facility Operators Certification Program

Application for Water Distribution Facility Classification

also available online at: https://www.gov.mb.ca/sd/permits_licenses_approvals/forms/index.html?wg=facility_class

Please print clearly or type and follow the instructions on the application form.

NOTE: If using Abode Reader, text can be inserted into form and tab between fields.

This application is pursuant to the Water and Wastewater Facility Operators Regulation issued under The Environment Act.

Name of Facility:

Name of Facility Owner:
(Municipality/Commission/
Company/Individual/etc)

Mailing Address of Facility:

Postal Code:

Telephone:

Contact Person:

Position:

Cellphone:

Fax:

Email:

Please complete the following. The information provided will be used to classify the wastewater collection facility under the Water and Wastewater Facility Operators Regulation.

Forward the completed form by email to:

wwopcert@gov.mb.ca

Or mail it to:

Certification Program Specialist
Environmental Approvals Branch
Manitoba Environment and Climate Change
Box 35 - 14 Fultz Boulevard
Winnipeg MB R3Y 0L6

Or by Fax: (204) 945-5229

Attention: Certification Program

Please direct questions to:

Certification Program Specialist

Email: wwopcert@gov.mb.ca

Phone: (204) 945-0675

Toll Free: 1-866-626-4862

Application for Water Distribution Facility Classification

SYSTEM				
	New or proposed facility seeking classification			<input style="width: 30px; height: 20px;" type="checkbox"/>
	Proposed start of operations (month/year) _____.			
	Existing facility seeking classification (in operation prior to August 30, 2005)			<input style="width: 30px; height: 20px;" type="checkbox"/>
	Facility has been in operation since (approximate month/year) _____.			

SIZE <i>(choose one)</i>				
	Population Served is LESS THAN or EQUAL TO 500 (small system)			<input style="width: 30px; height: 20px;" type="checkbox"/>
	Population Served is 501 to 1,500 (class 1)			<input style="width: 30px; height: 20px;" type="checkbox"/>
	Population Served is 1,501 to 15,000 (class 2)			<input style="width: 30px; height: 20px;" type="checkbox"/>
	Population Served is 15,001 to 50,000 (class 3)			<input style="width: 30px; height: 20px;" type="checkbox"/>
	Population Served is 50,001 or more (class 4)			<input style="width: 30px; height: 20px;" type="checkbox"/>

APPLICANT VERIFICATION	
I hereby declare that all information in this application is true.	
Name of Applicant ¹ (PRINT)	
Title:	
Telephone:	Fax:
Email	
Signature of Authorized Representative:	Date:

¹ Applicant must be an authorized representative of the owner/operating authority (i.e. manager, P. Eng., or overall responsible operator).