Application for Wastewater Collection 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/Company/ Individual/etc.)		
Mailing Address of Facility:		
Postal Code:	Telephone:	
Contact Person:	Position:	
Cellphone:	Fax:	Email:

Is this a REAPPLICATION? ◯ Yes ◯ No

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

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SYSTEM			
	New or proposed facility seeking classification	☐	
	Proposed start of operations (month/year) _____.		
	Existing facility seeking classification (in operation prior to August 30, 2005)	☐	
	Facility has been in operation since (approximate month/year) _____.		

SIZE *(choose one)*			
	Population Served is **LESS THAN** or **EQUAL TO 500** **(small system)**	○	
	Population Served is **501 to 1,500** **(class 1)**	○	
	Population Served is **1,501 to 15,000** **(class 2)**	○	
	Population Served is **15,001 to 50,000** **(class 3)**	○	
	Population Served is **50,001 or more** **(class 4)**	○	

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).

Print Application Form