

# Water & Wastewater Facility Operators Certification Program

## Application for Water Distribution Facility Classification

Please print clearly or type and follow the instructions on the application form.  
NOTE: If using Adobe 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 water distribution facility under the Water and Wastewater Facility Operators Regulation.**

Forward the completed form by email to:  
[wwopcert@gov.mb.ca](mailto:wwopcert@gov.mb.ca)

Or mail it to:  
Director  
Environmental Approvals Branch  
Manitoba Sustainable Development  
1007 Century Street  
Winnipeg MB R3H 0W4

Please direct questions to:

Certification Program Specialist  
Email: [wwopcert@gov.mb.ca](mailto:wwopcert@gov.mb.ca)  
Phone: (204) 945-7065

## Application for Water Distribution Facility Classification

<b>SYSTEM</b>		
	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) _____.	

<b>SIZE</b> (choose one and indicate the actual population in the space below.)		
	<b>Actual Population</b>	
	Population Served is <b>LESS THAN or EQUAL TO 500</b> (small system)	
	Population Served is <b>501 to 1,500</b> (class 1)	
	Population Served is <b>1,501 to 15,000</b> (class 2)	
	Population Served is <b>15,001 to 50,000</b> (class 3)	
	Population Served is <b>50,001 or more</b> (class 4)	

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

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