Ontario

Ministry of Health and Long-Term Care

Laboratory Services Notification (LSN)

Small Drinking Water Systems Regulation (O.Reg. 319/08) and
Transitional - Small Drinking Water Systems Regulation (O.Reg. 318/08)

Please complete this form and forward it to your local Public Health Unit.

The purpose of this form is to notify the local Public Health Unit by e-mail, fax or mail as to which licensed laboratories will test drinking water samples for small drinking water systems. For a list of local Public Health Unit Offices and contact information please visit the Ministry of Health and Long-Term Care (MOHLTC) website at: http://www.health.gov.on.ca/en/common/system/services/phu/locations.aspx.

Drinking water system owners must complete and submit this form to the local Board of Health **prior to** submitting drinking water samples to your contracted licensed laboratory for testing. Once you have submitted this form, it does not have to be re-submitted **unless** you take your samples to a different licensed laboratory for testing. The listing of commercial licensed laboratories can be found on the following website: https://www.ontario.ca/page/list-licensed-laboratories.

Note: Each drinking water system must have at least one licensed laboratory declared for any required drinking water test. Only commercial licensed laboratories are applicable.

Check all boxes that apply:

☐ Add licensed laboratory or designated tests to profile (complete sections 1, 2, 4 and 5)

☐ Remove licensed laboratory or designated tests from profile (complete sections 1, 3, 4 and 5)

Section 1 – Drinking Water System Demographics

Name of Drinking Water System	Drinking Water System Number

Address

Unit Number	Street Number	Street Name	PO Box

Rural Route	City/Town	Province	Postal Code

Section 2 – Adding a Commercial Licensed Laboratory

Name of Licensed Laboratory (Note: You may not specify a Public Health Laboratory)

Address of Laboratory

Unit Number	Street Number	Street Name	PO Box

Rural Route	City/Town	Province	Postal Code

Name of Laboratory Contact (First name, Last name)

Email

Telephone Number (include area code) ext.	Fax Number (include area code)

Indicate the test(s) to be performed by the laboratory for this Drinking Water System

☐ E. Coli ☐ Total coliforms ☐ Chemical or other tests (see Section 4)

Name of Licensed Laboratory (Note: You may not specify a Public Health Laboratory)

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Address of Laboratory

Unit Number	Street Number	Street Name	PO Box
Rural Route	City/Town	Province	Postal Code

Name of Laboratory Contact (First name, Last name)

Email

Telephone Number (include area code) ext.	Fax Number (include area code)

Indicate the test(s) to be performed by the laboratory for this Drinking Water System

☐E. Coli ☐Total coliforms ☐Chemical or other tests (see Section 4)

Section 3 – Removing a Licensed Laboratory

Note: You must identify at least one licensed laboratory for all regulated testing required at your system.

Name of Licensed Laboratory

Address of Laboratory

Unit Number	Street Number	Street Name	PO Box
Rural Route	City/Town	Province	Postal Code

Name of Laboratory Contact (First name, Last name)

Email

Telephone Number (include area code) ext.	Fax Number (include area code)

Indicate the test(s) to be deleted by the laboratory above for this Drinking Water System

☐E. Coli ☐Total coliforms ☐Chemical or other tests (see Section 4)

Name of Licensed Laboratory

Address of Laboratory

Unit Number	Street Number	Street Name	PO Box
Rural Route	City/Town	Province	Postal Code

Name of Laboratory Contact (First name, Last name)

Email

Telephone Number (include area code) ext.	Fax Number (include area code)

Indicate the test(s) to be deleted by the laboratory above for this Drinking Water System

☐E. Coli ☐Total coliforms ☐Chemical or other tests (see Section 4)

Section 4 – Chemical Testing

Volatile Organic Parameters

☐1,2-dichlorobenzene	☐1,4-dichlorobenzene	☐1,2-dichloroethane	☐1,1-dichloroethylene
☐Benzene	☐Carbon tetrachloride	☐Dichloromethane	☐Ethylbenzene
☐Monochlorobenzene	☐Tetrachloroethylene	☐Toluene	☐Total Xylenes
☐Trichloroethylene	☐Trihalomethanes (Total)	☐Vinyl chloride	

Inorganic Parameters

☐Antimony	☐Arsenic	☐Barium	☐Boron
☐Cadmium	☐Chromium	☐Fluoride	☐Lead
☐Mercury	☐Nitrate	☐Nitrite	☐Selenium
☐Sodium	☐Uranium		

Pesticides and General Organic Parameters

☐2,3,4,6-tetrachlorophenol	☐2,4-dichlorophenol	☐2,4,6-trichlorophenol	☐2,4-D
☐2,4,5-T	☐Alachlor	☐Aldicarb	☐Aldrin+Dieldrin
☐Atrazine + Metabolites	☐Azinphos-methyl	☐Bendiocarb	☐Benzo(a)pyrene
☐Bromoxynil	☐Carbaryl	☐Carbofuran	☐Chlordane (Total)
☐Chlorpyrifos	☐Cyanazine	☐DDT+Metabolites	☐Diazinon
☐Dicamba	☐Diclofop-methyl	☐Dimethoate	☐Dinoseb
☐Diquat	☐Diuron	☐Glyphosate	☐Heptachlor + Heptachlor Epoxide
☐Lindane (Total)	☐Malathion	☐Methoxychlor	☐Metolachlor
☐Metribuzin	☐Paraquat	☐Parathion	☐PCBs (Total)
☐Pentachlorophenol	☐Phorate	☐Picloram	☐Prometryne
☐Simazine	☐Temephos	☐Terbufos	☐Triallate
☐Trifluralin			

Additional Parameters

Section 5 – Declaration

I declare that the information provided on this form is accurate.

Prepared By (First Name, Last Name)

Signature	Date (yyyy/mm/dd)

Telephone Number (include area code)

ext.

The personal information that you provide on this form is collected by the

(Name of Public Health Unit)

pursuant to section 5(1) of O.Reg. 319/08 and section 13(1) of O. Reg. 318/08 under the *Health Protection and Promotion Act*, and may be used and disclosed to other government institutions for the purpose of administering any Act or program that pertains to drinking water safety. If you have any questions about the collection of your personal information on this form, you can contact:

Title of Public Health Unit Contact	Telephone Number (include area code) ext.

Business Address

Unit Number	Street Number	Street Name	PO Box

City/Town	Province	Postal Code