Ontario

Ministry of Health and Long-Term Care

Notice to Operate or Reopen a Small Drinking Water System

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

This form is to be completed in accordance with s. 5(1) 319/08, (Small Drinking Water Systems) and s. 13(1) of O. Reg. 318/08 (Transitional – Small Drinking water Systems) made under the *Health Protection and Promotion Act*, which requires that owners of small drinking water systems notify in writing, the medical officer of health in the health unit where their small drinking water system is located before supplying water to users of the system following construction or alteration of a small drinking water system or following a shut-down of a system that lasts longer than seven days.

Please complete and forward this form by e-mail, fax or mail to your local Public Health Unit.

For a list of local Public Health Units and contact information please visit the MOHLTC website at:
http://www.health.gov.on.ca/en/common/system/services/phu/locations.aspx

Mailing Address of Public Health Unit:	Fax Number of Public Health Unit:
	E-mail Address of Public Health Unit:

Check one of the following:

☐ I have an existing small drinking water system that has not yet been registered with the Ontario Government or a Public Health Unit **(complete Sections 1, 2, 3 and 6)**.

☐ There has been alteration(1) done to my small drinking water system **(complete Sections 1, 2, 3, 4 and 6)**

☐ I have a newly constructed small drinking water system **(complete Sections 1, 2, 3, 4 and 6)**

☐ I plan to reopen my small drinking water system after a shutdown of more than 7 days **(complete Sections 3, 5 and 6)**

(1) "alteration" includes the following, in respect of a small drinking water system, but excludes repairs to the system:

1. An extension of the system.
2. A replacement of part of the system.
3. Taking all or part of the system permanently out of service.

Section 1 – Owner Contact Information

Name or Legal Entity

Name of Owner Contact

First Name	Last Name

Address

Unit Number	Street Number	Street Name	PO Box

Rural Route	City/Town	Province	Postal Code

Email Address

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

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Section 2 – Operator Contact Information

☐ Owner is the designated operator of system (go to Section 3)

Name of Company

Name of Operator Contact

First Name | Last Name

Address

Unit Number | Street Number | Street Name | PO Box

Rural Route | City/Town | Province | Postal Code

Email

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

Section 3 – Drinking Water System Premise Type

☐ Airport	☐ Conservation Area	☐ Marina	☐ Recreational Facility	☐ Restaurant
☐ Bed and Breakfast	☐ Golf Course	☐ Park	☐ Provincial Park	☐ Trailer Park
☐ Campground	☐ Hotel or Motel	☐ Place of Worship	☐ Public Area	☐ Other
☐ Community Centre	☐ Lodge	☐ Private Club	☐ Resort	

Name of Drinking Water System

Contact Name

First Name | Last Name

Address

Unit Number | Street Number | Street Name

Lot and Concession Number | PO Box/Rural Route | Municipality/Township

City/Town | Province | Postal Code

Email

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

Section 4 - Construction / Alteration Information

Name of Drinking Water System | Small Drinking Water System Number

Building Permit Number relating to construction/alteration (if applicable) | Proposed Date to begin supplying drinking water (yyyy/mm/dd)

Status of Drinking Water System Preparation (indicate whether or not all the preparations necessary to operate the system have been completed in accordance with O. Reg.318/08 and O. Reg 319/08)

Section 5 - Shutdown

Date of Drinking Water System Shutdown (yyyy/mm/dd)	Small Drinking Water System Number
Proposed Date to Begin Supplying Water (yyyy/mm/dd)	☐ Nothing has changed in the owner or operator profile. (If there have been changes, please indicate changes in sections above)

Section 6 – 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.

Once you have determined which licensed laboratory will be performing regulated testing on your drinking water, please complete SDWS Laboratory Services Notification (LSN) form prior to submitting drinking water samples. A list of licensed labs is available at: https://www.ontario.ca/page/list-licensed-laboratories

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