



# Reopening a Small Drinking Water System

(O.Reg. 319/08)

Drinking Water System ID Number: \_\_\_\_\_

## Use this form if you plan to reopen a seasonal Small Drinking Water System.

In the Ontario Regulation 319/08 Section 5 (6) states, "Every owner and every operator of a small drinking water system who intends to begin to supply water to the users of the system after any period of more than 60 days duration during which the system has not been supplying water to users shall ensure that,

- a) A water sample is taken and tested for Escherichia coli and total coliforms;
- b) They are in receipt of the results of the water sample tests; and
- c) The medical office of health of the health unit where the small drinking water system is located is notified in writing of,
  - i. The proposed date on which the small drinking water system will begin to supply water to the users,
  - ii. The name and address of the owner and any operator of the small drinking water system,
  - iii. The address that the small drinking water is located at and the name of the system, and
  - iv. The results of the tests conducted pursuant to this section. O. Reg. 319/08, s.5 (6).

### 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.
- There has been alteration <sup>(1)</sup> done to my small drinking water system.
- I have a newly constructed small drinking water system.
- I plan to reopen my small drinking water system after a shutdown of more than 7 days

<sup>(1)</sup> "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 \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email \_\_\_\_\_

## Section 2. Operator Contact Information

Attach information for all other operators if there is more than one.

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

Name or Company \_\_\_\_\_

Name of Contact \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email \_\_\_\_\_

**Section 3. Drinking Water System Premise Type**

- Airport                       Cottage Subdivision    Marina                       Private Club                       Restaurant
- Bed and Breakfast    Fire Hall                       Migrant Housing    Provincial Park                       Tourist Centre
- Campground                       Garage                       Motel                       Public Area                       Tourist Farm
- Commercial                       Golf Course                       Office Building                       Recreational Facility    Trailer Park
- Community Centre    Hotel                       Park                       Rental Cabins                       Training Facility
- Conservation Area    Lodge                       Place of Worship    Resort
- Other (please specify) \_\_\_\_\_

Name of Drinking Water System \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

Lot and Concession Number \_\_\_\_\_ Municipality/Township \_\_\_\_\_

City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email \_\_\_\_\_

**Section 4. Water Sample Results**

Date of Sample (yyyy-mm-dd) \_\_\_\_\_

Total Coliform \_\_\_\_\_ E. coli \_\_\_\_\_

**Please attach a copy of the laboratory results to this form.**

**Section 5. Seasonal Shutdown**

Proposed Date to Begin Supplying Water (yyyy-mm-dd) \_\_\_\_\_

Date of Drinking Water System Shutdown (yyyy-mm-dd) \_\_\_\_\_

**Section 6. Declaration**

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

Prepared By \_\_\_\_\_ Telephone Number \_\_\_\_\_

Signature \_\_\_\_\_ Date (yyyy-mm-dd) \_\_\_\_\_

**Section 6. Return Completed Form**

Please return this completed form to:

Durham Region Health Department

101 Consumers Drive, 2<sup>nd</sup> floor

Whitby, ON L1N 1C4

Submit via [durham.ca/healthinspectionforms](http://durham.ca/healthinspectionforms)

Tel: 905-668-2020

Toll Free: 1-800-841-2729

Fax: 905-666-1887

Information on this form is collected and used under the authority of the Health Protection and Promotion Act, R.S.O. 1990, cH.7., s.5 and its Regulations. The information is collected and used for processing your application to reopen a seasonal small drinking water system; to ensure compliance with legal and/or regulatory requirements; to update as required any provincial or external databases with the Ministry of Health; for preventing, eliminating and/or decreasing the effects of a health hazard; and, for planning, providing, and evaluating services provided by Health Department staff for promoting health and protection. Questions about this collection and use of information should be addressed to Durham Region Health Department, Manager, Health Information, Privacy and Security at 605 Rossland Rd E., P.O. Box 730, Whitby, ON L1N 0B2, (905) 668-7711.