

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 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 MOHLTC website at: http://www.health.gov.on.ca/english/public/contact/phu/phuloc_dt.html#7. 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: http://www.ene.gov.on.ca/envision/water/sdwa/licensedlabs.htm

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 and 5).

•	ies can be added using a single fo								
	aboratory or designated tests from ies can be deleted using a single		ions 1, 3 and 5).						
Section 1 – Drinking Water S									
Name of Drinking Water System	bystem Demographics	Drinking Water S	Drinking Water System Number						
Address	1.2		Type (St/Blvd/	Direction	Suite/apt.				
Building number	Street name		Ave/Dr/Cr)	(N/S/W/E)	number				
P.O. Box/Rural Route	City/Town		Province	Postal code					
Section 2 – Adding a Comm	ercial Licensed Laboratory								
1. Name of Licensed Laborate	ory (Note: You may not specify a Pub	lic Health Laboratory)							
Address of Laboratory			T (0//DL1/	Discotion	Occidentant				
Address of Laboratory	Ctract name		Type (St/Blvd/	Direction	Suite/apt.				
Building number	Street name		Ave/Dr/Cr)	(N/S/W/E)	number				
P.O. Box/Rural Route	City/Town		Province	Postal code					
Name of Laboratory Contact	Name of Laboratory Contact (First name, Last name)								
Telephone Number (include	area code)	Fax Number (inc	Fax Number (include area code)						
, ' ,	Ext	()	() -						
Indicate the test(s) to be perf	Indicate the test(s) to be performed by the laboratory for this Drinking Water System								
☐ E. Coli ☐ Total									
2. Name of Licensed Laborate	Name of Licensed Laboratory (Note: You may not specify a Public Health Laboratory)								
Address of Laboratory	l Otros transport		Type (St/Blvd/	Direction	Suite/apt.				
Building number	Street name		Ave/Dr/Cr)	(N/S/W/E)	number				
P.O. Box/Rural Route	City/Town		Province	Postal code					
	·								
Name of Laboratory Contact	Name of Laboratory Contact (First name, Last name)								
Telephone Number (include	area codo)	Fay Number (inc	Fax Number (include area code)						
	Ext	()	() -						
	formed by the laboratory for this Drinki	ng Water System							
4578-64 (2008/11) © Queen's Prin	ter for Ontario, 2008	•							

Se	ction 3 – R	emoving a Licens	ed Laboratory	/							
					aboratory for a	II regulated testing	required at v	our system.			
1.		icensed Laboratory			<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>		• • • •			
		dress of Laboratory Iding number Street name					Type (St/Blvd, Ave/Dr/Cr)	/ Direction		Suite/apt.	
	P.O. Box/R	Box/Rural Route City/Town					Province	Postal co	ode		
	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 (complete Section 4)										
2.	Name of L	icensed Laboratory									
	Address of Laboratory Building number Street name					Type (St/Blvd, Ave/Dr/Cr)	Direction (N/S/W/		Suite/apt.		
	P.O. Box/R	P.O. Box/Rural Route City/Town					Province	Postal co	ode	L	
	Name of Laboratory Contact (First name, Last name)				Email		,				
Telephone Number (include area code) () - Ext					Fax Number (include area code) () -						
	Indicate the	e test(s) to be deleted Total coli	-	-	_	Water System ests (complete Section 4	1)				
Se	ction 4 – C	hemical Testing									
Vo Or	latile ganic rameters	1,2-dichlorobenzene 1,4-dichlorobenzene		☐ 1,1-dichloroethylene☐ Benzene☐ Carbon tetrachloride		☐ Monochlorobenzene ☐ Triha		richloroethyle rihalomethane 'inyl chloride	alomethanes (Total)		
Antimony Inorganic Arsenic Parameters Barium Boron			☐ Cadmium ☐ Chromium ☐ Fluoride ☐ Lead		☐ Mercury ☐ Nitrate ☐ Nitrite ☐ Nitrate + Nitrite	☐ Selenium ☐ Sodium ☐ Uranium (as nitrogen)					
☐ 2,3,4,6-tetrachloro ☐ 2,4-dichlorophenol ☐ 2,4,6-trichloropher ☐ 2,4,5-trichloropher ☐ 2,4-D ☐ 2,4,5-T ☐ Alachlor ☐ Aldrin+Dieldrin ☐ Atrazine+Metabolic ☐ Azinphos-methyl		enol [henol [C C C Doolites [☐ Benzo(a)pyrene ☐ Bromoxynil ☐ Carbaryl ☐ Carbofuran ☐ Chlordane (Total) ☐ Chlorpyrifos ☐ Cyanazine		□ Diclofop-methyl □ □ Dimethoate □ □ Dinoseb □ □ Diquat □ □ Diuron □ □ Glyphosate □ □ Heptachlor + □		indane (Total) lalathion lethoxychlor letolachlor letribuzin araquat arathion CBs (Total)		☐ Phorate ☐ Picloram ☐ Prometryne ☐ Simazine ☐ Temephos ☐ Terbufos ☐ Triallate ☐ Trifluralin		
	ditional rameters										
Se	ction 5 – D	eclaration									
I declare that the information provided on this form Prepared By (Print First Name, Last Name)				is accurate Signature			Date (yyyy-mm-dd)				
Tel	ephone Num	ber <i>(include area code)</i>	e)								