

**SMALL DRINKING WATER SYSTEMS  
NOTIFICATION FORM**

**O. Reg. 319/08: SMALL DRINKING WATER SYSTEMS under Health Protection and Promotion Act, R.S.O. 1990, c. H.7.**

**5 (6)** 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 officer of health of the health unit where the small drinking water system is located is notified in writing

**5 (7)** The owner and operator of a small drinking water system to which subsection (6) applies shall ensure that no water is supplied to a user of that system until the medical officer of health is notified. O. Reg. 319/08, s. 5 (7).

**6. (1)** Every owner shall, (a) designate an operator who will have primary responsibility in regard to fulfilling any of the operator's duties under this Regulation relating to requirements for sampling, testing and receipt of results and submission of reports,

***Documentation must be provided to the health unit a minimum of 14 days prior to proposed opening.***

<b>THIS NOTIFICATION FORM IS TO NOTIFY THE HALIBURTON, KAWARTHA, PINE RIDGE DISTRICT HEALTH UNIT OF:</b>	
<input type="checkbox"/> New SDWS <input type="checkbox"/> Re-opening (Seasonal) SDWS <input type="checkbox"/> Change of Ownership / Operator <input type="checkbox"/> Alteration of Treatment System	
<b>Proposed Date of Intent to Supply Users:</b>	
<b>Bacteriological Samples:</b> <input type="checkbox"/> Attached <input type="checkbox"/> Not Attached	
Type of Facility: <i>(Check all that apply)</i>	<input type="checkbox"/> Marina <input type="checkbox"/> Campground/ Trailer Park <input type="checkbox"/> Recreational Centre <input type="checkbox"/> Hotel/ Motel <input type="checkbox"/> Short Term Rental <input type="checkbox"/> Spa <input type="checkbox"/> Recreational Camp <input type="checkbox"/> Public Space <input type="checkbox"/> Food Service <input type="checkbox"/> Golf Course <input type="checkbox"/> Place of Worship <input type="checkbox"/> Private or Fraternal Club <input type="checkbox"/> Other <i>(please specify)</i> : _____

**SMALL DRINKING WATER SYSTEM (SDWS) INFORMATION**

Business Name:			
SDWS Number:			
SDWS Location: <small>Full address, including street number and name, town/city and postal code.</small>			
Mailing Address: <input type="checkbox"/> Check box if same as site address			
SDWS Phone Number:		Website:	
SDWS Email:			

**PROPERTY OWNER INFORMATION**

Legal Corporation Number:			
Name of Owner/Principal Officer:			
Home Address:			
Business Address:			
Phone Number:		Email:	
Are you a trained operator?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Training Certificate:	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached

DESIGNATED OPERATOR INFORMATION <input type="checkbox"/> Check if same as Owner Information			
Name:			
Mailing Address:			
Phone Number:		Email:	
Are you a trained operator?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Training Certificate:	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached

OPERATION INFORMATION	
<input type="checkbox"/> Open Year-Round	<input type="checkbox"/> Open Seasonally—List months: _____

***Please contact a Public Health Inspector to discuss the legal requirements, review plans and/or conduct a pre-operational assessment, prior to opening and formal inspections being performed.***

**Legislation that may apply to your premise may include:**

[Health Protection and Promotion Act, R.S.O. 1990, c. H.7 \(ontario.ca\)](#)  
[O. Reg. 319/08: SMALL DRINKING WATER SYSTEMS \(ontario.ca\)](#)

Local Municipality for Building/structural items and by-laws (garbage areas, zoning, business license, etc)

**Useful Resources:**

[Small Water Drinking Systems | HKPR District Health Unit](#)  
[Walkerton Clean Water Centre \(wccw.ca\)](#)  
[Laboratory Services Notification \(LSN\) \(hkpr.on.ca\)](#)

**Date of Notification:** \_\_\_\_\_

**Signature of Owner/ Operator:** \_\_\_\_\_

*Any personal and personal health information that you may provide on this form is collected under the authority of relevant legislation including: the Health Protection and Promotion Act, as amended, the Regulated Health Professions Act, the Immunization of School Pupils Act, and the Personal Health Information Protection Act. This information will be used for assessment, management, treatment and reporting purposes. Your information may be shared within the Health Unit as required by legislation. For information about the collection, use and disclosure of your information, please refer to the Health Unit website at [www.hkpr.on.ca](http://www.hkpr.on.ca) or contact the Medical Officer of Health, 200 Rose Glen Road, Port Hope, Ontario, L1A 3V6 or 1-866-888-4577.*