

## Notice to Operate or Re-open a Small Drinking Water System

**Please be advised: In accordance with Ontario Regulation 319/08 as amended – Small Drinking Water Systems:**

### Section 5(2)

A person who proposes to **supply water to users** of a small drinking water system to which subsection (1) applies shall not do so without first obtaining permission in writing from the medical officer of health of the health unit where the small drinking water system is located.

### Section 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 of,
  - (i) the proposed date on which the small drinking water system will begin to supply water to the users of the system,
  - (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).

### Section 6(1)

Owner of a Small Drinking Water System to designate an operator who has primary responsibility to fulfill the requirements for sampling, testing and receipt of results, and submission of reports. Details regarding sampling, testing, and receipt of results, and submission of reports are described in the following sections of Ontario Regulation 319/08: 5(6), 6(2), 7(4), 8, 9, 10, and 17 to 36. "Fulfill" means perform, to do, achieve.

**Please complete the following and submit the form to the *Simcoe Muskoka District Health Unit with the test results for E.coli and Total Coliform***

Drinking Water System Information	
System Name:	
System Number (if assigned):	
Street Address:	
City:	Postal Code:
Owner Information	
Last Name:	First Name:
Business Title:	
Street Address:	City:
Province:	Postal Code:
Phone Number:	
Email:	

Operator Information	
Last Name:	First Name:
Business Title:	
Street Address:	City:
Province:	Postal Code:
Phone Number:	
Email:	
Drinking Water System Type	
<input type="checkbox"/> Air Port <input type="checkbox"/> Bed and Breakfast <input type="checkbox"/> Campground <input type="checkbox"/> Community Centre <input type="checkbox"/> Conservation area <input type="checkbox"/> Golf Course <input type="checkbox"/> Hotel or Motel <input type="checkbox"/> Lodge <input type="checkbox"/> Marina <input type="checkbox"/> Parks	<input type="checkbox"/> Place of Worship <input type="checkbox"/> Private club <input type="checkbox"/> Recreational Facility <input type="checkbox"/> Provincial Park <input type="checkbox"/> Public Area <input type="checkbox"/> Resort <input type="checkbox"/> Restaurant <input type="checkbox"/> Trailer Park <input type="checkbox"/> Other (specify below) <input type="text"/>
Building permit number (relating to construction/alteration if applicable):	Proposed date to begin supplying drinking water:
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 319/08):	
<p><b>Declaration Owner</b></p> <p><input type="checkbox"/> I acknowledge as the owner, or as the partner/president/signing officer completing this form on behalf of the owner that the information in this form is accurate and complete            An operator is defined in the Health Protection and Promotion Act as a person(s) who is responsible for and in control over of an activity carried on at the Small Drinking Water System. There can be more than one operator at a Small Drinking Water System.</p> <p>The person named below is the operator for the above named Small Drinking Water System and has primary responsibility to fulfill the operator's duties regarding the requirements for sampling, testing and receipt of results, and submission of reports.</p>	
First and Last Name:	Date:
Declaration Operator	
<p><input type="checkbox"/> I agree and acknowledge that I have been designated by the owner to have primary responsibilities to fulfill the operator's duties regarding the requirements for sampling, testing and receipt of results, and submission of reports for this small drinking water system.</p>	
First and Last Name:	Date: