

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

Return completed form to [PHI.Intake@wdgpublichealth.ca](mailto:PHI.Intake@wdgpublichealth.ca) at least **14 days prior** to proposed opening.

This is to notify the Medical Officer of Health of the intent to supply water to the users of the following Small Drinking Water System before operation or after a shut down when water has not been supplied to users for more than 60 days as required under Ontario Regulation 319/08 Small Drinking Water Systems.

### Section 1 – Small Drinking Water System (SDWS) Information

SDWS Information		
SDWS Name:		
System Number ( if assigned):		
Address:		
City/Municipality:		
Postal Code:		
New	Re-opening for the season	Shut down for alterations or construction
Date of proposed opening:		
<b>Water samples are required prior to water being offered to users after a period of closure.</b>		
Sample results attached:    Yes            Pending		
Owner Information		
Name:		
Address:		
City/Municipality:	Postal code:	
Phone:	Email:	

## Section 2 - Responsibilities of Owners and Operators:

O. Reg. 319/08, s. 6(1) requires the owner of a Small Drinking Water System to designate an operator who has primary responsibility to fulfill the requirements of all sampling, testing, receipt of results, and submission of reports.

Designated Operator Information	
Operator Name:	
Address:	
City/Municipality:	Postal code:
Phone:	Email:

Declaration Owner	
<p>I acknowledge, whether acting as the owner or as a partner/president/signing officer representing the owner, acknowledge that the information provided in this form is accurate and complete.</p> <p>According to the Health Protection and Promotion Act, an operator is defined as the individual(s) responsible for overseeing activities at the Small Drinking Water System. It should be noted that there may be more than one operator at a Small Drinking Water System.</p> <p>The person identified above as the operator for the specified Small Drinking Water System holds primary responsibility for fulfilling the duties of the operator, including sampling, testing, receiving results, and submitting report.</p>	
First and Last Name:	Date:

Declaration Operator	
<input type="checkbox"/> I acknowledge that the owner has entrusted me with primary responsibilities for carrying out the operator's duties related to sampling, testing, receiving results, and submitting reports for this small drinking water system.	
First and Last Name:	Date: