



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 ⁽¹⁾ 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

⁽¹⁾ “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, 2nd floor

Whitby, ON L1N 1C4

Submit via 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.