

Small Drinking Water Systems Notification Form

Intent to Supply Water to Users: In accordance with Ontario Regulation 319/08: Small Drinking Water Systems under the Health Protection and Promotion Act, every owner, and every operator of a small drinking water system (SDWS) must notify Algoma Public Health of the intent to begin to supply water to the users of the system in the following circumstances:

- Re-opening after a closure period of more than 60 days (e.g., seasonal SDWS)
- Following construction, installation, alteration, or extension of the SDWS (e.g., new SDWS, alteration to treatment system)
- On the first day when a drinking water system subject to Ontario Regulation 170/03: Drinking Water Systems under the Safe Drinking Water Act stops being subject to that regulation and becomes subject to O. Reg 319/08 Small Drinking Water Systems

Return completed form to Algoma Public Health by e-mail, fax, mail or drop-off at any office location. Forms can be emailed to Environment Health at ehclerical@algomapublichealth.com.

Notice of Intent to Supply Drinking Water	
Reason:	<input type="checkbox"/> Re-opening (seasonal) <input type="checkbox"/> New SDWS <input type="checkbox"/> Alteration of a SDWS <input type="checkbox"/> Change of Ownership
Operation Information:	<input type="checkbox"/> Open year round <input type="checkbox"/> Open Seasonally (list months): _____
Proposed date of intent to supply water to users:	_____
Date(s) of recent water sample result(s):	_____
Bacteriological Sample Results:	<input type="checkbox"/> Attached <input type="checkbox"/> Not attached

Small Drinking Water System Information			
Type of Facility: <i>(check all that apply)</i>	<input type="checkbox"/> Airport <input type="checkbox"/> Campground / Trailer Park <input type="checkbox"/> Provincial Park <input type="checkbox"/> Golf Course <input type="checkbox"/> Community Centre <input type="checkbox"/> Recreational Facility <input type="checkbox"/> Place of Worship <input type="checkbox"/> Marina <input type="checkbox"/> Private or Fraternal Club <input type="checkbox"/> Lodge or Resort <input type="checkbox"/> Hotel / Motel <input type="checkbox"/> Restaurant <input type="checkbox"/> Convenience Store <input type="checkbox"/> Other <i>(please specify)</i> : _____		
Business Name:	_____		
SDWS Number:	_____		
SDWS Location: (full address including street number and name, town, and postal code)	_____		
Mailing Address: <input type="checkbox"/> Check if same as above	_____		
Phone Number:	_____	Email Address:	_____

Owner Contact Information			
Name of Owner:			
Phone Number:		Email Address:	
Address: (full address including street number and name, town, and postal code)			

Operator Contact Information			
Same as above:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Operator:			
Phone Number:		Email Address:	
Address: (full address including street number and name, town, and postal code)			

Declaration	
<i>I declare that the information provided on this form, and other attached documentation, is true to the best of my knowledge.</i>	
Date of Notification (dd/mm/yyyy):	
Name of Owner / Operator:	
Signature of Owner/ Operator:	

You are not permitted to supply water to users until Algoma Public Health has been notified.

Blind River
P.O. Box 194
9B Lawton Street
Blind River, ON P0R 1B0
Tel: 705-356-2551
TF: 1 (888) 356-2551
Fax: 705-356-2494

Elliot Lake
ELNOS Building
302-31 Nova Scotia Walk
Elliot Lake, ON P5A 1Y9
Tel: 705-848-2314
TF: 1 (877) 748-2314
Fax: 705-848-1911

Sault Ste. Marie
294 Willow Avenue
Sault Ste. Marie, ON P6B 0A9
Tel: 705-942-4646
TF: 1 (866) 892-0172
Fax: 705-759-1534

Wawa
18 Ganley Street
Wawa, ON P0S 1K0
Tel: 705-856-7208
TF: 1 (888) 211-8074
Fax: 705-856-1752