



**Small Drinking Water System Notification
Form (Regulation 319/08)**

Hamilton

This form is to be used by owners of small drinking water systems to notify the local medical officer of health before supplying water to users of the system following construction or alteration of a small drinking water system or following a shut-down of a system that lasts longer than sixty days.

Please complete and forward this form to Hamilton Public Health - Safe Water Program:

Email: safewater@hamilton.ca

Fax: 844-444-0678

Mail: 110 King St W 2nd Floor, Hamilton Ontario, L8P 4S6

Check one of the following:

- I have an existing small drinking water system that has not yet been registered with Hamilton Public Health (**complete Sections 1, 2, 3 and 6**).
- My small drinking water system has been altered ⁽¹⁾ (**complete Sections 1, 2, 3, 4 and 6**).
- I have a newly constructed small drinking water system (**complete Sections 1, 2, 3, 4 and 6**).
- I plan to reopen my small drinking water system after a shutdown of more than 60 days (**complete Sections 1, 2, 3, 5 and 6**).

⁽¹⁾ "alteration" includes the following 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

Name or Legal Entity		Name of Owner Contact (<i>First Name, Last Name</i>)		
Address		Type <i>Ave/Dr/Cr</i>	Direction <i>N/S/W/E</i>	Suite/Apt. Number
Building Number	Street Name			
P.O. Box/ Rural Route	City/Town	Province	Postal Code	
Telephone Number () - Ext	Fax Number () -	Email		

Section 2 – Operator

- Owner is the designated operator of system (go to Section 3) as defined in the Health Protection and Promotion Act and as used throughout Regulation 319/08. Do not complete remainder of Section 2.
- An operator has been designated by the owner to be responsible for activities required in Section 6 (1) of Regulation 319/08. Complete remainder of Section 2 and attach a completed and signed Operator Designation Form for each operator.

Name of Company		Name of Contact (<i>First Name, Last Name</i>)		
Address		Type <i>Ave/Dr/Cr</i>	Direction <i>N/S/W/E</i>	Suite/Apt. Number
Building Number	Street name			
P.O. Box/ Rural Route	City/Town	Province	Postal Code	
Telephone Number () - Ext	Fax Number () -	Email		

Section 3 – Drinking Water System Premise Type

<input type="checkbox"/> Bed and Breakfast	<input type="checkbox"/> Conservation Area	<input type="checkbox"/> Park	<input type="checkbox"/> Public Area	<input type="checkbox"/> Restaurant
<input type="checkbox"/> Campground	<input type="checkbox"/> Golf Course	<input type="checkbox"/> Place of Worship	<input type="checkbox"/> Recreational Facility	<input type="checkbox"/> Trailer Park
<input type="checkbox"/> Community Centre	<input type="checkbox"/> Hotel or Motel	<input type="checkbox"/> Private Club	<input type="checkbox"/> Other: _____	

Name of Drinking Water System	Contact Name and Position (First Name, Last Name, Position)
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Address		Type (St/Blvd/Ave/Dr/Cr)	Direction N/S/W/E	Suite/apt number
Building number	Street name			
Lot/Concession #	P.O. Box/ Rural Route		Municipality/Township	
City/Town		Province	Postal code	
Telephone Number () - Ext	Fax Number () -	Email		

Section 4 - Construction / Alteration Information

Name of Drinking Water System	Drinking Water System Number
Permit # for construction/alteration (if applicable)	Date to begin supplying water (yyyy-mm-dd)
Status of Drinking Water System Preparation: indicate whether all the preparations necessary to operate the system have been completed in accordance with O. Reg.319/08.	

Section 5 - Shutdown

Date of Drinking Water System Shutdown (yyyy-mm-dd)	DWS ID Number(s)
Proposed Date to Begin Supplying Water (yyyy-mm-dd)	
<input type="checkbox"/> Nothing has changed in the owner or operator profile. (If changes; indicate changes above).	

Section 6 – Declaration

I, as the owner, declare that the information provided on this form is accurate and water will not be distributed to users prior to all preparations necessary to operate the small drinking water system in accordance with O. Reg. 319/08 have been completed and any directive issued in respect of this small drinking water system under section 7 has been complied with.

Prepared By (Print First Name, Last Name)	Owner Signature	Date (yyyy-mm-dd)
Telephone Number (include area code) () - Ext		

A SDWS Laboratory Services Notification (LSN) form needs to be submitted to Hamilton Public Health prior to submitting drinking water samples. A list of licensed labs is available at: <https://www.ontario.ca/page/list-licensed-laboratories>.

Personal information is collected pursuant to section 13(1) of O. Reg. 319/08 under the *Health Protection and Promotion Act* and may be used and disclosed to other government institutions for the purpose of administering any Act or program that pertains to drinking water safety. Any questions about the collection of your personal information can be directed to: Andrea Vanderwyk, Supervisor of the Safe Water Program; phone 905-546-2424 Ext. 5508 or email andrea.vanderwyk@hamilton.ca.