SMALL DRINKING WATER SYSTEM OPERATOR DESIGNATION FORM

System Name__________________________________________________________

System Number________________________________________________________

Address_______________________________________________________________

Section 6(1) of Reg 319/08 requires the 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 Reg 319/08; 5(6), 6(2), 7(4), 8, 9, 10, and 17 to 36. “Fulfill” means perform, to do, achieve.

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.

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.

Name_________________________________ Address__________________________

Primary Phone________________________ Fax_______________________________

Email_______________________________________________________________

I agree and acknowledge that I have been designated by the owner to have primary responsibility 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.

Operator signature; ___________________________ Date_____________________

Owner; I acknowledge as the owner, or as the partner/president/signing officer completing this Form on behalf of the owner that the information provided in this Form is accurate and complete.

Owner name; __________________________________________________________

Owner signature; ___________________________ Date_____________________

Note: if the Small Drinking Water System operator changes it is the responsibility of the owner to notify Public Health Services of the changes.