

**Notification form to the Medical Officer of Health  
Small Drinking Water Systems**

**Please complete this form and return it to:  
The Huron Perth Public Health Unit by mail, by electronic mail  
([SDWS@hpph.ca](mailto:SDWS@hpph.ca)) or by fax (519)482-7820 prior to opening  
for the season.**

**Section 5 (6) of Ontario Regulation 319/08, Small Drinking Water Systems states that:**

*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 officer 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 of the system,*

*(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).*

**Section 5 (7) of Ontario Regulation 319/08 Small Drinking Water Systems states that**

*The owner and operator of a small drinking water system to which section 5 (6) applies shall ensure that no water is supplied to a user of that system until the medical officer of health is notified.*

**Name and address of the Small Drinking Water System:** \_\_\_\_\_

**Name and address of the system owner:** \_\_\_\_\_

**Name and address of the system operator (if different from owner):** \_\_\_\_\_

**The proposed date to begin to supply water for the season:** \_\_\_\_\_

**The proposed date to stop supplying water for the season:** \_\_\_\_\_

**The results of the pre-operating water sample tests:** Coliform \_\_\_\_\_ E.coli \_\_\_\_\_  
*(\* attach sample results)*

**Email and phone number for future correspondence:** \_\_\_\_\_