



Renfrew County and District Health Unit

"Optimal Health for All in Renfrew County and District"

Notice of Small Drinking Water Systems Seasonal Re-Opening

As per Ontario Regulation 319/08, this form and sample results are required to be submitted to RCDHU prior to reopening after a system closure of more than 60 days.

Name of Premises: _____

Proposed date of opening: _____

SDWS Address: _____

Small Drinking Water System Number: _____

Name of Owner: _____ **Telephone of Owner:** _____

Owner's Address: _____

Name of Operator: _____ **Telephone of Operator:** _____

Operator's Address: _____

*Copy of a recent drinking water sample result tested for E.coli and total coliform taken from my Small Drinking Water System. YES NO

*Changes to SDWS treatment equipment and/or distribution system. YES NO

Note changes here: _____

Signature of Owner/Operator: _____ **Date:** _____

Submit completed form and test results to RCDHU via email at environmentalhealth@rcdhu.com, via fax or via mail.

This information is collected under the authority of the *Health Protection and Promotion Act, R.S.O. 1990, c.H.7, Ontario Regulation 319/08.*

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