

NOTICE OF SMALL DRINKING WATER SYSTEM SEASONAL RE-OPENING

Date: _____

Please be advised that I propose to re-open my Small Drinking Water System and supply drinking water to the public on _____

Owner Name: _____

Name of Premises: _____

Address of Small Drinking Water System: _____

Township of Small Drinking Water System: _____

Phone Number: _____

E-mail Address: _____

SDWS Number: _____

I have attached a copy of a recent drinking water sample result tested for e.coli and total coliform taken from my Small Drinking Water System.

Please provide completed form and results to the Health Unit a minimum of two weeks prior to the date you wish to open for the season.

Please mail, e-mail or fax this completed form to the Health Unit.

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