



Hamilton

Public Health Services,
Health Protection Division
110 King St W 2nd Floor
Hamilton Ontario
L8P 4L6

Fax 905- 546-2787

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.