

Supplement to Application for Approval - Form B EXISTING DRINKING-WATER SYSTEM INFORMATION

This form is to be completed for all applications made under Safe Drinking Water Act (SDWA) and Drinking Water Systems Regulation (O. Reg. 170/03) received by the Environmental Assessment & Approvals Branch on or after June 1, 200. Please submit this form with your completed Application for Approval Related to Municipal and Non-Municipal Drinking-Water Systems.

Table-1. Drinking Water System Operator Information - Complete A, B, D and E or A, C, D, and E

A. Name		Company		<input type="checkbox"/> Same as Client Name	
Contact Address				<input type="checkbox"/> Same as Client Mailing Address	
				Unit Identifier <i>(identifies type of unit, such as suite & number)</i>	
C. Delivery Designator:				Delivery Identifier <i>(a number identifying a Rural Route, Suburban Service or Mobile Route delivery)</i>	
<input type="checkbox"/> Rural Route <input type="checkbox"/> Suburban Service <input type="checkbox"/> Mobile Route <input type="checkbox"/> General Delivery					
D. Municipality		Postal Station	Province/State	Country	Postal Code
E. Telephone Number <i>(including area code & extension)</i>		Fax Number <i>(including area code)</i>		E-mail Address	

Table 2- Drinking-Water System Technical Information

Drinking Water System Information		
Design/Rated Capacity (litres per second)	Population Served	Point of Entry Information
Is Disinfection Provided?		If "Yes"
<input type="checkbox"/> Yes <input type="checkbox"/> No		What disinfection method is used?
Is chemically assisted filtration or the equivalent provided?		If "Yes"
<input type="checkbox"/> Yes <input type="checkbox"/> No		What are the months of operation? (mm to mm)
Does the drinking-water system cease operation for more than 60 days (operates seasonally)?		If "Yes"
<input type="checkbox"/> Yes <input type="checkbox"/> No		How many times per year?
Does the drinking-water system shut down for a period of 7 or more consecutive days?		If "Yes"
<input type="checkbox"/> Yes <input type="checkbox"/> No		Please attach a list of all shut down periods (dd-mm to dd-mm)
Does this drinking water system supply a designated facility? [Not applicable to municipal residential systems]		If "Yes"
<input type="checkbox"/> Yes <input type="checkbox"/> No		Number of designated facilities
Does this drinking water system use ground water sources?		If "Yes"
<input type="checkbox"/> Yes <input type="checkbox"/> No		Number of wells supplying system
Does this drinking water system use surface water sources?		If "Yes"
<input type="checkbox"/> Yes <input type="checkbox"/> No		Number of surface water sources
Please attach a list of all surface water sources.		
Local Public Health Unit		

Drinking Water Distribution System and Plumbing	
Is there booster disinfection station in the distribution system or plumbing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is fluoride added within the distribution system or plumbing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this a municipal system that receives all its water through a connection to another system,	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes" What is the population served?
Drinking Water System Supply and Transportation	
Does this drinking water system receive transported water?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes"
	Name of the system that supplies the drinking water (if more than one, please attach a list)
	How is the water transported ?
	Does the supplying drinking-water system provide secondary disinfection? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does this drinking water system receive water from another drinking water system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes"
	Name of supplying drinking-water system (if more than one, please attach a list)
	Name Of Owner of drinking-water system supplying water
	Municipality that the supplying drinking water system is located in
	Does the supplying drinking-water system provide secondary disinfection? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes"
	What is the secondary disinfection method?
	If the Secondary disinfection method is other than chlorination or chloramination, is it approved by the director (for Municipal Large and Small Drinking Water Systems) or by a Professional Engineer (for other classes of Drinking -Water Systems.)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does this drinking water system provide water to another drinking water system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes"
	Name of drinking-water system that receives water from this drinking-water system
	Name Of Owner of drinking-water system receiving the water
	Municipality that the receiving drinking-water system is located in
Does this drinking water system own any of the raw-water sources?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes" please attach a list of the raw water sources including well(s), intake pipe(s) in river(s)/lake(s) and GUDI
Does this drinking water system do any treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this drinking water system have standby disinfection?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this drinking water system own any of the distribution system/plumbing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes"
	Does this drinking water system do booster chlorination in the distribution system/plumbing? <input type="checkbox"/> Yes <input type="checkbox"/> No