

The Drinking Water Systems Profile Information form is used to register and maintain up to date information for Drinking Water Systems subject to Ontario Regulation 170/03.

Instructions

Please complete this form and email or fax or mail directly to:

Ministry of the Environment
Drinking Water Programs Branch

Email: reg170_formsubmission.moe@ontario.ca

Fax: 416 314-8716

Mail: 2 St. Clair Ave. W. 18th Floor
Toronto ON M4V 1L5

For a **new registration** to be complete, you must fill out and submit to the Ministry:

- Drinking Water System Profile Information (PIBS #7419e), and
- Laboratory Services Notification (LSN) (PIBS #5387e)

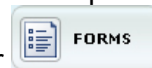
To **update** the registration information, you must fill out and submit to the Ministry:

- Drinking Water System Profile Information (PIBS #7419e)

Once you have filled in the form, please retain a copy for your records.

The most current versions of the Ministry of the Environment forms are posted on the

Drinking Water Portal site at www.ontario.ca/drinkingwater under



Please contact the Ministry's **Drinking Water Help Line** by calling **1 866 793-2588** during regular business hours if you require assistance in filling out or in submitting the forms.

Drinking Water System Profile Information

Collection of information on this form by staff of the Drinking Water Management Division on behalf of the Ministry of the Environment is in accordance with the *Safe Drinking Water Act, 2002* (SDWA) and its regulations. The collection, use and dissemination of this information are governed by the *Freedom of Information and Protection of Privacy Act* (FOIPPA). The information gathered herein will be used for the purpose of registration and compliance and may be used for secondary purposes including reporting, investigating and law enforcement under the SDWA and its regulations. Information on this form, including personal information, may be disclosed to other government agencies including municipalities, public health unit employees and the Ministry of Health and Long-Term Care pursuant to section 42 of FOIPPA for the consistent purpose of administering programs related to drinking water safety. For questions and concerns, please contact the Ministry of the Environment at 1-866-793-2588.

Please identify the type of submission you are making:

- New Registration
- Update Existing Registration

Date of Submission (yyyy/mm/dd):

Name of the Drinking Water System (DWS):

DWS Number (If assigned):

DWS Owner Name
(Full Legal Name, if a Corporation):

* NOTE: Please see page 9 for Drinking Water System Category description

Please select your DWS Category * (Please check one box)

Large Municipal Residential (LMR)	<input type="checkbox"/>
Small Municipal Residential (SMR)	<input type="checkbox"/>
Non-Municipal Year-Round Residential (NMYRR)	<input type="checkbox"/>
Large Municipal Non-Residential (LMNR)	<input type="checkbox"/>
Small Municipal Non-Residential (SMNR)	<input type="checkbox"/>
Non-Municipal Seasonal Residential (NMSR)	<input type="checkbox"/>
Large Non-Municipal Non-Residential (LNMNR)	<input type="checkbox"/>
Small Non-Municipal Non-Residential (SNMNR)	<input type="checkbox"/>

COMPLETE FOR YOUR DRINKING WATER SYSTEM (DWS)

Please attach a separate sheet if more space is required

[A] DRINKING WATER SYSTEM OWNER INFORMATION

Legal Name of Business (Full, legal company or individual name)

Drinking Water System Ownership Type (Please select one of the following which most closely matches your type)

- Commercial Conservation Authority Corporation Crown Corporation Federal
 First Nation Industrial Municipal Partnership Provincial
 School Board Sole Proprietorship

Date Drinking Water System began operation (yyyy/mm/dd):

OWNER'S MAILING ADDRESS INFORMATION

Street Number		Street Name	
Street Type (Street, Road, etc.)		Street Direction (N, S, E, W, NE, SW, etc.)	Unit / Apt Number / Suite
Delivery Mode (PO Box, R.R., STN, RPO, etc.)		City/Town	
Province/State	Postal Code/Zip Code	Country	

OWNER'S CONTACT PERSON DETAILS

<input type="checkbox"/> Dr <input type="checkbox"/> Miss <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms	Contact Last Name	Contact First Name	Contact Middle Name
Contact Name Position/Title		Primary Telephone Number (include area code)	Extension
Fax Number (include area code)	Mobile Number (include area code)	Pager Number (include area code)	
E-mail Address (Full E-mail address required. E.g.: name@company.com)			

ALTERNATE CONTACT (IF ANY)

<input type="checkbox"/> Dr <input type="checkbox"/> Miss <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms	Contact Last Name	Contact First Name	Contact Middle Name
Contact Name Position/Title		Primary Telephone Number (include area code)	Extension
Fax Number (include area code)	Mobile Number (include area code)	Pager Number (include area code)	
E-mail Address (Full E-mail address required. E.g.: name@company.com)			

[B] DRINKING WATER SYSTEM OPERATING AUTHORITY INFORMATION *(if different than owner information)*Legal Name of Business *(Full, legal company name of Operating Authority)*Drinking Water System Operating Authority Type *(Please select one of the following which most closely matches your type):*

- Commercial Conservation Authority Corporation Crown Corporation Federal
 First Nation Industrial Municipal Partnership Provincial
 School Board Sole Proprietorship

OPERATING AUTHORITY MAILING ADDRESS INFORMATION Same mailing address as owner

Street Number	Street Name	Street Type (Street, Road, etc.)
Street Direction (N, S, E, W, NE, SW, etc.)	Unit / Apt Number / Suite	Delivery Mode (PO Box, R.R., STN, RPO, etc.)
City/Town	Province/State	Postal Code/Zip Code

OPERATING AUTHORITY'S CONTACT PERSON DETAILS

<input type="checkbox"/> Dr <input type="checkbox"/> Miss <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms	Contact Last Name	Contact First Name	Contact Middle Name
Contact Name Position/Title	Primary Telephone Number (include area code)		Extension
Fax Number (include area code)	Mobile Number (include area code)	Pager Number (include area code)	
E-mail Address (Full E-mail address required. E.g.: <i>name@company.com</i>)			

ALTERNATE CONTACT *(IF ANY)*

<input type="checkbox"/> Dr <input type="checkbox"/> Miss <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms	Contact Last Name	Contact First Name	Contact Middle Name
Contact Name Position/Title	Primary Telephone Number (include area code)		Extension
Fax Number (include area code)	Mobile Number (include area code)	Pager Number (include area code)	
E-mail Address (Full E-mail address required. E.g.: <i>name@company.com</i>)			

[C] DRINKING WATER SYSTEM OPERATIONAL INFORMATION

Drinking Water System Name

In what Municipality is this Drinking Water System located? *(Check your Tax Assessment Form to find the proper name)***DRINKING WATER SYSTEM CIVIC LOCATION ADDRESS** *(i.e., physical address)*

Street Number	Street Name	Street Type (Street, Road, etc.)
Street Direction (N, S, E, W, NE, SW, etc.)	City/Town	Postal Code

If the Drinking Water System has no street address

Geographical Township	Lot	Concession
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If the Drinking Water System is located in an unorganized areaIn what community is this Drinking Water System located? *(nearest community)***GEOGRAPHICAL REFERENCING** *(If known, enter the Geographical Reference Information for this Drinking Water System)*

Map Datum	Geo-Referencing Method	
Accuracy Estimate	Location Reference	
Latitude	Longitude	
Zone	Easting	Northing

OPERATIONAL PARAMETERS

Population Served by Drinking Water System	Number of Private Residences Served <i>(see Terms and Concepts 1 on pg 9)</i>
Number of Service Connections	Design Rated Capacity (litres/sec) <i>(estimate acceptable)</i>

Is your Drinking Water System operated seasonally? *(see Terms and Concepts 2 on pg 9)* Yes No

If your Drinking Water System is operated seasonally, please specify operational periods

From (YYYY/MM/DD)	To (YYYY/MM/DD)	From (YYYY/MM/DD)	To (YYYY/MM/DD)
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[D] DRINKING WATER SYSTEM CONTACT AT THE LOCATION OF THE DRINKING WATER SYSTEM OR THE 24 HOUR 7 DAYS A WEEK CONTACT NUMBER

<input type="checkbox"/> Dr <input type="checkbox"/> Miss	Contact Last Name	Contact First Name	Contact Middle Name
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs			
<input type="checkbox"/> Ms			
Contact Name Position/Title	Primary Telephone Number (include area code)	Extension	
Fax Number (include area code)	Mobile Number (include area code)	Pager Number (include area code)	

E-mail Address (Full E-mail address required. E.g.: *name@company.com*)

[E] DESIGNATED FACILITY INFORMATION (see Terms and Concepts 3 on pg 9)

Complete the information for each DESIGNATED FACILITY served by your Drinking Water System if your Drinking Water System is categorized as: (Small Municipal Non-Residential, Large Municipal Non-Residential, Large Non-Municipal Non-Residential, Small Non-Municipal Non-Residential, Non-Municipal Year-Round Residential or Non-Municipal Seasonal Residential)

How many designated facilities does your Drinking Water System serve?

If your Drinking Water System serves more than one Designated Facility, please complete a separate page including all the information below for each facility.

Designated Facility Name

Designated Facility Type

- Children's Camp
 Children and Youth Care Facility
 Delivery Agent Care Facility
 Health Care
 Health Care Seniors
 School
 Day Nursery
 Degree Granting Institution
 Social Care

DESIGNATED FACILITY CONTACT PERSON DETAILS

<input type="checkbox"/> Dr <input type="checkbox"/> Miss <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms	Contact Last Name	Contact First Name	Contact Middle Name
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Contact Name Position/Title	Primary Telephone Number (include area code)	Extension
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Fax Number (include area code)	Mobile Number (include area code)	Pager Number (include area code)
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E-mail Address (Full E-mail address required. E.g.: *name@company.com*)

DESIGNATED FACILITY PHYSICAL ADDRESS

Street Number	Street Name
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Street Type (Street, Road, etc.)	Street Direction (N, S, E, W, NE, SW, etc.)	Delivery Mode (PO Box, R.R., STN, RPO, etc.)
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City/Town	Postal Code
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INTERESTED AUTHORITY INFORMATION

Name of Interested Authority

- Ministry of Health and Long-Term Care
 Ministry of Children and Youth Services
 Ministry of Community and Social Services
 Ministry of Education
 Ministry of Training, Colleges and Universities
 Private
 Delivery Agent

[F] PROFILE QUESTIONS REGARDING YOUR DRINKING WATER SYSTEM

Indicate your raw water source(s) <i>(indicate type of raw water supply)</i>	<input type="checkbox"/> Ground Water Well(s) (Complete Section I) <input type="checkbox"/> Surface Water Source (Complete Section I)
Does your Drinking Water System receive water from any other Drinking Water System?	<input type="checkbox"/> Yes (If 'Yes', complete Section G) <input type="checkbox"/> No
Does your Drinking Water System supply water to any other Drinking Water Systems?	<input type="checkbox"/> Yes (If 'Yes', complete Section H) <input type="checkbox"/> No

[G] DRINKING WATER SYSTEM(S) THAT SUPPLY WATER TO YOUR DRINKING WATER SYSTEM
(If you receive drinking water from another Drinking Water System, please fill out this section)

Please complete a table for each DWS that supplies water to your Drinking Water System

Is there a written agreement as per section 5 or 6 of O. Reg. 170/03? Yes No

Date agreement came into effect (yyyy/mm/dd): _____ Supplying Drinking Water System Number _____

Supplying Drinking Water System Name _____

How do you receive water from this Drinking Water System? Intermittently Continuously

Specify the way you receive the water Transported Water Through a connection

[H] DRINKING WATER SYSTEM(S) THAT RECEIVES WATER FROM YOUR DRINKING WATER SYSTEM
(If you supply drinking water to another system, please fill out this section)

Receiving Drinking Water System Name	Receiving Drinking Water System Number	How do you supply water to the Drinking Water System?
		<input type="checkbox"/> Intermittently <input type="checkbox"/> Continuously
		<input type="checkbox"/> Intermittently <input type="checkbox"/> Continuously
		<input type="checkbox"/> Intermittently <input type="checkbox"/> Continuously
		<input type="checkbox"/> Intermittently <input type="checkbox"/> Continuously

[I] SOURCE INFORMATION *(If you have more than three sources, please attach another page)*

Source Name	Surface	Ground *	GUDI <i>(see Terms & Concepts 4 on page 9)</i>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* If there is a written report prepared after August 1, 2000 by a Licensed Engineering Practitioner, Professional Hydrogeologist or Professional Geoscientist that concludes the raw water supply is not ground water under direct influence of surface water please provide the Report Date (yyyy/mm/dd): _____

[J] GEOGRAPHICAL REFERENCE INFORMATION *(if known)*

Source Name	Map Datum	Geo Referencing Method	Accuracy Estimate	Zone	Easting	Northing

[K] TREATMENT LOCATION NAME AND TREATMENT PROCESS INFORMATION

(Please fill out information regarding your treatment location. Space is provided to enter treatment information for three treatment locations. If your drinking water system has more than three treatment locations, please attach another copy of section K)

Treatment Location Name

Name of Source(s) treated at this location

Does your process provide primary disinfection? <input type="checkbox"/> Yes <input type="checkbox"/> No	Primary Disinfection Method(s) <input type="checkbox"/> Chlorination <input type="checkbox"/> Chloramination <input type="checkbox"/> Chlorination with Chlorine Dioxide <input type="checkbox"/> Ozonation <input type="checkbox"/> Ultraviolet Irradiation <input type="checkbox"/> List any other type:
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Does your process provide secondary disinfection? <input type="checkbox"/> Yes <input type="checkbox"/> No	Secondary Disinfection Method(s) <input type="checkbox"/> Chlorination <input type="checkbox"/> Chloramination <input type="checkbox"/> List any other type:
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Do you use any of the following processes/treatments? Coagulation <input type="checkbox"/> Yes <input type="checkbox"/> No Flocculation <input type="checkbox"/> Yes <input type="checkbox"/> No Sedimentation <input type="checkbox"/> Yes <input type="checkbox"/> No	Filtration? <input type="checkbox"/> Yes <input type="checkbox"/> No Identify Filter Medium Type: <input type="checkbox"/> Anthracite Coal <input type="checkbox"/> Granular Activated Carbon <input type="checkbox"/> Manganese Greensand <input type="checkbox"/> Sand <input type="checkbox"/> List any other type:	Membrane Filtration? <input type="checkbox"/> Yes <input type="checkbox"/> No Identify Membrane Filtration Type : <input type="checkbox"/> Microfiltration <input type="checkbox"/> Nanofiltration <input type="checkbox"/> Reverse Osmosis <input type="checkbox"/> Ultrafiltration <input type="checkbox"/> List any other type:
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Other Treatment Process? *(please check all that apply)*

Alkalinity Adjustment <input type="checkbox"/> Yes <input type="checkbox"/> No	pH Adjustment <input type="checkbox"/> Yes <input type="checkbox"/> No	Sludge Blanket Clarifier <input type="checkbox"/> Yes <input type="checkbox"/> No
Upflow Clarifier <input type="checkbox"/> Yes <input type="checkbox"/> No	Dissolved Air Flotation <input type="checkbox"/> Yes <input type="checkbox"/> No	Fluoridation <input type="checkbox"/> Yes <input type="checkbox"/> No
Iron Sequestering <input type="checkbox"/> Yes <input type="checkbox"/> No	Softening <input type="checkbox"/> Yes <input type="checkbox"/> No	Stripping <input type="checkbox"/> Yes <input type="checkbox"/> No
Taste and Odour Control <input type="checkbox"/> Yes <input type="checkbox"/> No	Zebra Mussel Control <input type="checkbox"/> Yes <input type="checkbox"/> No	Other:

TREATMENT LOCATION NAME AND TREATMENT PROCESS INFORMATION

Treatment Location Name

Name of Source(s) treated at this location

Does your process provide primary disinfection? <input type="checkbox"/> Yes <input type="checkbox"/> No	Primary Disinfection Method(s) <input type="checkbox"/> Chlorination <input type="checkbox"/> Chloramination <input type="checkbox"/> Chlorination with Chlorine Dioxide <input type="checkbox"/> Ozonation <input type="checkbox"/> Ultraviolet Irradiation <input type="checkbox"/> List any other type:
Does your process provide secondary disinfection? <input type="checkbox"/> Yes <input type="checkbox"/> No	Secondary Disinfection Method(s) <input type="checkbox"/> Chlorination <input type="checkbox"/> Chloramination <input type="checkbox"/> List any other type:

Do you use any of the following processes/treatments? Coagulation <input type="checkbox"/> Yes <input type="checkbox"/> No Flocculation <input type="checkbox"/> Yes <input type="checkbox"/> No Sedimentation <input type="checkbox"/> Yes <input type="checkbox"/> No	Filtration? <input type="checkbox"/> Yes <input type="checkbox"/> No Identify Filter Medium Type: <input type="checkbox"/> Anthracite Coal <input type="checkbox"/> Granular Activated Carbon <input type="checkbox"/> Manganese Greensand <input type="checkbox"/> Sand <input type="checkbox"/> List any other type:	Membrane Filtration? <input type="checkbox"/> Yes <input type="checkbox"/> No Identify Membrane Filtration Type : <input type="checkbox"/> Microfiltration <input type="checkbox"/> Nanofiltration <input type="checkbox"/> Reverse Osmosis <input type="checkbox"/> Ultrafiltration <input type="checkbox"/> List any other type:
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Other Treatment Process? *(please check all that apply)*

Alkalinity Adjustment <input type="checkbox"/> Yes <input type="checkbox"/> No	pH Adjustment <input type="checkbox"/> Yes <input type="checkbox"/> No	Sludge Blanket Clarifier <input type="checkbox"/> Yes <input type="checkbox"/> No
Upflow Clarifier <input type="checkbox"/> Yes <input type="checkbox"/> No	Dissolved Air Flotation <input type="checkbox"/> Yes <input type="checkbox"/> No	Fluoridation <input type="checkbox"/> Yes <input type="checkbox"/> No
Iron Sequestering <input type="checkbox"/> Yes <input type="checkbox"/> No	Softening <input type="checkbox"/> Yes <input type="checkbox"/> No	Stripping <input type="checkbox"/> Yes <input type="checkbox"/> No
Taste and Odour Control <input type="checkbox"/> Yes <input type="checkbox"/> No	Zebra Mussel Control <input type="checkbox"/> Yes <input type="checkbox"/> No	Other:

TREATMENT LOCATION NAME AND TREATMENT PROCESS INFORMATION

Treatment Location Name

Name of Source(s) treated at this location

Does your process provide primary disinfection ? <input type="checkbox"/> Yes <input type="checkbox"/> No	Primary Disinfection Method(s) <input type="checkbox"/> Chlorination <input type="checkbox"/> Chloramination <input type="checkbox"/> Chlorination with Chlorine Dioxide <input type="checkbox"/> Ozonation <input type="checkbox"/> Ultraviolet Irradiation <input type="checkbox"/> List any other type:
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Does your process provide secondary disinfection ? <input type="checkbox"/> Yes <input type="checkbox"/> No	Secondary Disinfection Method(s) <input type="checkbox"/> Chlorination <input type="checkbox"/> Chloramination <input type="checkbox"/> List any other type:
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Do you use any of the following processes/treatments? Coagulation <input type="checkbox"/> Yes <input type="checkbox"/> No Flocculation <input type="checkbox"/> Yes <input type="checkbox"/> No Sedimentation <input type="checkbox"/> Yes <input type="checkbox"/> No	Filtration? <input type="checkbox"/> Yes <input type="checkbox"/> No Identify Filter Medium Type: <input type="checkbox"/> Anthracite Coal <input type="checkbox"/> Granular Activated Carbon <input type="checkbox"/> Manganese Greensand <input type="checkbox"/> Sand <input type="checkbox"/> List any other type:	Membrane Filtration? <input type="checkbox"/> Yes <input type="checkbox"/> No Identify Membrane Filtration Type : <input type="checkbox"/> Microfiltration <input type="checkbox"/> Nanofiltration <input type="checkbox"/> Reverse Osmosis <input type="checkbox"/> Ultrafiltration <input type="checkbox"/> List any other type:
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Other Treatment Process? *(please check all that apply)*

Alkalinity Adjustment <input type="checkbox"/> Yes <input type="checkbox"/> No	pH Adjustment <input type="checkbox"/> Yes <input type="checkbox"/> No	Sludge Blanket Clarifier <input type="checkbox"/> Yes <input type="checkbox"/> No
Upflow Clarifier <input type="checkbox"/> Yes <input type="checkbox"/> No	Dissolved Air Flotation <input type="checkbox"/> Yes <input type="checkbox"/> No	Fluoridation <input type="checkbox"/> Yes <input type="checkbox"/> No
Iron Sequestering <input type="checkbox"/> Yes <input type="checkbox"/> No	Softening <input type="checkbox"/> Yes <input type="checkbox"/> No	Stripping <input type="checkbox"/> Yes <input type="checkbox"/> No
Taste and Odour Control <input type="checkbox"/> Yes <input type="checkbox"/> No	Zebra Mussel Control <input type="checkbox"/> Yes <input type="checkbox"/> No	Other:

[L] POINT OF ENTRY UNITS

Does this Drinking Water system have any Point of Entry Units installed on the plumbing of every building or other structure that is part of a designated facility, public facility or private residence? Yes No

Please indicate type(s) of Point of Entry Unit *(e.g. Ultraviolet Irradiation)*

Please indicate the number of Point of Entry Units

Terms and Concepts

The following **Terms and Concepts** are provided to assist you when completing your registration information.

1) Private Residence is a dwelling place occupied for an extended period of time by the same person if:

- The residents have a reasonable expectation of privacy;
- Food preparation, personal hygiene and sleeping accommodations are not communal in nature, and;
- Any use of the dwelling place by a resident for a home occupation, trade, business, profession or craft is secondary to the use of the dwelling place as a residence and does not use more than 25 per cent of the indoor floor area.

2) Seasonal System means a Drinking Water System (DWS) that:

- Serves; a development of more than 5 private residences, or;
- a trailer park or campground that has more than 5 water service connections, and;
- does not operate to supply water to a development, trailer park or campground referred to in clause (a) for at least 60 consecutive days in;
 - every calendar year, or;
 - every period that begins on April 1st in one year and ends on March 31st in the following year.

3) Designated Facility (DF) means:

- A children and youth care facility;
- a day nursery;
- a children's camp – a camp that is intended primarily for campers under 18 years of age and that is a class A camp or a class B camp within the meaning of Reg. 568 of the Revised Regulations of Ontario, 1990 (Recreational Camps) under the *Health Protection and Promotion Act*;
- a delivery agent care facility;

- a health care facility;
- a health care seniors facility;
- a school or private school;
- a social care facility;
- a university, a college of applied arts and technology or an institution with authority to grant degrees.

4) Ground Water Under Direct Influence of Surface Water (GUDI)

The following are deemed GUDI:

- A DWS that obtains water from a well that is not a drilled well or obtains water from a well that does not have a watertight casing that extends to a depth of at least 6 metres below ground level;
- A DWS that obtains water from an infiltration gallery;
- A DWS that supplies water at the rate of 0.58 L/s or less and that obtains water from a well, any part of which is within 15 metres of surface water;
- A DWS that supplies water at the rate greater than 0.58 L/s and that obtains water from a overburden well, any part of which is within 100 metres of surface water;
- A DWS that supplies water at the rate greater than 0.58 L/s and that obtains water from a bedrock well, any part of which is within 500 metres of surface water;
- A DWS that exhibits evidence of contamination by surface water; or
- A DWS for which a report has been prepared by a professional engineer or professional hydrogeologist that concludes that the system's raw water supply is ground water under the direct influence of surface water.

Drinking Water System Categorization

<p>Large Municipal Residential (LMR)</p> <ol style="list-style-type: none"> 1. Owner Type: Municipal (or Supplies a Municipality) 2. Private residences > 100 	<p>Small Municipal Non-Residential (SMNR)</p> <ol style="list-style-type: none"> 1. Owner Type: Municipal 2. Design Rate Capacity < 2.9 litres per second And serves a Designated Facility
<p>Small Municipal Residential (SMR)</p> <ol style="list-style-type: none"> 1. Owner Type: Municipal (or Supplies a Municipality) 2. Private Residences from 6 to 100 	<p>Non-Municipal Seasonal Residential (NMSR)</p> <ol style="list-style-type: none"> 1. Owner Type: Non-Municipal 2. Serves more than 5 private residences or trailer park or campground with more than 5 service connections 3. Is closed for at least 60 consecutive days And serves a Designated Facility
<p>Non-Municipal Year –Round Residential (NMYRR)</p> <ol style="list-style-type: none"> 1. Owner Type: Non-Municipal 2. Serves more than 5 private residences or trailer park or campground with more than 5 service connections 3. Is open throughout the year 	<p>Large Non-Municipal Non-Residential (LNMNR)</p> <ol style="list-style-type: none"> 1. Owner Type: Non-Municipal 2. Design/Rated Capacity >2.9 litres per second And serves a Designated Facility
<p>Large Municipal Non-Residential (LMNR)</p> <ol style="list-style-type: none"> 1. Owner Type: Municipal 2. Design/Rated Capacity >2.9 litres per second And serves a Designated Facility 	<p>Small Non-Municipal Non-Residential (SNMNR)</p> <ol style="list-style-type: none"> 1. Owner Type: Non-Municipal 2. Design/Rated Capacity <2.9 litres per second And serves a Designated Facility