

# Application for Fragmentation or Relief from Regulatory Requirements Drinking Water Systems

For Office Use Only			
Reference Number	Payment Rec'd \$	Date (yyyy/mm/dd)	Initials

## 1. Owner of the Drinking Water System

A. Owner Name (Legal name owner as evidenced by legal documents)

## 2. Owner Mailing Address

A. Unit No.	B. Street No.	C. Street Name		
D. Municipality		E. Postal Station	F. Province	G. Postal Code
H. Attention			I. Position/Title	
J. E-Mail Address			K. Telephone Number (including area code and extension)	

## 3. Technical Information Contact

A. Name	B. Position/Title			
C. Employer/Company				
Technical Contact Address				
D. Unit No.	E. Street Number	F. Street Name		
G. Municipality		H. Postal Station	I. Province	J. Postal Code
K. E-Mail Address			L. Telephone Number (including area code & extension)	

#### 4. Drinking Water System

A. System Identifier Name

B. Drinking Water System Category (check one)

- Large Municipal Residential       Small Municipal Residential  
 Licence or DWWP Revocation       Non-Municipal Year Round Residential  
 A System of another category serving a Designated facility

C. System Type (check one)

- Treatment and Distribution  
 Distribution Only

D. Existing Approval, DWWP, Licence Information (check the boxe(s) and enter information as applicable)

- Certificate of Approval Number (C of A): (if multiple Cs of A have been issued for the system, identify the number of the last C of A issued)

Municipal Drinking Water Licence Number (Licence):

Drinking Water Works Permit (DWWP) Number:

- Check here if a Certificate of Approval, Drinking Water Works Permit or Municipal Drinking Water Licence has never been issued for the system

#### 5. Type of Application

A. Identify the Type of Application and complete the sections of the application identified below

- Fragmentation of the Drinking Water System  
 Relief from requirements for treatment equipment further to Schedule 4 of O. Reg. 170/03. Municipal Residential Systems  
 Relief from requirements for treatment equipment further to Schedule 5 of O. Reg. 170/03. Non-Municipal Systems – Year-Round Residential Systems & Systems of All Other Categories Serving Designated Facilities  
 Any other regulatory requirements

	1	2	3	4	5	6	7	8	9	10	11
<input type="checkbox"/> Fragmentation of the Drinking Water System	✓	✓	✓	✓	✓	✓				✓	✓
<input type="checkbox"/> Relief from requirements for treatment equipment further to Schedule 4 of O. Reg. 170/03. Municipal Residential Systems	✓	✓	✓	✓	✓		✓			✓	✓
<input type="checkbox"/> Relief from requirements for treatment equipment further to Schedule 5 of O. Reg. 170/03. Non-Municipal Systems – Year-Round Residential Systems & Systems of All Other Categories Serving Designated Facilities	✓	✓	✓	✓	✓			✓		✓	✓
<input type="checkbox"/> Any other regulatory requirements	✓	✓	✓	✓	✓				✓	✓	✓

**Note:**

Relief from lead sampling requirements in Schedule 15.1 of O. Reg. 170/03. for Municipal and Non-Municipal Systems

Do not complete this application form.

See the **Guide for Requesting Regulatory Relief from Lead Sampling Requirements in Schedule 15.1 of Regulation 170/03, Safe Drinking Water Act, 2002** for complete instruction and application forms.

## 6. Fragmentation – Information Requirements

To be completed if the owner is seeking authority to **fragment** the drinking water system

A. Provide a summary description of the proposed alterations to the drinking water system which will replace all or part of the system with another category of system. Provide attachments if necessary.

B. Information required in support of an application for fragmentation. The information must be attached to the application.

### The following shall be provided for both Municipal and Non-Municipal Systems

Supporting Information	Attached	Reference/Document Name	Can be Disclosed
A written report on user notification prepared in accordance with Section 2.6.1 of the 'Guide for Applying for Fragmentation and Relief from Regulatory requirements'	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
A written report prepared by a Professional Engineer in accordance with Section 2.6.2 of the 'Guide for Applying for Fragmentation and Relief from Regulatory requirements'	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

### In addition to the above, the following shall be provided for Municipal Systems only

Information confirming the completion of any applicable processes under the <i>Environmental Assessment Act</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
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### Optional Supplementary Information:

The following information, if provided, would serve to facilitate the Director's Decision respecting fragmentation

Results of any owner consultation with the Medical Officer of Health respecting the proposal for fragmentation of the drinking water system	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

## 7. Relief to Eliminate All Treatment Equipment: Municipal Residential Systems

A. Information required in support of an application for relief to eliminate all treatment from a municipal residential drinking water system that does not have surface water as a raw water supply.

The information must be attached to the application.

Supporting Information	Attached	Reference/Document Name	Can be Disclosed
1. Resolution requesting relief	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Written assessment prepared by a professional hydrogeologist meeting the requirements of section 4-4 of Schedule 4 of O. Reg. 170/03	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Documentation confirming that the requirements of section 4-5 of Schedule 4 of O. Reg. 170/03 have been met	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

### B. Optional Supplementary Information:

The following information, if provided, would serve to facilitate the Director's decision respecting relief.

Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

**8. Relief to Eliminate All Treatment Equipment:**  
**- Non-Municipal Year-Round Residential Systems**  
**- Systems of All Other Categories Serving Designated Facilities**

A. Information required in support of an application for relief to eliminate all treatment equipment from the above noted systems further to Schedules 5 of O. Reg. 170/03.

The information must be attached to the application.

Supporting Information	Attached	Reference/Document Name	Can be Disclosed
1. Resolution requesting relief (FOR MUNICIPAL SYSTEMS ONLY)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Written assessment prepared by a professional engineer meeting the requirements of section 5-4 of Schedule 5 of O. Reg. 170/03	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Documentation confirming that the requirements of section 5-5 of Schedule 5 of O. Reg. 170/03 have been met	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

**B. Optional Supplementary Information:**

The following information, if provided, would serve to facilitate the Director's Decision respecting relief.

Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

**9. Other Regulatory Relief**

This section is to be completed when the application for relief from a regulatory requirement is other than that outlined in sections 7 or 8 of this part of the application

A. Provide a brief summary of the relief being sought and reasons for seeking relief

B. Information to be provided in support of this application for relief should have been discussed with staff of the Ministry of the Environment through a pre-submission consultation process.

Supporting Information	Attached	Reference/Document Name	Can be Disclosed
1. Details respecting relief being sought	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Other Documentation further to pre-submission consultation	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Other Documentation further to pre-submission consultation	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

## 10. Application Fee

Application fees **do not** apply to applications respecting **non-municipal drinking water systems**

A. The following fees will apply for the review of an application for fragmentation or relief from a regulatory requirement respecting a municipal drinking water system. Check the boxes that apply and input respective fee amounts

	Application	Fee Amount	Enter Fee as Applicable
<input checked="" type="checkbox"/>	1. Administrative Processing Fee – All Applications	\$200.00	
<b>Issuance of a New Approval</b>			
<input type="checkbox"/>	2. An application respecting a system (other than a large or small municipal residential system) serving a designated facility if the application includes a hydrogeological assessment which must be reviewed in connection with the application.	\$3,000.00	
<b>Amendment to an Existing Approval or Drinking Water Works Permit</b>			
<input type="checkbox"/>	3. An application that relates to a process modification, including the alteration, extension or replacement of an existing pumping system or chemical storage or application system (such as a change in chemical filter media or a standby power system) and the provision of additional points of process chemical application.	\$3,000.00	
<input type="checkbox"/>	4. An application that relates to the alteration, extension or replacement of an existing well, including provision of an additional well to serve as a standby and provision of disinfection and disinfection control facilities.	\$1,200.00	
<input type="checkbox"/>	5. An application that relates to any case other than items 3. and 4.	\$600.00	
<input type="checkbox"/>	6. An application which includes a hydrogeological assessment which must be reviewed in connection with the application.	\$3,000.00	
<b>Total Fee \$:</b>			<b>\$0.00</b>

### Payment Information - Method of Payment

<input type="checkbox"/> Certified Cheque	<input type="checkbox"/> Money Order	Amount Enclosed
<input type="checkbox"/> Visa (max. \$10,000)	<input type="checkbox"/> Master Card (max. \$10,000)	
Visa / Master Card Number		Expiry date (mm/yyyy)
Name of Cardholder (Please print as it appears on Visa / Master Card)		Signature of Cardholder

## Part 5 – Application

### 11. Statement of the Owner

I, the undersigned, am authorized to represent the owner of the drinking water system and hereby declare that to the best of my knowledge, the information contained herein and the information submitted in support of this application is complete and accurate and that the Technical Information Contact identified in this application is authorized to act on the owners behalf for the purpose of processing this application.

Last Name (please print)	First Name	Title
Signature		Date (dd/mm/yyyy)