

Notice of Completion of an Engineering Evaluation Report for New or Altered System

Collection of information on this form is done in accordance with the *Safe Drinking Water Act (SDWA), 2002* and its regulations. Information gathered herein, including personal information, is governed by the *Freedom of Information and Protection of Privacy Act (FOIPPA)* and may be disclosed to other government agencies (including municipal health unit employees) pursuant to 'Section 42' of the FOIPPA for the consistent purpose of administering any Act or program that pertains to drinking water safety. For questions and concerns, please contact the Ministry of Environment at 1-866-793-2588.

NOTE:

- (1) A *Declaration of Professional Engineer* (PIBS 5390e) must be completed and submitted in conjunction with this *Notice of Completion of an Engineering Evaluation Report for New or Altered System*. The Declaration must be an original hard copy mailed to the Ministry of the Environment (see mailing instructions on the *Declaration of Professional Engineer*).
- (2) A copy of this *Notice of Completion of an Engineering Evaluation Report for New or Altered System* and *Declaration of Professional Engineer* must also be provided to the interested authority for each designated facility served by the DWS (if applicable).

SCHEDULE 21 (SUBSECTION 21-7 (1) NOTICE FOR SUBSECTION 21-3 (1) REPORTS)

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| Name of the Drinking Water System (DWS): |
| Category of DWS: |
| DWS Number: |
| DWS Owner Name (Full legal name): |

SECTION 53(1), (2), SAFE DRINKING WATER ACT, 2002

If this is a Non-Municipal Residential DWS serving 6 or more residences within the geographic area of a municipality for which construction or an extension commenced after **June 1, 2003**, municipal consent was granted by:

(insert municipality name)

on

(insert date)

EXISTING CERTIFICATE(S) OF APPROVAL NUMBER(S) AND DATE OF ISSUE

 (as issued under s.52 of the *Ontario Water Resources Act* or s.36 or 56 of the *Safe Drinking Water Act, 2002*)

| Certificate(s) of Approval Number(s): | Date of Issue: (yyyy/mm/dd) |
|---------------------------------------|-----------------------------|
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| | |

I confirm that: *(Please check all boxes that apply)*

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| <input type="checkbox"/> | An engineering evaluation report on this DWS prepared under subsection 21-3 (1) by a professional engineer has been delivered to me; |
| <input type="checkbox"/> | The professional engineer who prepared the report or a person under his or her supervision has visited the DWS. |
| The professional engineer's report included their opinion indicating that: | |
| <input type="checkbox"/> | the DWS is providing all equipment required in order to ensure compliance with the provisions of Schedule 2 of O. Reg. 170/03, and; |
| <input type="checkbox"/> | The DWS is providing all equipment required to ensure compliance with the operational checks, sampling and testing provisions of O. Reg. 170/03 as provided in Schedule 6, Schedule 8 or 9 that applies to this category of DWS. |

Point of Entry Treatment Units

Please check only if the DWS in question is a Non-Municipal Year-Round Residential or Non-Municipal Seasonal Residential System that relies on point of entry treatment

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|--------------------------|---|
| <input type="checkbox"/> | Point of entry treatment units required to ensure compliance with the provisions of Schedule 3 of O. Reg. 170/03 have been installed on the plumbing of every building and other structure that is part of a private residence, designated facility, or public facility served by the system. |
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| | | | |
|-----------------|------------|----|----|
| DWS Owner Name: | Date: YYYY | MM | DD |
| | | | |

 Please e-mail the Notice to: reg170_formsubmission.moe@ontario.ca