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Laboratory Services Notification (LSN)

Small Drinking Water Systems Regulation (O.Reg. 319/08) and Transitional Small Drinking Water Systems Regulation (O.Reg. 318/08)

Please complete this form and forward it to your local Public Health Unit

The purpose of this form is to notify the local Public Health Unit by fax or mail as to which licensed laboratories will test drinking water samples for small drinking water systems. For a list of local Public Health Unit Offices and contact information please visit the MOHLTC website at: http://www.health.gov.on.ca/english/public/contact/phu/phuloc_dt.html#7. Drinking water system owners must complete and submit this form to the local Board of Health prior to submitting drinking water samples to your contracted licensed laboratory for testing. Once you have submitted this form, it does not have to be re-submitted unless you take your samples to a different licensed laboratory for testing. The listing of commercial licensed laboratories can be found on the following website: http://www.ene.gov.on.ca/envision/water/sdwa/licensedlabs.htm

Note: Each drinking water system must have at least one licensed laboratory declared for any required drinking water test. Only Commercial licensed laboratories are applicable.

Check all boxes that ap	ριy.								
		y or designated tests to profile (co		and 5).					
· ·		ratory or designated tests from pr		s 1 3 and 5)					
		can be deleted using a single forr		1, 0 and 0).					
Section 1 – Drinking Wa	ter Sys	tem Demographics							
Name of Drinking Water Sys	tem			Drinking Water System Number					
Address Building number	i	Street name		Type (St/Blvd/	Direction (N/S/W/E)	Suite/apt.			
Sullaing humber		Street name		Ave/Dr/Cr)	(IV/S/VV/E)	number			
P.O. Box/Rural Route		City/Town		Province	Postal code				
Section 2 – Adding a Co	mmerc	ial Licensed Laboratory							
Name of Licensed Lab	oratory	(Note: You may not specify a Public I	Health Laboratory)						
Address of Laboration	_			T (0//DL//	Discotion	0			
Address of Laboratory	<i>'</i>	Street name		Type (St/Blvd/ Ave/Dr/Cr)	Direction (N/S/W/E)	Suite/apt.			
Building number		Street name		AVe/DI/CI)	(14/3/44/E)	Humber			
P.O. Box/Rural Route		City/Town		Province	Postal code	l			
Name of Laboratory Co	ntact (Fir	st name, Last name)	Email						
Telephone Number (inc	lude area	a code)	Fax Number (include	le area code)					
() -	Ex		() -	c area code)					
Indicate the test(s) to be	e perform	ed by the laboratory for this Drinking \	Nater System						
	Total coli		er tests (see Section 4)						
2. Name of Licensed Lab	oratory	(Note: You may not specify a Public I	Health Laboratory)						
Address of Laboratory	<i>'</i>			Type (St/Blvd/	Direction	Suite/apt.			
Building number		Street name		Ave/Dr/Cr)	(N/S/W/E)	number			
P.O. Box/Rural Route	O. Box/Rural Route City/Town				Postal code				
Name of Laboratory Co	ntact (Fir	st name, Last name)	Email						
Telephone Number (inc	lude area Ex		Fax Number (include area code)						
Indicate the test(s) to be			Nater System						
` '	ndicate the test(s) to be performed by the laboratory for this Drinking Water System E. Coli Total coliforms Chemical or other tests (see Section 4)								
		or Ontario, 2008	c. 15515 (555 5551611 4)						

Section 3 – Removing a Licensed Laboratory													
	Note: You must identify at least one licensed laboratory for all regulated testing required at your system.												
1.	Name of Li	ame of Licensed Laboratory											
		dress of Laboratory ilding number Street name				_		vd/	Direction (N/S/W/E)	Suite/apt.			
	P.O. Box/R	2.O. Box/Rural Route City/Town					Province		Postal code				
	Name of Laboratory Contact (First name Last name)				Email								
	Name of Laboratory Contact (First name, Last name)												
	Telephone Number (include area code) () - Ext					Fax Number (include area code) () -							
	Indicate the test(s) to be deleted by the laboratory above for this Drink				for this Drinking	ig Water System							
	E. Coli	☐ Total c	coliforms	Cł	nemical or other to	ests (complete Section 4	4)			_			
2.	Name of Li	Name of Licensed Laboratory											
	Address of	Address of Laboratory					Type (St/Bl	vd/	Direction	Suite/apt.			
	Building nui	mber	Street name	Street name			Ave/Dr/Cr)		(N/S/W/E)	number			
-	P.O. Box/R	ural Route	City/Town	ity/Town			Province		Postal code	1			
	Name of La	Name of Laboratory Contact (First name, Last name)				Email	I						
	Telephone Number (include area code) () - Ext					Fax Number (include area code) () -							
		e test(s) to be deleted	-	-	_								
_	E. Coli	☐ Total coli	torms	∐ Cł	nemical or other to	ests (complete Section 4	4)						
		hemical Testing	7000	□ 1 1 ~	ichloroothylono	☐ Dichloromethan		Trichlo	roethylana				
Volatile Organic Parameters		☐ 1,2-dichlorober☐ 1,4-dichlorober☐ 1,2-dichloroeth☐	zene Benzene		☐ Dichloromethane ☐ Trichloroethylene ☐ Monochlorobenzene ☐ Trihalomethanes (To Trihalomethanes) ☐ Tetrachloroethylene ☐ Vinyl chloride			tal)					
Inorganic Parameters		☐ Antimony ☐ Arsenic ☐ Barium ☐ Boron		Cadmium Chromium Fluoride Lead		☐ Mercury ☐ Nitrate ☐ Nitrite ☐ Nitrate + Nitrite	☐ Seleniu ☐ Sodiun ☐ Uraniu (as nitrogen)		ım				
Pesticide and General Organic Parameters		2,3,4,6-tetrachlorophenol 2,4-dichlorophenol 2,4,6-trichlorophenol 2,4-D 2,4,5-T Alachlor Aldicarb Aldrin+Dieldrin Atrazine+Metabolites Azinphos-methyl		☐ Bendiocarb ☐ Benzo(a)pyrene ☐ Bromoxynil ☐ Carbaryl ☐ Carbofuran ☐ Chlordane (Total) ☐ Chlorpyrifos ☐ Cyanazine ☐ DDT+Metabolites ☐ Diazinon		Dicamba Diclofop-methyl Dimethoate Dinoseb Diquat Diuron Glyphosate Heptachlor +		Lindane (Total) Malathion Methoxychlor Metolachlor Metribuzin Paraquat Parathion PCBs (Total) Pentachlorophenol		Phorate Picloram Prometryne Simazine Temephos Terbufos Triallate Trifluralin			
	ditional rameters												
Se	ction 5 – De	eclaration											
I declare that the information provided on this form Prepared By (Print First Name, Last Name)				is accurate Signature	Date (yyyy-mm-dd)								
Tel	ephone Numb	ber <i>(include area code</i> - Ext	e)										