

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 apply:

- Add licensed laboratory or designated tests to profile (complete sections 1, 2 and 5).
Up to two laboratories can be added using a single form.
- Remove licensed laboratory or designated tests from profile (complete sections 1, 3 and 5).
Up to two laboratories can be deleted using a single form.

Section 1 – Drinking Water System Demographics

Name of Drinking Water System		Drinking Water System Number		
Address		Type (St/Blvd/ Ave/Dr/Cr)	Direction (N/S/W/E)	Suite/apt. number
Building number	Street name			
P.O. Box/Rural Route	City/Town	Province	Postal code	

Section 2 – Adding a Commercial Licensed Laboratory
1. Name of Licensed Laboratory (Note: You may not specify a Public Health Laboratory)

Address of Laboratory		Type (St/Blvd/ Ave/Dr/Cr)	Direction (N/S/W/E)	Suite/apt. number
Building number	Street name			
P.O. Box/Rural Route	City/Town	Province	Postal code	
Name of Laboratory Contact (First name, Last name)		Email		
Telephone Number (include area code) () - Ext		Fax Number (include area code) () -		

Indicate 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)

2. Name of Licensed Laboratory (Note: You may not specify a Public Health Laboratory)

Address of Laboratory		Type (St/Blvd/ Ave/Dr/Cr)	Direction (N/S/W/E)	Suite/apt. number
Building number	Street name			
P.O. Box/Rural Route	City/Town	Province	Postal code	
Name of Laboratory Contact (First name, Last name)		Email		
Telephone Number (include area code) () - Ext		Fax Number (include area code) () -		

Indicate 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)

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 Licensed Laboratory

Address of Laboratory		Type (St/Blvd/ Ave/Dr/Cr)	Direction (N/S/W/E)	Suite/apt. number
Building number	Street name			
P.O. Box/Rural Route	City/Town	Province	Postal code	
Name of Laboratory Contact (First name, Last name)		Email		
Telephone Number (include area code) () - Ext		Fax Number (include area code) () -		

Indicate the test(s) to be deleted by the laboratory above for this Drinking Water System

E. Coli Total coliforms Chemical or other tests (complete Section 4)

2. Name of Licensed Laboratory

Address of Laboratory		Type (St/Blvd/ Ave/Dr/Cr)	Direction (N/S/W/E)	Suite/apt. number
Building number	Street name			
P.O. Box/Rural Route	City/Town	Province	Postal code	
Name of Laboratory Contact (First name, Last name)		Email		
Telephone Number (include area code) () - Ext		Fax Number (include area code) () -		

Indicate the test(s) to be deleted by the laboratory above for this Drinking Water System

E. Coli Total coliforms Chemical or other tests (complete Section 4)

Section 4 – Chemical Testing

Volatile Organic Parameters	<input type="checkbox"/> 1,2-dichlorobenzene	<input type="checkbox"/> 1,1-dichloroethylene	<input type="checkbox"/> Dichloromethane	<input type="checkbox"/> Trichloroethylene
	<input type="checkbox"/> 1,4-dichlorobenzene	<input type="checkbox"/> Benzene	<input type="checkbox"/> Monochlorobenzene	<input type="checkbox"/> Trihalomethanes (Total)
	<input type="checkbox"/> 1,2-dichloroethane	<input type="checkbox"/> Carbon tetrachloride	<input type="checkbox"/> Tetrachloroethylene	<input type="checkbox"/> Vinyl chloride
Inorganic Parameters	<input type="checkbox"/> Antimony	<input type="checkbox"/> Cadmium	<input type="checkbox"/> Mercury	<input type="checkbox"/> Selenium
	<input type="checkbox"/> Arsenic	<input type="checkbox"/> Chromium	<input type="checkbox"/> Nitrate	<input type="checkbox"/> Sodium
	<input type="checkbox"/> Barium	<input type="checkbox"/> Fluoride	<input type="checkbox"/> Nitrite	<input type="checkbox"/> Uranium
	<input type="checkbox"/> Boron	<input type="checkbox"/> Lead	<input type="checkbox"/> Nitrate + Nitrite (as nitrogen)	
Pesticide and General Organic Parameters	<input type="checkbox"/> 2,3,4,6-tetrachlorophenol	<input type="checkbox"/> Bendiocarb	<input type="checkbox"/> Dicamba	<input type="checkbox"/> Lindane (Total)
	<input type="checkbox"/> 2,4-dichlorophenol	<input type="checkbox"/> Benzo(a)pyrene	<input type="checkbox"/> Diclofop-methyl	<input type="checkbox"/> Malathion
	<input type="checkbox"/> 2,4,6-trichlorophenol	<input type="checkbox"/> Bromoxynil	<input type="checkbox"/> Dimethoate	<input type="checkbox"/> Methoxychlor
	<input type="checkbox"/> 2,4-D	<input type="checkbox"/> Carbaryl	<input type="checkbox"/> Dinoseb	<input type="checkbox"/> Metolachlor
	<input type="checkbox"/> 2,4,5-T	<input type="checkbox"/> Carbofuran	<input type="checkbox"/> Diquat	<input type="checkbox"/> Metribuzin
	<input type="checkbox"/> Alachlor	<input type="checkbox"/> Chlordane (Total)	<input type="checkbox"/> Diuron	<input type="checkbox"/> Paraquat
	<input type="checkbox"/> Aldicarb	<input type="checkbox"/> Chlorpyrifos	<input type="checkbox"/> Glyphosate	<input type="checkbox"/> Parathion
	<input type="checkbox"/> Aldrin+Dieldrin	<input type="checkbox"/> Cyanazine	<input type="checkbox"/> Heptachlor + Heptachlor Epoxide	<input type="checkbox"/> PCBs (Total)
	<input type="checkbox"/> Atrazine+Metabolites	<input type="checkbox"/> DDT+Metabolites	<input type="checkbox"/> Pentachlorophenol	<input type="checkbox"/> Phorate
	<input type="checkbox"/> Azinphos-methyl	<input type="checkbox"/> Diazinon		<input type="checkbox"/> Picloram
				<input type="checkbox"/> Prometryne
				<input type="checkbox"/> Simazine
				<input type="checkbox"/> Temphos
				<input type="checkbox"/> Terbufos
				<input type="checkbox"/> Triallate
				<input type="checkbox"/> Trifluralin

Additional Parameters

Section 5 – Declaration

I declare that the information provided on this form is accurate

Prepared By (Print First Name, Last Name)	Signature	Date (yyyy-mm-dd)
Telephone Number (include area code) () - Ext		