

# Drinking-Water Systems Regulation O. Reg. 170/03

## PART II COMPLETE FOR YOUR DRINKING-WATER SYSTEM (DWS)

The blank areas within the form will expand to allow you to enter your information.

The number assigned to this Drinking-Water System is	220002707
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### [A] DRINKING WATER-SYSTEM OWNER INFORMATION

Data Element	Please Enter Your Information	Explanation
Name of Drinking-Water System's Owner	The Corporation of the Town of Saugeen Shores	Full name required
Drinking-Water System Ownership Type	Municipal	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/ Sole Proprietorship
Legal name of Business	The Corporation of the Town of Saugeen Shores	Full, legal company name
Owner's Mailing Address Information		
Street Number	600	
Street Name	Tomlinson	
Street Type	Drive	Street, Road, etc.
Street Direction		N, S, E, W, NE, SW, etc.
Unit / Apt Number		
Delivery Mode	P.O. Box	P.O. Box, R.R., etc.
PO Box/Rural Route #	820	
City/Town	Port Elgin	
Postal Code	N0H 2C0	
Owner's Contact Person Details		
Courtesy Title	Mr	Dr., Miss, Mr., Mrs., Ms.
Contact Name	Gord Eagles	
Contact Name Title		
Office Phone Number	(519)-832-2008	
Office Phone Number Extension		
Fax Number	(519)-832-2140	
Mobile Number		
Pager Number		
E-mail Address	<a href="mailto:eaglesg@town.saugeenshores.on.ca">eaglesg@town.saugeenshores.on.ca</a>	Full E-mail address required. e.g.: name@company.com

### [B] DRINKING-WATER SYSTEM – OPERATOR INFORMATION

Data Element	Please Enter Your Information	Explanation
Name of Drinking-Water System's Operator	Ontario Clean Water Agency, Grey Bruce Hub	Full name of operator required
Drinking-Water System Operator Type	Crown Corporation	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/ Sole Proprietorship
Legal Name of Business	Ontario Clean Water Agency, Grey Bruce Hub	Full, legal company name of operator
Operator's Mailing Address Information		
Street Number		

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Street Name	Anglesia	
Street Type	Street	Street, Road, etc.
Street Direction	N	N, S, E, W, NE, SW, etc.
Unit / Apt Number		
Delivery Mode	P.O. Box	P.O. Box, R.R., etc.
PO Box/Rural Route #	760	
City/Town	Southampton	
Postal Code	N0H 2L0	
Operator's Contact Person Details		
Courtesy Title	Mr	Dr., Miss, Mr., Mrs., Ms.
Contact Name	Dave N Russell	
Contact Name Title		
Office Phone Number	(519)-797-2561	
Office Phone Number Extension		
Fax Number	(519)-797-3080	
Mobile Number		
Pager Number		
E-mail Address	<a href="mailto:drussell@ocwa.com">drussell@ocwa.com</a>	Full E-mail address required. e.g.: name@company.com

## [C] DRINKING WATER-SYSTEM'S OPERATIONAL INFORMATION

Data Element	Please Enter Your Information	Explanation
Drinking-Water System Name	Port Elgin Water Treatment Plant	
In what Municipality is this Drinking -Water System located?	Saugeen Shores	Use Ministry of Municipal Affairs and Housing's municipal name
Is your Drinking-Water System seasonally operated?	No	Indicate Yes or No Seasonal System means a Drinking-Water System that <ul style="list-style-type: none"> <li>a) does not operate for at least 60 consecutive days in every calendar year or</li> <li>b) does not operate for at least 60 consecutive days in every period that begins on April 1 in one year and ends on March 31 in the following year or</li> <li>c) does not operate for at least 60 consecutive days in a 365 day period that begins on the day the Drinking-Water System begins operation</li> </ul>
If yes to above, please specify operational periods.	N/A	Use format: DD/MM to DD/MM
Does your Drinking -Water System shut down for 7 or more consecutive days during the operational period?	No	Indicate with Yes or No
If yes to the above, how many such shut downs are there in a year?	N/A	Please provide the number of shutdowns. For seasonal systems, this refers to shutdowns during operational periods.
Please specify the period the system is not in operation for		Start date to end date that the DWS is not in operation

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each shut down		DD/MM/YYYY to DD/MM/YYYY
Public Health Unit	Bruce-Grey-Owen Sound Health Unit	i.e.: which PHU do you report to for adverse water quality
Operational Parameters		
Population served	6445	
Number of private residences served		
Number of service connections		
Design/ Rated Capacity	91	Estimate acceptable (in litres/sec)

### [D] DRINKING-WATER SYSTEM CONTACT AT THE LOCATION OF THE DRINKING-WATER SYSTEM OR THE 24 HOUR 7 DAYS A WEEK CONTACT NUMBER

Courtesy Title	Ms	Dr., Miss, Mr., Mrs., Ms.
Contact Name	Joy Radbourne	
Contact Name Title	Assistant Manager	
Office Phone Number	(519)-376-4640	10 Digits + extension if applicable
Fax Number	(519)-376-7929	
Mobile Number		
Pager Number		
E-mail Address	jradbourne@ocwa.com	Full E-mail address required. e.g.: name@company.com

### [E] Complete the information for each DESIGNATED FACILITY/ PUBLIC 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 / Non Municipal Seasonal Residential**

How many designated facilities does your Drinking-water system serve?

Please complete a table for each designated facility.

Data Element	Please Enter Your Information	Explanation
Designated Facility Name	N/A	
Are there weeks in the year when this facility is not in operation?		Indicate with Yes or No
Please specify the time frame for each period that the facility is not in operation		Use format: DD/MM to DD/MM
Public Health Unit		i.e.: which PHU do you report to for adverse water quality
Designated Facility Contact Person Details		
Courtesy Title		Dr., Miss, Mr., Mrs., Ms.
Contact Name		
Office Phone Number		
Office Phone Number Extension		
Fax Number		
Mobile number		
Pager number		
E-mail Address		Full E-mail address required. e.g.: name@company.com

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Designated Facility's Physical Address	
Street #	
Street Name	
Street Type	Street, Road etc.
Street Direction	N, S, E, W, NE, SW, etc.
Unit/Apt. #	
City /Town	
Postal Code	
Interested Authority Information	
Name of Interested Authority	e.g.: Ministry of Health and Long-Term Care/ Ministry of Community, Family and Children's Services/ Ministry of Education/ Ministry of Training, Colleges and Universities / Private/ Delivery Agent

## PUBLIC FACILITIES

Data Element	Please Enter Your Information
Please provide the names of all the public facilities served by your Drinking-Water system	

## [F] PROFILE QUESTIONS: IMPORTANT QUESTIONS REGARDING YOUR DRINKING-WATER SYSTEM

Data Element	Please Enter Your Information	Explanation
1) Does your Drinking-Water System supply water to any other Drinking-Water Systems?	No	Indicate with Yes or No.
2a) Does your Drinking-Water System receive water from any other Drinking- Water System?	No	Indicate with Yes or No.
2b) If you answered "Yes" to 2(a), specify the way you receive water - Transported Water, or - Through a connection	N/A	Indicate either-Transported water, or -Through a connection. [2b is for non residential systems only: 1) A large municipal non residential system 2) A small municipal non-residential system 3) A large non-municipal non-residential system 4) A small non-municipal non residential system]
3a) Does your Drinking-Water System own any of the raw water sources?	Yes	Indicate with Yes (if you own well(s) or intake pipe in river/lake) or No
3b) If you answered "yes" to Q3(a), then indicate the raw water sources -well(s) -Intake pipe in river, lake -GUDI (ground water under direct influence of surface water)	Intake pipe in Lake Huron	Indicate- wells, Intake pipe in river/lake or GUDI (ground water under direct influence of surface water).  For GUDI definition please refer definition # 5 on the definitions page.

	Drinking-Water System Civic Location Address	
Street Number	194	
Street Name	Harbour	
Street Type	Street	Street, Road, etc.
Street Direction		N, S, E, W, NE, SW, etc.
Unit/Apt. Number		
City/Town	Port Elgin	
Postal Code	N0H 2C0	
	If system has no street address:	
Geographical Township		
Lot		
Concession		

**[G] CERTIFICATE OF APPROVAL INFORMATION**

The existing Certificate(s) of Approval Number	7068-59NGYX replaced by 1830-5R7RT2 7-0726-91-006 - Zebra Mussel Control	Please list the C of A number(s)
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**[H] DRINKING-WATER SYSTEM(S) THAT RECEIVE WATER FROM YOUR DRINKING WATER SYSTEM**

Name of receiving Drinking-Water System	N/A	
Owner of receiving Drinking-Water System		
City/Township of receiving Drinking-Water System		
Receiving Drinking-Water System's number		Please provide if available
Receiving Drinking-Water System's category		Please provide if available

**[I] DRINKING WATER SYSTEM(S) THAT SUPPLY WATER TO YOUR DRINKING WATER SYSTEM**

Name of supplying Drinking-Water System	N/A	
Owner of supplying Drinking-Water System		
City/Township of supplying Drinking-Water System		
Supplying Drinking-Water System's Number		Please provide if available
Supplying Drinking-Water System's category		Please provide if available
Does this Drinking-Water System provide secondary disinfection?		Indicate with Yes or No
Secondary disinfection method		e.g. Chlorination, Chloramination, Ozonation, Chlorination with Chlorine Dioxide, Ozonation, Ultraviolet Irradiation, or list any other type
If the Secondary disinfection method is other than chlorination or chloramination, is it approved by the Director? ( for Large and Small Municipal		Indicate with Yes or No

Drinking-Water Systems) Or is it approved by a Professional Engineer? (for other categories of Drinking-Water Systems)		
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**[J] DRINKING-WATER SYSTEM USING GROUND WATER SOURCE(S)**

 Number of wells:   0  
*Please complete a table for each ground water source.*

Data Element	Please Enter Your Information	Explanation
Well Name		
Is the ground water under the direct influence of surface water?		For GUDI definition please refer definition # 5 on the definition page Indicate with Yes or No
Is there a written report prepared after August 1, 2000 by a professional engineer or professional hydrogeologist that concludes the raw water supply is not ground water under direct influence of surface water, or Is there an approval from the Director agreeing that the raw water supply is not GUDI?		Indicate with Yes or No
If you have answered 'YES' to the above question please specify the date of the report/approval		Use format: MM/YYYY
	<b>Point of Entry Information</b>	
Point of Entry Name		A Point of Entry is the point in the system at which treated water from this source enters the distribution system or the treatment location.
	<b>Treatment Process Information</b>	
Do you have Disinfection?		Indicate with Yes or No
Disinfection Method(s)		E.g. Chlorination, Chloramination, Ozonation, Chlorination with Chlorine Dioxide, Ultraviolet Irradiation, or list any other type
Do you have Coagulation?		Indicate with Yes or No
Do you have Flocculation?		Indicate with Yes or No
Do you have Sedimentation?		Indicate with Yes or No
Do you have Filtration?		Indicate with Yes or No
Filter Medium		Sand/Manganese Greensand/ Anthracite Coal/ Granular Activated Carbon/ Others. If Others please specify
Do you have Membrane Filtration?		Indicate with Yes or No
Membrane Filtration Type		Microfiltration/ Ultrafiltration/ Nanofiltration/ Reverse Osmosis
Do you have Alkalinity Adjustment?		Indicate with Yes or No
Do you have pH Adjustment?		Indicate with Yes or No
Do you have a Sludge Blanket Clarifier?		Indicate with Yes or No
Do you have an Upflow Clarifier?		Indicate with Yes or No
Do you have Dissolved Air Flotation?		Indicate with Yes or No
Do you have Fluoridation?		Indicate with Yes or No
Do you have Iron Sequestering?		Indicate with Yes or No

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Do you have Softening?		Indicate with Yes or No
Do you have Stripping?		Indicate with Yes or No
Do you have Taste and Odour Control?		Indicate with Yes or No
Do you have Zebra Mussel Control?		Indicate with Yes or No

### [K] DRINKING-WATER SYSTEM USING SURFACE WATER SOURCE(S)

 Number of surface water sources:   1  

Please complete a table for each surface water source.

Data Element	Please Enter Your Information	Explanation
Water Body Name	Lake Huron	
	Point of Entry Information	
Point of Entry Name	Port Elgin POE	A Point of Entry is the point in the system at which treated water from this source enters the distribution system or the treatment location
	Treatment Process Information	
Do you have Disinfection?	Yes	Indicate with Yes or No
Disinfection Method(s)	Chlorination	e.g. Chlorination, Chloramination, Ozonation, Chlorination with Chlorine Dioxide, Ozonation, Ultraviolet Irradiation, or list any other type
Do you have Coagulation?	Yes	Indicate with Yes or No
Do you have Flocculation?	Yes	Indicate with Yes or No
Do you have Sedimentation?	Yes	Indicate with Yes or No
Do you have Filtration?	Yes	Indicate with Yes or No
Filter Medium	Sand; Anthracite Coal	Choose: Sand/Manganese Greensand/ Anthracite Coal/ Granular Activated Carbon/ Others. If Others please specify
Do you have Membrane Filtration?	No	Indicate with Yes or No
Membrane Filtration Type		Choose: Microfiltration/ Ultrafiltration/ Nanofiltration/ Reverse Osmosis
Do you have Alkalinity Adjustment?	No	Indicate with Yes or No
Do you have pH Adjustment?	No	Indicate with Yes or No
Do you have a Sludge Blanket Clarifier?	Yes	Indicate with Yes or No
Do you have an Upflow Clarifier?	Yes	Indicate with Yes or No
Do you have Dissolved Air Flotation?	No	Indicate with Yes or No
Do you have Fluoridation?	No	Indicate with Yes or No
Do you have Iron Sequestering?	No	Indicate with Yes or No
Do you have Softening?	No	Indicate with Yes or No
Do you have Stripping?	No	Indicate with Yes or No
Do you have Taste and Odour Control?	No	Indicate with Yes or No
Do you have Zebra Mussel Control?	Yes	Indicate with Yes or No

### OTHERS: DISTRIBUTION SYSTEM (If you own the Distribution system /Plumbing )

These are treatment processes that occur in the Distribution System/Plumbing only.

Do you have disinfection in the distribution system after treatment?	No	Indicate with Yes or No
Disinfection Method(s)		e.g. Chlorination, Chloramination, Ozonation, Chlorination with Chlorine Dioxide, Ozonation, Ultraviolet

		Irradiation, or list any other type
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## DEFINITIONS

- 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 that does not operate for 60 or more consecutive days in a fiscal (April 1st to March 31st)/ Calendar (Jan 1st to Dec 31st) year/ 365 day period that begins on the day the drinking-water system begins operation
- 3) Designated Facility means**
- A children's camp
  - A delivery agent care facility
  - A health care 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) Public Facility Means**
- Food Premises, as defined in the Health Protection and Promotion Act
  - A place that provides overnight accommodation to the traveling public, including trailer park or campground
  - A marina
  - A church, mosque, synagogue, temple or other places of worship
  - A recreational camp
  - A recreational or athletic facility
  - A place, other than a private residence, where a service club or fraternal organization meets on a regular basis
  - Any place where general public has access to a washroom, drinking water fountain or shower and does not include a designated facility
- 5) GUDI (ground water under direct influence of surface water).**  
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
  - 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.

Revised March 16, 2004