

**Request for  
Early Implementation of the Watermain  
Disinfection Procedure, dated August 1, 2020  
(Municipal Residential Drinking Water Systems)**

For Office Use Only		
Reference Number	Date (yyyy/mm/dd)	Initials

**General Information and Instructions**

- This form should be used to submit a request to use the Watermain Disinfection Procedure dated August 1, 2020, in advance of the required date specified in Schedule B of the Drinking Water Works Permit (typically condition 2.3).
- This form can be signed electronically and should be submitted by email to [MDWLP@ontario.ca](mailto:MDWLP@ontario.ca).
- For assistance in completing the form or for questions related to its use, please contact the Ministry's Municipal Water and Wastewater Permissions section by email at [MDWLP@ontario.ca](mailto:MDWLP@ontario.ca) or by phone at 647-982-8740.

Owner Information	Operating Authority Information
Owner Name (Legal name owner)	Operating Authority Name
Contact Name	Contact Name
Position/Title	Position/Title
E-mail Address	E-Mail Address
Telephone Number (including area code and extension)	Telephone Number (including area code and extension)

**System Identification**

This form can be used to request approval for multiple drinking water systems. All systems identified in this form must have the same owner.

Drinking Water Works Permit Number(s)


**Implementation Details**

Date that the Watermain Disinfection Procedure will be implemented in the identified system(s)	All operating procedures, policies and associated records will be updated by this date
	All operators will receive training on the new Watermain Disinfection Procedure by this date

**Statement of Owner**  Check here if the owner has authorized the Operating Authority, as identified on this application form, to act on behalf of the owner for purposes of processing this application.

I, the undersigned, am authorized to represent the owner of the drinking water system(s) for purposes of this request and to the best of my knowledge the information contained herein and the information submitted in support of this application is complete and accurate.

Name (please print)	Title	Signature	Date
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**Ministry of the Environment, Conservation and Parks Director**

The Director under Part V of the Safe Drinking Water Act, 2002 (SDWA) hereby grants approval for this request.	Signature  Aziz Ahmed, P.Eng. Director, Part V, SDWA	Dated at Toronto this  _____ day of _____, 2020
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