



**Non-Municipal Water Supply Testing & Treatment Questionnaire**

Name of your Non-profit .....

Contact and Phone Number .....

Location .....

Certificate Number .....

1) How many people does your source of drinking water serve in total? Residential \_\_\_\_; Other \_\_\_\_

2) Does your source of drinking water supply other than just tenants of your building: Yes \_\_\_\_; No \_\_\_\_.

If so, split out from the totals above:

a) How many people other than your tenants are served: \_\_\_\_;

b) Do you serve: i) Residential Occupancies: Yes \_\_\_\_; No \_\_\_\_;

ii) Commercial Occupancies: Yes \_\_\_\_; No \_\_\_\_.

c) Do you test or treat water for such other occupancies year round: Yes \_\_\_\_; No \_\_\_\_;

If No, how many months of the year: \_\_\_\_.

3) Do you contract out your water testing/treatment services? Yes \_\_\_\_; No \_\_\_\_;

If so:

a) Name of Contractor: \_\_\_\_\_

b) Describe their qualifications: \_\_\_\_\_

c) Is a certificate of insurance obtained listing you as an Additional Insured on their policy:

Yes \_\_\_\_; No \_\_\_\_.

d) What limit of liability do they carry: \$ \_\_\_\_\_

4) Is ground water or surface water the source of the drinking water you test/treat?

5) Has your water treatment system been certified by a qualified engineer to meet the minimum requirements of the *Ontario Safe Drinking Water Act (OSDWA)*?

Yes \_\_\_\_; No \_\_\_\_ . *Please attach a copy of their report.*

6) Describe procedures in place to ensure that the drinking water system is at all times operated in accordance to the OSDWA Sampling, Testing and Treatment requirements:

7) Do you have back-up procedures to ensure all required sampling, testing and treatment schedules are adhered to: Yes \_\_\_\_; No \_\_\_\_ . *If Yes, describe:*

8) Describe the qualifications of each person involved in the sampling, testing, treatment:

9) What is the name of the laboratory used to do water testing: \_\_\_\_\_



10) What are their qualifications:

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11) How frequently do you report your sampling, testing and treatment results to the medical officer of health, or other ministry office:

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12) Describe sampling, testing, treating recordkeeping procedures:

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13) How long have you been responsible for maintaining the drinking water system of your community:

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14) Have you had any adverse drinking water quality incidents?  
Describe details:

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15) In the event of the water testing indicating that the drinking water system poses an imminent health hazard, who is responsible for immediately implementing the order to:

- Report findings to the medical officer of health:  
 \_\_\_\_\_
- Cease or restrict operations of the system:  
 \_\_\_\_\_
- Ensure that users are notified:  
 \_\_\_\_\_
- Provide an alternate supply of drinking water:  
 \_\_\_\_\_
- Operate, maintain and repair the system as ordered by authorities:  
 \_\_\_\_\_
- Sample, test, monitor and report with respect to the quantity and quality of the source water:  
 \_\_\_\_\_
- Assess and report on the water system:  
 \_\_\_\_\_
- Secure the water system as required until such time as the order is revoked or the system de-commissioned:  
 \_\_\_\_\_