

APPENDIX "C"



O.Reg. 170/03 Community Lead Testing – End of Period Report

(O. Reg. 170/03 under Schedule 15.1)

Instructions

Please complete this form and fax/email directly to:
 Ministry of the Environment
 Drinking Water Programs Branch
Fax: 416 212-0607
Email: leadsubmission.moe@ontario.ca

Use this form to submit a report to the ministry as required under Section 15.1-9 (6.1) under Schedule 15.1 of O.Reg. 170/03. If you require assistance in completing the form report, please call 1 866 793-2588 (toll free).
 The most current version of this form report is posted on the Ministry of the Environment web site at www.ontario.ca/drinkingwater

Part A: Drinking Water System Information

- 1. Drinking Water System Name
Barrie Drinking Water System
- 2. Drinking Water System (DWS) Number *(Ministry assigned 9 digits number starting with "2")*
220001192
- 3. Drinking Water System Owner
The Corporation of the City of Barrie
- 4. Report Period *(Year: yyyy)*
 a) Summer (June 15th to October 15th) b) Winter (December 15th to April 15th) 5. Year: **2016**

Part B: Report Submission Information

	Plumbing	Distribution
6. Number of individual samples	10	10
7. Number of sampling points (Locations)	5	N/A
8. Number of individual sample exceedances	0	0
9. Number of sampling points with an exceedance during the period	0	N/A
10. Percentage of sample points with an exceedance	0.00	N/A
11. Is the system required to have a Corrosion Control Plan prepared under Section 15.1-11 under Schedule 15.1 of O.Reg.170/03?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
12. Do the reduced sampling & frequency requirements of Section 15.1-5 under Schedule 15.1 of O.Reg. 170/03 apply to the system?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
13. Do the plumbing sample exemptions of Section 15.1-5 (9) under Schedule 15 of O.Reg.170/03 apply to the system?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Part C: Form Submission Information

I declare that all the information provided on this form and any attachment(s) is true and correct to the best of my knowledge.

Prepared by <i>(print name)</i> Diane Moreau	Signature 	Date <i>(yyyy/mm/dd)</i> 2016/04/20	Telephone No. <i>(including area code)</i> 705 792-7920
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Collection of information on this form is collected by the Drinking Water Management Division on behalf of the Ministry of the Environment in accordance with the *Safe Drinking Water Act, 2002 (SDWA)* and its regulations. The collection, use and dissemination of this information are governed by the *Freedom of Information and Protection of Privacy Act (FOIPPA)*. The information gathered herein will be used for the purpose of corrosion control, and may be used for secondary purposes including reporting, investigating and law enforcement under the SDWA and its regulations. Information contained on this form, including personal information, may be disclosed to other government agencies including municipalities, public health unit employees, the Ministry of Health and Long Term Care, the Ministry of Education and the Ministry of Community and Social Services pursuant to section 42 of FOIPPA for the consistent purpose of administering programs related to drinking water safety.

(O. Reg. 170/03 under Schedule 15.1)

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Barrie, The Corporation of the City of

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Prepared by (print name) Diane Moreau	Signature 	Date (yyyy/mm/dd) 2016/10/21	Telephone No. (including area code) 705 792-7920
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