

**Laboratory Services Notification**  
**Schedule 6 (subsection 6-9 (4))****FAX COVER PAGE**

**To:** Laboratory Services Branch  
Ministry of the Environment

**Fax Number:** (416) 235-6312

This form is to be completed and submitted to the Ministry of the Environment following the instructions posted with the forms and available at the Ministry of the Environment web site at [www.ene.gov.on.ca](http://www.ene.gov.on.ca).

<b>Name of the Drinking Water System (DWS):</b>	
<b>DWS Number:</b>	
<b>DWS Owner Name:</b>	
<b>DWS Owner's Telephone Number:</b>	

<input type="checkbox"/>	This is my first submission of the Laboratory Services Notification to the Ministry.
<input type="checkbox"/>	I wish to notify the Ministry that I am changing Laboratories for my drinking water testing.
<input type="checkbox"/>	I wish to notify the Ministry that I am adding another Laboratory for my drinking water testing.

## Laboratory Services Notification Schedule 6 (subsection 6-9 (4))

Collection of information on this form is done in accordance with the *Safe Drinking Water Act (SDWA), 2002* and its regulations. Information gathered herein, including personal information, is governed by the *Freedom of Information and Protection of Privacy Act (FOIPPA)* and may be disclosed to other government agencies (including municipal health unit employees) pursuant to 'Section 42' of the FOIPPA for the consistent purpose of administering any Act or program that pertains to drinking water safety. For questions and concerns, please contact the Ministry of Environment at 1-866-793-2588.

### IDENTIFYING THE LICENSED LABORATORY THAT WILL PERFORM LABORATORY TESTING

NOTE: As specified in Ontario's Drinking Water Systems Regulation O. Reg. 170/03, this form must be completed and delivered to the Ministry of the Environment prior to the licensed laboratory analyzing your water samples for required parameters for the first time.

Once you have completed and submitted this form, you do not need to re-submit it unless there are any changes in a licensed laboratory being contracted to analyze any required parameter (i.e. Section 2 of this form).

This form is to be used for the identification of Regulation testing and not for the purpose of the Engineer's Report testing.

*Failure to notify the parties in accordance with the Regulation and/or submission of false information constitutes an offence.*

**All testing for Ontario Drinking Water Quality Standards and health-related parameters required in a MOE Certificate of Approval, Order or Direction must be performed by a licensed laboratory.**

### SECTION 1 – SUBMISSION INFORMATION

<b>Date of Submission</b>	YYYY	MM	DD
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### SECTION 2 – LICENSED LABORATORY(S) HIRED TO ANALYZE DRINKING WATER SAMPLES AND THE SPECIFIC PARAMETERS TESTED

<b>LICENSED LABORATORY INFORMATION</b>			
Name of Licensed Laboratory:			
Licensed Laboratory Contact Name:		Licensed Laboratory Contact Name Position:	
Laboratory Address (Street Number and Name):		Unit/Suite:	P.O. Box/Rural Route #:
City/Town:		Province:	Postal Code:
Telephone Number (include area code):		Fax Number (include area code):	
Email Address:			
<i>Check all tests that the Licensed Laboratory has been hired to perform:</i>			
<b>MICROBIOLOGICAL TESTING</b>			
<input type="checkbox"/> <i>E. coli</i> <input type="checkbox"/> <b>Total coliforms</b> <input type="checkbox"/> <b>HPC</b>			

**SECTION 2 – LICENSED LABORATORY(S) HIRED TO ANALYZE DRINKING WATER SAMPLES AND THE SPECIFIC PARAMETERS TESTED**

<b>LICENSED LABORATORY INFORMATION</b>			
Name of Licensed Laboratory:			
Licensed Laboratory Contact Name:		Licensed Laboratory Contact Name Position:	
Laboratory Address (Street Number and Name):		Unit/Suite:	P.O. Box/Rural Route #:
City/Town:		Province:	
Telephone Number (include area code):		Fax Number (include area code):	
Email Address:			
<i>Check all tests that the Licensed Laboratory has been hired to perform:</i>			
<b>CHEMICAL TESTING</b> (Complete only if required as per MOE Certificate of Approval (CofA) or Order, or as required by O. Reg. 170/03)			
<b>Volatile Organic Parameters:</b>			
<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
<input type="checkbox"/> <u>All of the Above</u> Volatile Organic Parameters			
<b>Inorganic Parameters:</b>			
<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"/> Nitrate + Nitrite (as nitrogen)	<input type="checkbox"/> Uranium
<input type="checkbox"/> Boron	<input type="checkbox"/> Lead	<input type="checkbox"/> Nitrite	
<input type="checkbox"/> <u>All of the Above</u> Inorganic Parameters			
<b>Pesticide and General Organic Parameters:</b>			
<input type="checkbox"/> 2,3,4,6-tetrachlorophenol	<input type="checkbox"/> Bromoxynil	<input type="checkbox"/> Dinoseb	<input type="checkbox"/> Parathion
<input type="checkbox"/> 2,4-dichlorophenol	<input type="checkbox"/> Carbaryl	<input type="checkbox"/> Diquat	<input type="checkbox"/> PCBs (Total)
<input type="checkbox"/> 2,4,6-trichlorophenol	<input type="checkbox"/> Carbofuran	<input type="checkbox"/> Diuron	<input type="checkbox"/> Pentachlorophenol
<input type="checkbox"/> 2,4-D	<input type="checkbox"/> Chlordane (Total)	<input type="checkbox"/> Glyphosate	<input type="checkbox"/> Phorate
<input type="checkbox"/> 2,4,5-T	<input type="checkbox"/> Chlorpyrifos	<input type="checkbox"/> Heptachlor +Heptachlor Epoxide	<input type="checkbox"/> Picloram
<input type="checkbox"/> Alachlor	<input type="checkbox"/> Cyanazine	<input type="checkbox"/> Lindane (Total)	<input type="checkbox"/> Prometryne
<input type="checkbox"/> Aldicarb	<input type="checkbox"/> DDT + Metabolites	<input type="checkbox"/> Malathion	<input type="checkbox"/> Simazine
<input type="checkbox"/> Aldrin + Dieldrin	<input type="checkbox"/> Diazinon	<input type="checkbox"/> Methoxychlor	<input type="checkbox"/> Temephos
<input type="checkbox"/> Atrazine + Metabolites	<input type="checkbox"/> Dicamba	<input type="checkbox"/> Metolachlor	<input type="checkbox"/> Terbufos
<input type="checkbox"/> Azinphos-methyl	<input type="checkbox"/> Diclofop-methyl	<input type="checkbox"/> Metribuzin	<input type="checkbox"/> Triallate
<input type="checkbox"/> Bendiocarb	<input type="checkbox"/> Dimethoate	<input type="checkbox"/> Paraquat	<input type="checkbox"/> Trifluralin
<input type="checkbox"/> Benzo(a)pyrene			
<input type="checkbox"/> <u>All of the Above</u> Pesticide and General Organic Parameters			

**ADDITIONAL:**  
**Other Parameter(s) identified in a MOE Certificate of Approval, Order or Direction.**

**Specify:**

**COMMENTS:**

Prepared By: Name (Please Print)	Title:		
Telephone Number (include area code):	Date: YYYY	MM	DD