

Declaration of Professional Engineer

(Opinion under clause 21-5(b) that is to be part of Notice to Director under s. 21-7(1) for drinking water systems that are required to have an Engineering Evaluation Report prepared)

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.

SCHEDULE 21 (SECTION 21-5)

Name of the Drinking Water System (DWS):
Category of DWS:
DWS Number:
DWS Owner Name (Full legal name):

EXISTING CERTIFICATE(S) OF APPROVAL NUMBER(S) AND DATE OF ISSUE

(as issued under s.52 of the *Ontario Water Resources Act* or s.36 or 56 of the *Safe Drinking Water Act, 2002*)

Certificate(s) of Approval Number(s):	Date of Issue: (yyyy/mm/dd)

I hereby state: *(Please check all boxes that apply)*

<input type="checkbox"/>	I am a professional engineer with experience in sanitary engineering relating to drinking water supplies.
<input type="checkbox"/>	I have prepared an engineering evaluation report on this DWS according to the requirements of section 21-5 of O. Reg. 170/03.
<input type="checkbox"/>	The DWS has been visited by myself or a person under my supervision.

In my opinion: *(Please check all boxes that apply)*

<input type="checkbox"/>	The DWS is providing all equipment required in order to ensure compliance with the provisions of Schedule 2 of O. Reg. 170/03.
<input type="checkbox"/>	The DWS is providing all equipment required to ensure compliance with the operational checks, sampling and testing provisions of O. Reg. 170/03 as provided in Schedules 6, 8 or 9 of O. Reg. 170/03 that apply to this DWS.
<input type="checkbox"/>	My report contains the reasons for this opinion as well as the technical and other information I relied on in reaching it.
<input type="checkbox"/>	My report includes a maintenance schedule that sets out the requirements relating to the frequency with which equipment referred to in Schedule 21, section 21-5 clause (d) (i) and (ii) must be inspected, tested and replaced.



Please check only if the DWS in question is a Non-Municipal Year-Round Residential or Non-Municipal Seasonal Residential System that relies on point of entry treatment in accordance with Schedule 3 of the regulation:

<input type="checkbox"/>	Point of entry treatment units required to ensure compliance with the provisions of Schedule 3 of O. Reg. 170/03 have been installed on the plumbing of every building and other structure that is part of a private residence, designated facility, or public facility served by the system.
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Professional Engineer's seal is to be affixed in space below and signed by Professional Engineer who prepared the engineering evaluation report.

The signature included in the Engineer's seal affixed to the engineering evaluation report is of:	P.Eng.			
The date the report was sealed is:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">YYYY</td> <td style="width: 33%; text-align: center;">MM</td> <td style="width: 33%; text-align: center;">DD</td> </tr> </table>	YYYY	MM	DD
YYYY	MM	DD		

Name of the Professional Engineer who makes this declaration:		
P.Eng.		
Company Name:		
Mailing Address (Street Number of Name):	Unit/Apt Number/Suite	P.O. Box/Rural Route #
City/Town	Province/State	Postal Code/Zip Code
Telephone Number (include area code):	Fax Number (include area code):	

Date of this Declaration of Professional Engineer:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">YYYY</td> <td style="width: 33%; text-align: center;">MM</td> <td style="width: 33%; text-align: center;">DD</td> </tr> </table>	YYYY	MM	DD
YYYY	MM	DD		

An original hard copy of this declaration must be mailed or faxed to:

*Ministry of the Environment
 Drinking Water Programs Branch
 2 St. Clair Avenue West, 18th Floor
 Toronto, Ontario M4V 1L5
 Fax: 416-314-8716*