## **Drinking Water Officers' Guide: Appendices**

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NOTE: Some of these appendices are under development and all of the forms listed in the appendices are samples. As local health authorities may use and/or require alternate versions of these forms, you should contact your local health authority for the version of the form you need.

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#### **Sample Drinking Water Officer Delegation**

## **Drinking Water Officer Delegation**

#### WHEREAS:

- A. Section 3(4) of the *Drinking Water Protection Act* S.B.C. 2001, C. 9 ("the Act") authorizes a Drinking Water Officer, subject to the regulations to delegate to any person a power or duty of a Drinking Water Officer,
- B. I am a Drinking Water Officer under section 3 of the Act, and
- C. I consider it to be necessary and appropriate for the better administration of the Act to delegate my authority under the Act.

#### THEREFORE:

- 1. I, [NAME OF DRINKING WATER OFFICER], Drinking Water Officer, hereby delegate to [NAME OF DELEGATE], all of my powers and duties under the *Drinking Water Protection Act* and Drinking Water Protection Regulation, except,
  - (a) The power to delegate under section 3(4) of the Act,

#### (b) [OTHERS?]

- 2. This delegation does not purport to exhaust or limit my authority as Drinking Water Officer to exercise my powers or duties in respect of any matter where I consider that appropriate.
- 3. This delegation revokes all previous delegations.
- 4. This delegation may be revoked or modified by me at any time.

Dated at [CITY/TOWN], this \_ day of \_\_\_\_\_, 20\_\_.

[NAME OF DRINKING WATER OFFICER]

**Drinking Water Officer** 

Name of Water Supply System:

**Mailing Address:** 

**Phone Number(s):** 

**Date Prepared:** 

#### **Emergency Response and Contingency Plan Template**

This template is designed to be a starting point to aid you in preparing your own plan. Please modify to suit the needs of your water supply system (e.g., add or delete emergency contacts as you see fit). For resources and information, see <a href="Emergency Response">Emergency Response and Contingency Planning for Small Water Systems</a> and the <a href="Guide to Emergency Response">Guide to Emergency Response and Contingency Plans for Water Supply Systems</a> from the Ministry of Health.

| Name                            | Phone Number(s) | Email    | Fax |  |
|---------------------------------|-----------------|----------|-----|--|
| Operator (primary):             | Primary:        |          |     |  |
|                                 | Secondary:      |          |     |  |
| Operator:                       | Primary:        |          |     |  |
|                                 | Secondary:      |          |     |  |
| Owner (responsible):            | Primary:        |          |     |  |
|                                 | Secondary:      |          |     |  |
| Other owner(s):                 | Primary:        |          |     |  |
|                                 | Secondary:      |          |     |  |
|                                 | Primary:        |          |     |  |
|                                 | Secondary:      |          |     |  |
| Health Authority Cont           | acts            | <u>'</u> | •   |  |
| Drinking water officer          | Office:         |          |     |  |
| / Environmental health officer: | Secondary:      |          |     |  |
| Public health<br>engineer:      | Office:         |          |     |  |

| Name  | Phone Number(s)       | Email | Fax |
|---|-----------------------|-------|-----|
|   | Secondary:            |       |     |
| Medical health officer:   | Office:<br>Secondary: |       |     |
| After-hour health authority emergency contact:                      |                       |       |     |
| Government Agencies   |                       |       |     |
| Local Government Emergency Program Coordinator (Municipality):      |                       |       |     |
| Local Government Emergency Program Coordinator (Regional District): |                       |       |     |
| Emergency Management BC; Emergency Coordination Centre:             | 1-800-663-3456        |       |     |
| Ministry of Environment & Climate Change Strategy:                  |                       |       |     |
| Ministry of Water,<br>Land and Resource<br>Stewardship:             |                       |       |     |
| Ministry of Transportation & Infrastructure:                        |                       |       |     |

| Name               | Phone Number(s) | Email | Fax |  |  |  |
|--------------------|-----------------|-------|-----|--|--|--|
|                    |                 |       |     |  |  |  |
| Media              |                 |       |     |  |  |  |
|                    |                 |       |     |  |  |  |
|                    |                 |       |     |  |  |  |
|                    |                 |       |     |  |  |  |
|                    |                 |       |     |  |  |  |
| Laboratories       |                 |       |     |  |  |  |
| Bacteriological:   |                 |       |     |  |  |  |
| Address:           |                 |       |     |  |  |  |
|                    |                 |       |     |  |  |  |
| Chemical:          |                 |       |     |  |  |  |
| Address:           |                 |       |     |  |  |  |
|                    |                 |       |     |  |  |  |
| Emergency Departme | nts             |       |     |  |  |  |
| Police/RCMP:       |                 |       |     |  |  |  |
|                    |                 |       |     |  |  |  |
| Fire Department:   |                 |       |     |  |  |  |
|                    |                 |       |     |  |  |  |
| Ambulance:         |                 |       |     |  |  |  |
|                    |                 |       |     |  |  |  |
| Hospital:          |                 |       |     |  |  |  |
|                    |                 |       |     |  |  |  |
| Health Centre:     |                 |       |     |  |  |  |
|                    |                 |       |     |  |  |  |

| Name   | Phone Number(s) | Email | Fax |  |  |  |
|--|-----------------|-------|-----|--|--|--|
| Repair Services                                    |                 |       |     |  |  |  |
| Utility:   |                 |       |     |  |  |  |
| Electrician:                                       |                 |       |     |  |  |  |
| Plumber:   |                 |       |     |  |  |  |
| Bulk water hauler/<br>alternate water<br>supplier: |                 |       |     |  |  |  |
| Excavator:   |                 |       |     |  |  |  |
| Water Well Drilling<br>Contractor:                 |                 |       |     |  |  |  |
| Pump Installer:                                    |                 |       |     |  |  |  |
| Computer Support:                                  |                 |       |     |  |  |  |

| Name                         | Phone Number(s)       | Email | Fax |  |  |  |  |
|------------------------------|-----------------------|-------|-----|--|--|--|--|
| Equipment Supplier(s)        | Equipment Supplier(s) |       |     |  |  |  |  |
| Water Treatment<br>Supplier: |                       |       |     |  |  |  |  |
|                              |                       |       |     |  |  |  |  |
| Other Local Water Sup        | ply System(s)         |       |     |  |  |  |  |
|                              |                       |       |     |  |  |  |  |
|                              |                       |       |     |  |  |  |  |

In the case of emergency contacts, provide as many forms of communication to each contact as possible (including: primary, secondary and after-hours phone numbers). The Emergency Contact Information must be reviewed on annually to ensure the contact information is up to date. Forward any changes to your local drinking water officer or delegate.

| Date Reviewed | Completed by | Forwarded to Drinking Water<br>Officer |
|---------------|--------------|--|
|               |              |  |
|               |              |  |
|               |              |  |

#### **Template for Planned Responses**

Fill in the following blank template with your planned responses to possible emergencies you listed under "other." Make more copies of this page as necessary. For sample planned responses and more information on Emergency Response and Contingency Plans, see the <a href="Emergency Response">Emergency Response and Contingency Planning for Small Water Systems</a> document on the Ministry of Health's website.

| EMERGENCY: |  |
|------------|--|
| ACTIONS    |  |
|            |  |
|            |  |
|            |  |
|            |  |
|            |  |
| CONTACTS   |  |
|            |  |
|            |  |
|            |  |
| EMERGENCY: |  |
| ACTIONS    |  |
|            |  |
|            |  |
|            |  |
|            |  |
| CONTACTS   |  |
|            |  |

## Sample Operating Permit Cover Letter

| _                  |     |  |  |  |  |  |   |
|--------------------|-----|--|--|--|--|--|---|
| ı١                 | ear |  |  |  |  |  | • |
| $\boldsymbol{\nu}$ | cai |  |  |  |  |  | • |
|                    |     |  |  |  |  |  |   |

Please find enclosed an operating permit issued under section 8 of the *Drinking Water Protection Act* (the "Act"). This permit is effective [**specify start date and end date, if any**].

Please note this operating permit is issued on terms and conditions, and that, according to section 8(1)(b) of the Act, the water supply system must be operated in accordance with these terms and conditions. [If the Terms and Conditions are not all set out on the permit but instead reference other documents, including this letter, that should be highlighted here]

Please also note that water suppliers have various responsibilities under the Act and the Drinking Water Protection Regulation (The "Regulation"), beyond those set out as terms and conditions of the operating permit. It is your responsibility to familiarize yourself with the Act and Regulation. See section 2.2 of Part A of the *Drinking Water Officers' Guide* for a summary of responsibilities and references to some of the relevant provisions of the Act and Regulation. This is intended for basic information purposes only and it is important that you read the Act and Regulation in their entirety.

If you have any questions about this operating permit, please do not hesitate to contact me.

Yours truly,

[ISSUING OFFICIAL NAME]
[TITLE]

### **Sample Standard Form Operating Permit**

## **Permit to Operate**

A Drinking Water System with \_\_\_ to \_\_\_ connections [CHOOSE EITHER 2 to 14, 15 to 300, or 301 to 10,000 CONNECTIONS]

| Purveyor:         |                         |
|-------------------|-------------------------|
| Facility Name:    |                         |
| Facility Number:  |                         |
| Facility Address: |                         |
|                   | Conditions of Permit    |
|                   |                         |
| Effective Date    | Public Health Inspector |

This permit must be displayed in a conspicuous place and is nontransferable.

Place Decal Here

## **Permit to Operate**

This permit must be displayed in a conspicuous place and is nontransferable.



#### **Drinking Water Source-to-Tap Screening Tool**

In 2004, the Province developed the Drinking Water Source-to-Tap Screening Tool as a method for assessing risk in drinking water supply systems. You can find the Drinking Water Source-to-Tap Screening Tool at

https://www2.gov.bc.ca/gov/content/environment/air-land-water/water/water-quality/drinking-water-quality/resources-for-water-system-operators.

This self-screening tool is the easiest to use of the assessment tools produced by the Ministry of Health, but it is also the tool that produces the least amount of detail. It should be completed by the water supplier (voluntarily or as required by the local DWO) and submitted to the DWO. If significant risks are identified, the DWO can determine if a water supplier needs to undertake a more comprehensive source-to-tap assessment to further analyze and mitigate the risks.

The tool includes 97 questions designed to inventory and assess the:

- administration, management and operation of the water supply system
- water source
- water treatment system
- water storage system
- distribution system
- tap water quality

#### **Water Supply System Assessment**

The Water System Assessment User's Guide, and associated assessment forms, is a source-to-tap assessment designed to be completed by the water supply operator or the DWO. It was developed in 2012 to fill a gap between the Drinking Water Source-to-Tap Screening Tool and the Comprehensive Drinking Water Source-to-Tap Assessment (below). The intention is to offer an alternative that will allow for developing an action plan to reduce risks to and in a water supply system, without the added cost and time commitment of a comprehensive assessment. You can find the Water System Assessment User's Guide at <a href="http://www2.gov.bc.ca/gov/content/environment/air-land-water/water-quality/drinking-water-quality/resources-for-water-system-operators">http://www2.gov.bc.ca/gov/content/environment/air-land-water/water-quality/drinking-water-quality/resources-for-water-system-operators</a>.

The full assessment is designed to enable quick and efficient data collection, and completed in about one day. It consists of the following assessment forms:

- **Hazard Assessment**: The questions in this form take you step by step through your water supply system. They are designed to cover the water supply system from the water source through to the customer's taps.
- **Risk Rating**: This form breaks the potential problems (hazards) down to try to identify how serious they are (risk).
- **Risk Grouping**: This form orders the hazards into similar groupings to help you see areas that need the most work. This will add perspective to help you deal with the risks to your system.
- **Action Plan**: This will be a short report to develop timelines and prioritize system improvements.

These assessment forms are available in Microsoft Excel or hard copy, and both will yield the same results. If you are able to use the computer version, though, you will have access to extra features such as information brought forward to the next form and automatic calculations.

The Water System Assessment User's Guide explains how to use the forms and provides helpful tips to get you started. It includes suggestions and examples to help you understand where problems may arise. The appendices provide guidance to answering questions in the hazard assessment, as well as information about useful resources.

# Comprehensive Drinking Water Source-to-Tap Assessment Guideline

The <u>Comprehensive Drinking Water Source-to-Tap Assessment Guideline</u> is a tool to help water suppliers develop a more comprehensive understanding of the risks to drinking water safety and availability of their system. This is the most comprehensive and time-consuming assessment tool produced by the Ministry of Health and should only be completed with the assistance of a qualified professional.

This guideline can be applied as a voluntary measure by water suppliers wanting to understand risks to drinking water safety in their systems, but it may not be the most cost-effective approach for assessing a small water system. A DWO can order this assessment if significant risks to a water supply system are identified through the Drinking Water Source-to-Tap Screening Tool or by some other means. This order can include completing the entire assessment, or taking a more targeted approach and using only the modules that will address the risks identified through the screening tool.

The professionals conducting the assessments, DWOs and water suppliers are the intended audiences for this guideline. It provides a structured, consistent approach to evaluating risks to drinking water. The purpose is to help water supply systems learn how to operate more effectively, as well as ensuring the best possible water quality and assured quantity.

The guideline consists of an introduction, which should be reviewed in detail for information on the assessment process prior to commencing and eight modules. The complete document can be accessed at

https://www2.gov.bc.ca/gov/content/environment/air-land-water/water-quality/drinking-water-quality/resources-for-water-system-operators#source-to-tap-assessment.

#### Sample Letter Ordering Assessment Under Section 19

| DA. 1   |
|---|
| Dear  |
| urther to our recent discussions, I am writing pursuant to section 19 of the Drinking Water |
| Protection Act (the "Act") to order you to complete a water source and system assessment.   |
| ou may find a copy of the Act on the government website at                                  |

http://www.bclaws.ca/civix/document/id/complete/statreg/01009 01, or if you do not have

It is my view that I have reason to believe that an assessment is necessary to properly identify and assess threats to drinking water in relation to the water supply system because:

access to the internet, please call me and I can provide you with a copy.

#### [INSERT REASONS]

[DATF]

Section 20 of the Act provides that I may provide directions respecting the process, preparation, form, content, area of coverage, and time for completing an assessment. In this regard, I am directing that you complete an assessment in accordance with

[CHOOSE ONE OF: The enclosed Screening Tools Assessment document

The Enclosed Water Supply System Assessment document

The enclosed Comprehensive Risk Assessment Document

Set out some other process]

With respect to timing, I am directing that the assessment be completed, and a copy of the assessment results provided to me, by **[DATE]**. I should also note that section 21(2) of the Act requires that an assessment be made public in accordance with section 15. In this regard, I require you to make the assessment public, after it has been provided to me, through the following means:

#### [SPECIFY]

If you have any questions or comments respecting this order, please do not hesitate to call or write me by **[14 days from date of letter]**. This order will not become effective until **[21 days from the date of letter]** and if, upon considering any further questions or

<sup>&</sup>lt;sup>1</sup> In any case where this tool is selected, the letter should note that this is an initial tool that is less time-consuming and resource intensive to implement than the Comprehensive Risk Assessment Tool, and that the drinking water officer reserves the right to direct that the Comprehensive Risk Assessment Tool, or some other additional process, be completed if the Screening Tool identifies concerns that warrant a more thorough assessment.

comments by you, I consider it appropriate to rescind or modify this order, I will advise you before [21 days from the date of this letter].

Yours truly,

[NAME]

Drinking Water Officer

#### **Sample Order Respecting Public Notice**

| [DATE]                       |                                |
|------------------------------|--------------------------------|
| [Person to whom<br>[Address] | order is directed]             |
| Dear                         | _:                             |
| Re:                          | Order to Provide Public Notice |

This letter constitutes an Order under section 14 of the *Drinking Water Protection Act*, S.B.C. 2001, C. 9 (the "Act"), which states:

The drinking water officer may request or order a water supplier to give public notice in a manner approved by the drinking water officer, or in accordance with the directions of the drinking water officer, if

- (a) the drinking water officer has received a report under section 12 [notice if immediate reporting standard not met],
- (b) the drinking water officer has received a report under section 13 [water supplier must report threats], or
- (c) the drinking water officer considers that there is, was or may be a threat to the drinking water provided by a water supply system.

#### **Action required**

The action that I am requiring you to take is as follows:

- Issue a [Choose one of: Water Quality Advisory / Boil Water Notice / Do Not Use Water Notice] in the form and including the information specified on the attached form; and
- Publicize the [Water Quality Advisory / Boil Water Notice / Do Not Use Water Notice] through the following means:

#### [CHOOSE, ADD, DELETE, AMEND AS APPROPRIATE]

- Immediately telephone all users of the water system and notify them of all the contents of the [Water Quality Advisory / Boil Water Notice / Do Not Use Water Notice] and advise them how they can obtain a written copy of the [Water Quality Advisory / Boil Water Notice / Do Not Use Water Notice] if they wish to do so.
- Notify each user of the system by providing a copy of the [Water Quality
  Advisory / Boil Water Notice / Do Not Use Water Notice] in person, or in the
  event they are not home by leaving a copy of the Notice in their mailbox.
- Post a copy of this Order and the [Water Quality Advisory / Boil Water Notice / Do Not Use Water Notice] at the following locations and check those locations every \_\_\_\_ days to confirm that the posting remains, or re-post as necessary.
- Advise the following local media of the existence of the Order and the [Water Quality Advisory / Boil Water Notice / Do Not Use Water Notice].
- Advise the [LOCAL GOVERNMENT] of the existence of the Order and the [Water Quality Advisory / Boil Water Notice / Do Not Use Water Notice].
- o Document all steps taken to provide notice as outlined above.

#### **Reasons for this Order**

I have determined that this Order is necessary under section 14 for the following reasons:

- [Specify whether the Order is based upon section 14(1)(a), (b) or (c)]
- [Summarize relevant facts and the reasons for the decision to issue this Order, e.g. monitoring results, other events etc.]

#### **Authority to issue this Order**

I have issued this Order under my authority as a Drinking Water Officer under section 3 of the Act.

[OR]

I have issued this Order as a person who has been delegated the powers and duties of a Drinking Water Officer, under section 3(4) of the Act.

#### **Duration of this Order**

This Order remains in effect unless and until you are notified in writing by me or another Drinking Water Officer that the Order is amended or rescinded.

#### No right of appeal

There is no ability to appeal this Order, or to request a review or reconsideration under the *Drinking Water Protection Act*. If you have information that you believe may be relevant to my decision whether or when to rescind this Order, I invite you to provide it to me, but I wish to emphasize that the Order remains in effect unless and until it is modified or rescinded by me or another Drinking Water Officer, in writing.

#### **Consequences of failure to comply**

It is an offence under the *Drinking Water Protection Act* to fail to comply with an Order under section 14. Penalties upon conviction for an offence may be up to \$200,000 per day and up to 12 months imprisonment.

Please do not hesitate to contact me if you have any questions respecting this Order.

Yours truly,

[NAME] [TITLE]

Attachment

#### **Sample Request Respecting Public Notice**

| [DATE]                       |                      |  |
|------------------------------|----------------------|--|
| [Person to whon<br>[Address] | n order is directed] |  |
| Dear                         | _:                   |  |

#### Re: Request to Provide Public Notice

As you may be aware, section 14 of the *Drinking Water Protection Act*, S.B.C. 2001, C. 9 (the "Act") provides that a Drinking Water Officer may

...request or order a water supplier to give public notice in a manner approved by the drinking water officer, or in accordance with the directions of the drinking water officer, if

- (d) the drinking water officer has received a report under section 12 [notice if immediate reporting standard not met],
- (e) the drinking water officer has received a report under section 13 [water supplier must report threats], or
- (f) the drinking water officer considers that there is, was or may be a threat to the drinking water provided by a water supply system.

Pursuant to this section, I am requesting that you:

- Issue a [Choose one of: Water Quality Advisory / Boil Water Notice / Do Not Use Water Notice] in the form and including the information specified on the attached form; and
- Publicize the [Water Quality Advisory / Boil Water Notice / Do Not Use Water Notice] through the following means:

[CHOOSE, ADD, DELETE, AMEND AS APPROPRIATE]

- Immediately telephone all users of the water system and notify them of all the contents of the [Water Quality Advisory / Boil Water Notice / Do Not Use Water Notice] and advise them how they can obtain a written copy of the [Water Quality Advisory / Boil Water Notice / Do Not Use Water Notice] if they wish to do so.
- Notify each user of the system by providing a copy of the [Water Quality
  Advisory / Boil Water Notice / Do Not Use Water Notice] in person, or in the
  event they are not home by leaving a copy of the Notice in their mailbox.
- Post a copy of this Request and the [Water Quality Advisory / Boil Water Notice / Do Not Use Water Notice] at the following locations and check those locations every \_\_\_\_\_ days to confirm that the posting remains, or re-post as necessary.
- Advise the following local media of the existence of the Request and the [Water Quality Advisory / Boil Water Notice / Do Not Use Water Notice].
- Advise the [LOCAL GOVERNMENT] of the existence of the Request and the [Water Quality Advisory / Boil Water Notice / Do Not Use Water Notice].
- o Document all steps taken to provide notice as outlined above.

#### **Reasons for this Request**

I am making this request for the following reasons:

- [Specify whether the Request is based upon section 14(1)(a), (b) or (c)]
- [Summarize relevant facts and the reasons for the decision to issue this Request e.g. monitoring results, other events etc.]

#### **Duration of this Request**

This Request remains in effect unless and until you are advised by me or another Drinking Water Officer that the Request is amended or rescinded.

Please do not hesitate to contact me if you have any questions respecting this Request.

Yours truly,

[NAME] [TITLE] Attachment

## Sample Boil Water Notice

## **BOIL WATER NOTICE**

Issued pursuant to **[an Order OR a Request]** of a Drinking Water Officer under section 14 of the *Drinking Water Protection Act* 

#### WATER SUPPLY SYSTEM COVERED BY THIS NOTICE

| This Boil Water Notice applies to the following water supply system: |
|--|
| [DESCRIPTION OF SYSTEM], Operating permit number                     |
| and should be followed by all persons using water from the system.   |

#### **REASON FOR THIS NOTICE**

This Notice is being issued because:

#### [Include:

- A description of the drinking water threat that occurred, including the potential health effects
- □ The population at risk
- What the water system is doing to correct the problem]

#### **RECOMMENDATIONS**

The Drinking Water Officer, in consultation with the Medical Health Officer, recommends the following steps be taken to minimize the risks associated with this water system.

[Set out proposed steps including length of boiling required, use of alternate water supplies, avoiding consumption by vulnerable groups etc.]

#### **OBLIGATION OF OWNERS OF PUBLIC PREMISES**

Owners of public premises served by this water system must:

- (a) notify the public that the water is not potable water by posting a sign at every sink or drinking water fountain accessible to the public;
- (b) if normal business practices provide an opportunity, verbally advise any person who may use the domestic water system for a domestic purpose that the water is not potable water.

(See Drinking Water Protection Regulation, section 10)

#### **DURATION OF THIS NOTICE**

This Notice remains in effect unless and until another public notice is issued upon the **[Request OR Order]** of a Drinking Water Officer advising that the Notice has been amended or may be rescinded.

#### WHAT IS A "BOIL WATER NOTICE"

A Boil Water Notice is one of three types of public notices commonly used by Drinking Water Officers. The decision whether to request or order issuance one of these notices rests with the discretion of a Drinking Water Officer, but in general, they are used in the following circumstances:

**Water Quality Advisory** 

Used in situations in which the public health threat posed by the water supply system is modest, and actions can be taken to reduce the risks through means other than requiring a Boil Water Notice or Do Not Use Water Notice.

**Boil Water Notice** 

Used in situations in which the public health threat posed by the water supply system is significant and the nature of the threat is one that can be effectively addressed through boiling of the water.

**Do Not Use Water Notice** Used in situations where a significant public health threat exists in relation to the water supply system, and the threat cannot be adequately addressed through a Water Quality Advisory or Boil Water Notice.

The Drinking Water Officer reserves the right however to Request or Order another form of public notice in relation to this water supply system, if they determine that necessary in future. If that were to occur, a subsequent public notice would be issued.

| QUESTIONS   |
|---|
| If you have any questions concerning this notice, please contact:   |
| , Owner or Operator of the water supply system at <b>[TELEPHONE]</b>  |
| [OR]  |
| [SELECT ONE OR MORE OF THE FOLLOWING, AS APPROPRIATE FOR THE CIRCUMSTANCES AND THE OFFICE / HEALTH AUTHORITY IN QUESTION] |
| , Drinking Water Officer, at <b>[TELEPHONE]</b>   |
| , Medical Health Officer, at <b>[TELEPHONE]</b>   |
| , Environmental Health Officer, at <b>[TELEPHONE]</b>   |
| , Public Health Inspector, at <b>[TELEPHONE]</b>  |
| . Public Health Engineer, at [TELEPHONE]  |

#### **Sample Do Not Use Water Notice**

## DO NOT USE WATER NOTICE

Issued pursuant to **[an Order OR a Request]** of a Drinking Water Officer under section 14 of the *Drinking Water Protection Act* 

#### WATER SUPPLY SYSTEM COVERED BY THIS NOTICE

| This Do Not Use Water Notice applies to the following water supply system | n: |
|---|----|
| [DESCRIPTION OF SYSTEM], Operating permit number                          |    |

and should be followed by all persons using water from the system.

#### **REASON FOR THIS NOTICE**

This Notice is being issued because:

#### [Include:

- A description of the drinking water threat that occurred, including the potential health effects
- □ The population at risk
- What the water system is doing to correct the problem]

#### **RECOMMENDATIONS**

The Drinking Water Officer, in consultation with the Medical Health Officer, recommends that the water from this water supply system not be used for domestic purposes—i.e., it should not be used for drinking, cooking, bathing [ADD / EDIT AS NECESSARY]—until further notice.

[Specify alternate sources of water that may be used]

#### **OBLIGATION OF OWNERS OF PUBLIC PREMISES**

Owners of public premises served by this water system must:

- (c) notify the public that the water is not potable water by posting a sign at every sink or drinking water fountain accessible to the public;
- (d) if normal business practices provide an opportunity, verbally advise any person who may use the domestic water system for a domestic purpose that the water is not potable water.

(See Drinking Water Protection Regulation, section 10)

#### **DURATION OF THIS NOTICE**

This Notice remains in effect unless and until another public notice is issued upon the **[Request OR Order]** of a Drinking Water Officer advising that the Notice has been amended or may be rescinded.

#### WHAT IS A "DO NOT USE WATER NOTICE"

A Do Not Use Water Notice is one of three types of public notices commonly used by Drinking Water Officers. The decision whether to request or order issuance one of these notices rests with the discretion of a Drinking Water Officer, but in general, they are used in the following circumstances:

Water Quality Advisory

Used in situations in which the public health threat posed by the water supply system is modest, and actions can be taken to reduce the risks through means

other than requiring a Boil Water Notice or Do Not Use

Water Notice.

**Boil Water Notice** Used in situations in which the public health threat

posed by the water supply system is significant and the

nature of the threat is one that can be effectively

addressed through boiling of the water.

**Do Not Use Water Notice** Used in situations where a significant public health

threat exists in relation to the water supply system, and the threat cannot be adequately addressed through a

Water Quality Advisory or Boil Water Notice.

The Drinking Water Officer reserves the right however to Request or Order another form of public notice in relation to this water supply system, if they determine that necessary in future. If that were to occur, a subsequent public notice would be issued.

#### **QUESTIONS**

| If you have any questions concerning this notice, please contact:   |
|---|
| , Owner or Operator of the water supply system at <b>[TELEPHONE]</b>  |
| [OR]  |
| [SELECT ONE OR MORE OF THE FOLLOWING, AS APPROPRIATE FOR THE CIRCUMSTANCES AND THE OFFICE / HEALTH AUTHORITY IN QUESTION] |
| , Drinking Water Officer, at <b>[TELEPHONE]</b>   |
| , Medical Health Officer, at <b>[TELEPHONE]</b>   |
| , Environmental Health Officer, at <b>[TELEPHONE]</b>   |
| , Public Health Inspector, at <b>[TELEPHONE]</b>  |
| , Public Health Engineer, at <b>[TELEPHONE]</b>   |

### Sample Hazard Abatement and Prevention Order

| [DATE]                  |              |          |           |             |            |           |
|-------------------------|--------------|----------|-----------|-------------|------------|-----------|
| [person to<br>[Address] | :he hazaro   | l abatem | ent order | is issued - | see Sectio | on 25(2)] |
| Dear                    | <br><b>:</b> |          |           |             |            |           |

#### Re: Hazard Abatement or Prevention Order

This letter constitutes an Order under section 25 of the *Drinking Water Protection Act* (the "Act"). For your ease of reference, I enclose a copy of the Act.

#### **Action required**

The action that I am ordering you to take is as follows:

#### [SPECIFY, HAVING REGARD TO RANGE OF POWERS SET OUT IN SECTION 25(3)]

#### **Reasons for this Order**

I am issuing this Order because I have reason to believe that **[a health hazard exists AND / OR there is a significant risk of an imminent drinking water health hazard]**. I have formed this belief in the circumstances of this case for the following reasons:

#### [SPECIFY]

#### **Authority to issue this Order**

I have issued this Order under my authority as a Drinking Water Officer under section 4 of the Act.

#### [OR]

I have issued this Order as a person who has been delegated the powers and duties of a Drinking Water Officer, under section 4(3) of the Act.

#### **Duration of this Order**

This Order remains in effect unless and until you are notified in writing by me or another Drinking Water Officer that the Order is amended or rescinded.

#### Right for review or reconsideration

You may request that I reconsider this decision if you believe that there is sufficient new evidence for this purpose. You may also request that this decision be reviewed by the Provincial Health Officer or a Medical Health Officer nominated by him.

If you wish to make a request for reconsideration or review, please review section 39.1 of the *Drinking Water Protection Act*. I can also provide you with forms if you wish, but there is no requirement to use a specific form.

Please note however that a request for reconsideration or review does not put the Order into abeyance while any such request is considered. If you believe that the Order should be deferred while a review or reconsideration is requested, please advise me accordingly and I will consider whether to amend the Order accordingly. Unless I do so, the Order remains in force during any period of review or reconsideration.

#### **Consequences of failure to comply**

It is an offence under the *Drinking Water Protection Act* to fail to comply with an Order under section 25. Penalties upon conviction for an offence may be up to \$200,000 per day and up to 12 months imprisonment. In addition, if you fail to comply with the Order, a Drinking Water Officer may take or authorize actions to be taken as necessary, at your expense (see sections 27 and 28).

Please do not hesitate to contact me if you have any questions respecting this Order.

Yours truly,

[NAME] [TITLE]

Enclosure

[cc: registered owner of land in cases where order is directed against a person who is not the owner, as per section 25(4)]

## Sample Letter Advising that Action May be Taken and Costs Recovered Under Section 27

| [DATE]  |
|---|
| [person to whom hazard abatement or contravention order was issued]<br>[Address]  |
| Dear:   |
| Re: Notice under section 27 of the <i>Drinking Water Protection Act</i>   |
| On [ <b>DATE</b> ] a <b>[hazard prevention OR contravention]</b> Order was issued to you under section <b>[25 OR 26]</b> of the <i>Drinking Water Protection Act</i> . To date, it appears that you have failed to take the following actions required by that Order:                   |
| [SPECIFY]   |
| I am writing to direct, pursuant to section 27, that if you fail to take the outstanding action necessary to comply with the Order by <b>[DATE]</b> , the action may be taken by the Health Authority or a person authorized by it, at your expense, and without further notice to you. |
| Please note that under section 27(3) and (4) of the Act, cost recovery can be pursued by way of a claim for debt in court, or by adding the costs and expenses to property taxes under section 27(4). For your ease of reference, I enclose a copy of the Act.                          |
| If you have any questions concerning this letter, please contact me at <b>[TELEPHONE]</b> .   |
| Yours truly,  |
| [NAME]<br>[TITLE]   |
| Enclosure   |
| [cc: registered owner of land in cases where order is directed against a person who is not the owner, as per section 26(4) and 25(4)]   |

#### **Sample Contravention Order**

| [DATE]                       | -            |        |  | _ |
|------------------------------|--------------|--------|--|---|
| [Name of person<br>[Address] | in contravei | ntion] |  |   |
| Dear                         | <b>:</b>     |        |  |   |

This letter constitutes a Contravention Order under section 26 of the *Drinking Water Protection Act*, S.B.C. 2001, C. 9 (copy enclosed). It is issued on the basis that I have reason to believe you are in contravention of the following sections of the Act:

#### [SPECIFY SECTIONS]

#### **Reasons for this Order**

I am issuing this Order because I have reason to believe you are in contravention for the following reasons:

#### [SPECIFY REASONS]

#### **Action required**

The action that I am ordering you to take is as follows:

## [SPECIFY, HAVING REGARD TO RANGE OF POWERS SET OUT IN SECTION 26(3), AND INCLUDE TIMEFRAMES]

#### Right for review or reconsideration

You may request that I reconsider this decision if you believe that there is sufficient new evidence for this purpose. You may also request that this decision be reviewed by the Provincial Health Officer or a Medical Health Officer nominated by him.

If you wish to make a request for reconsideration or review, please review section 39.1 of the *Drinking Water Protection Act*. I can also provide you with forms if you wish, but there is no requirement to use a specific form.

Please note however that a request for reconsideration or review does not put the Order into abeyance while any such request is considered. If you believe that the Order should be deferred while a review or reconsideration is requested, please advise me accordingly

and I will consider whether to amend the Order accordingly. Unless I do so, the Order remains in force during any period of review or reconsideration.

#### **Authority to issue this Order**

I have issued this Order under my authority as a Drinking Water Officer under section 4 of the Act.

#### [OR]

I have issued this Order as a person who has been delegated the powers and duties of a Drinking Water Officer, under section 4(3) of the Act.

#### **Consequences of failure to comply**

It is an offence under the *Drinking Water Protection Act* to fail to comply with an Order under section 25. Penalties upon conviction for an offence may be up to \$200,000 per day and up to 12 months imprisonment. In addition, if you fail to comply with the Order, a Drinking Water Officer may take or authorize actions to be taken as necessary, at your expense (see sections 27 and 28).

Yours truly,

[NAME] [TITLE]

Enclosure

# Sample Letter Requesting Information about "Owners" of a System

| [DATE]                   |                   |   |
|--------------------------|-------------------|---|
| [Recipient]<br>[Address] |                   |   |
| Dear                     |                   | <u></u> :   |
|                          |                   | e that I am presently reviewing <b>[concerns OR outstanding issues</b> ] supply system located at, which serves <b>[DESCRIBE]</b> .   |
| within the c             | lefinition        | g so, it is appropriate that I consider which party or parties may fall of "owner" of the water supply system as that term is defined in king Water Protection Act. Specifically, section 1 states: |
| "ow                      | ner" in re        | lation to a water supply system includes  |
| (a)                      | (i)               | on who is<br>responsible for the ongoing operation of the water supply system, or<br>in charge of managing that operation, and  |
| (b)                      | If<br>(i)<br>(ii) | parts of the water supply system are owned by different persons, or all or part of the system is jointly owned by different persons,  |
| all of                   | f those pe        | ersons;   |
| •                        | he definit        | mation as to the names and addresses of parties that may potentially ion of "owner" I would appreciate if you could contact me at   |
| Yours truly,             |                   |   |
| [NAME]<br>[TITLE]        |                   |   |

### Sample Letter Advising a Person They May be Considered an "Owner" of a System

| [DATE]                   |                      |  |
|--------------------------|----------------------|--|
| [Recipient]<br>[Address] |                      |  |
| Dear:                    |                      |  |
| _                        |                      | ise that I am presently reviewing <b>[concerns OR outstanding issues</b> ] er supply system located at, which serves <b>[DESCRIBE]</b> .   |
| within the d             | lefinitio            | ing so, it is appropriate that I consider which party or parties may fall n of "owner" of the water supply system as that term is defined in <i>nking Water Protection Act</i> . Specifically, section 1 states: |
| "owr                     | ner" in r            | elation to a water supply system includes  |
| (c)                      | a per<br>(i)<br>(ii) | rson who is<br>responsible for the ongoing operation of the water supply system, or<br>in charge of managing that operation, and   |
| (d)                      | If<br>(i)<br>(ii)    | parts of the water supply system are owned by different persons, or all or part of the system is jointly owned by different persons,   |
| all of                   | those i              | persons;   |

It appears to me that you may fall within the definition of being an "owner" on the basis that **[EXPLAIN]**. However, before I reach any conclusion in this regard, I wish to provide you with an opportunity to make your views known to me, and to provide any information you consider relevant.

Please provide any response you may have by **[DATE]**. In considering any response, I would encourage you to review the various provisions of the Act that relate to the rights and responsibilities of owners, including the various requests and orders that can be

made by a Drinking Water Officer in relation to an owner. For your ease of reference I enclose a copy of the Act.

Please note that if I do not receive a response from you by **[DATE]** I will consider you to be an "owner" of the system, as defined in the *Drinking Water Protection Act*, and may take further action I consider appropriate. This could include orders directed against you, or other steps that may result in financial liability by you.

Please do not hesitate to call me at **[TELEPHONE]** if you have any questions regarding this letter.

Yours truly,

[NAME] [TITLE]

Enclosure

#### Sample Water System Hazard Rating Assessment Tool

The following water system assessment tool was developed by a Health Authority. It is a simple tool that aids a drinking water officer in determining the hazard rating associated with an individual water supply system by providing a basic hazard rating depending on the level of risk of various components and factors of the water supply system. The drinking water officer has discretion to use whatever information available and deemed relevant to make a determination related to risk ratings. The final decision concerning the overall risk of the water supply system is at the discretion of the drinking water officer.

**How to Use**: Go through each category and choose the component/factor that best reflects the individual water supply system. Circle or make note of the corresponding risk rating number for the given component/factor. Once complete, add up the risk rating numbers to determine the corresponding hazard rating for the system as a whole: high, medium or low (see *Hazard Rating Upper Limits* in the grey table).

|                | 5  |
|----------------|--|
|                | 5  |
|                | 4  |
|                | 3  |
|                | 3  |
|                |  |
|                |  |
|                | 10   |
|                | 8  |
|                | 5  |
|                | 3  |
|                |  |
|                |  |
| Hospitals      |  |
| Child Care     |  |
| Adult Care     |  |
| Camps/Campsite |  |
| Schools        |  |
| Restaurants    |  |
|                | 1  |
|                | I  |
|                | Child Care Adult Care Camps/Campsite Schools |

| Item          | Risk Rating |
|---------------|-------------|
| Water Source  |             |
| Surface Water | 10          |
| Combined      | 8           |
| Shallow Well  | 7           |
| Deep Well     | 3           |

| Item                      | Risk Rating |
|---------------------------|-------------|
| Surface Water Treatment   |             |
| Not Disinfected           | 15          |
| Disinfected               | 10          |
| Disinfected, Residual     | 8           |
| Disinfected, Parasite     |             |
| Reduction                 | 6           |
| Disinfected, Parasite     | 2           |
| Reduction, Residual       | 2           |
|                           |             |
| Shallow Well Water Treat  |             |
| Not Disinfected           | 12          |
| Disinfected               | 10          |
| Disinfected, Residual     | 8           |
| Disinfected, Parasite     | 6           |
| Reduction                 |             |
| Disinfected, Parasite     | 2           |
| Reduction, Residual       |             |
| Deep Well Water Treatme   | nt          |
| Untreated                 | 5           |
| Treated                   | 1           |
|                           |             |
| 1. Bacteriological Histor | ry          |
| Current Permanent Boil    | 15          |
| Advisory                  | 13          |
| Current Periodic Boil     | 12          |
| Advisory                  | 12          |
| Past Boil Advisories or   |             |
| Periodic Unsatisfactory   | 9           |
| Results                   |             |
| Meets Guidelines          | 1           |

| Item                     | Risk Rating |  |  |
|--------------------------|-------------|--|--|
|                          |             |  |  |
| 2. Chemical History      |             |  |  |
| Insufficient Chemical    | 5           |  |  |
| Analysis History         | 3           |  |  |
| Chemical Contamination   |             |  |  |
| Identified - No          | 5           |  |  |
| Treatment                |             |  |  |
| Chemical Contamination   |             |  |  |
| Identified - Appropriate | 3           |  |  |
| Treatment                |             |  |  |
| Meets Guidelines         | 1           |  |  |
|                          |             |  |  |
| 3. Emergency Plan        |             |  |  |
| Not Submitted            | 10          |  |  |
| Incomplete Plan          | 5           |  |  |
| Complete Plan            | 1           |  |  |
|                          |             |  |  |
| 4. Maintenance           |             |  |  |
| Insufficient Information | 15          |  |  |
| Poor Attention           | 12          |  |  |
| Moderate Attention       | 4           |  |  |
| Excellent Attention      | 1           |  |  |
| 5. Staff Training        |             |  |  |
| Insufficient Information | 10          |  |  |
| No Training              | 10          |  |  |
| Some Training            | 5           |  |  |
| Completed Certificate    | 1           |  |  |
| Program                  | '           |  |  |

Add up the risk rating numbers to determine the corresponding hazard rating: high, medium or low

| Hazard Rating Upper Limits |     |  |
|----------------------------|-----|--|
| Total Possible:            | 101 |  |
|                            |     |  |
| High                       | 101 |  |
| Moderate                   | 65  |  |
| Low                        | 45  |  |

## **Sample Request for Reconsideration Form**

| REQUEST FOR RECONSIDERATION OF A DECISION OF A DRINKING WATER OFFICER  |  |  |  |  |
|--|--|--|--|--|
| Pursuant to section 39.1 of the <i>Drinking Water Protection Act</i> , I request reconsideration of the following decision of a Drinking Water Officer:  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| (Please attach a copy of the decision letter or order issued by the Drinking Water Officer)  |  |  |  |  |
| I consider this decision is subject to reconsideration under section 39.1 on the basis that it is a decision under:  |  |  |  |  |
| <ul> <li>section 19 [drinking water officer authority in relation to assessments]</li> <li>section 25 [hazard abatement and prevention orders]</li> <li>section 26 [orders respecting contraventions]</li> <li>section 31(4) [request respecting plan initiation]</li> <li>it was a decision that resulted from a reconsideration of one of the above</li> </ul> |  |  |  |  |
| ☐ it was a decision that resulted from a reconsideration of one of the above  I make this request on the basis of the following new evidence:  (attach documents as necessary)   |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

| I consider this new evidence to justify because: | a reconsideration and d | ifferent decision |
|--|-------------------------|-------------------|
|  |                         | _                 |
|  |                         | _                 |
|  |                         | _                 |
| Name and contact information for per             | son making the request  | :                 |
| Name:  |                         | _                 |
| Address:   |                         |                   |
| Telephone:                                       |                         |                   |
|  |                         |                   |
|  |                         |                   |
| Date   | Signature               |                   |

When completed, please send this form to [CONTACT NAME OR TITLE], at:

[ADDRESS] [FAX NUMBER]

## **Sample Notice to Third Parties on Request for Review**

| <del></del>   |
|---|
| [DATE]  |
| [Person requesting the review]:<br>[Address]  |
| Dear:   |
| I have reviewed your request for review of the decision of <b>[NAME]</b> , <b>[TITLE]</b> under section 39.1 of the <i>Drinking Water Protection Act</i> .  |
| Before reaching a decision on this matter, I have determined, pursuant to section 39.1(c), that it is appropriate for you to give notice of this request to the following person(s):                          |
| [SPECIFY, INCLUDING ADDRESSES]  |
| In this regard, I am directing you to provide the above named persons(s) with the following information, at the address(es) noted above:  |
| <ul> <li>A copy of this letter</li> <li>A copy of your request for review form (including all attachments)</li> <li>[OTHER]</li> </ul>  |
| This notice must be provided by <b>[DATE]</b> .   |
| I will give the above noted person until <b>[DATE PLUS 10 DAYS OR AS OTHERWISE DETERMINED]</b> to make any submission they consider appropriate. They must also provide a copy of any such submission to you. |
| If you have any response to such submissions, you must provide that to me by <b>[DATE PLUS 15 DAYS OR AS OTHERWISE DETERMINED]</b> , with a copy to the other party(ies).                                     |
| Yours truly,  |
| [NAME] [TITLE]  |



# REQUEST FOR REVIEW OF A DRINKING WATER OFFICER DECISION

(Please note that reviews are conducted on the material that was before the Drinking Water Officer when the decision was made. New evidence cannot be submitted or considered on a review. If you have new evidence that you consider relevant, you may wish to ask the Drinking Water Officer to reconsider his/her decision. An alternate form is available for such requests.)

| Pursuant to section 39.1 of the <i>Drinking Water Protection Act</i> , I request a review of the following decision of a Drinking Water Officer: (Please attach copy of decision letter/order issued by Drinking Water Officer) |  |               |  |  |  |  |
|---|--|---------------|--|--|--|--|
|   |  |               |  |  |  |  |
| I consider this decision is to be subject to review under section 39.1, on the basis that it is a decision that was made under:   |  |               |  |  |  |  |
|   | section 19 [drinking water officer authority in relation to assessments] |               |  |  |  |  |
|   | section 25 [hazard abatement and prevention orders]                      |               |  |  |  |  |
|   | section 26 [orders respecting contraventions]                            |               |  |  |  |  |
|   | section 31(4) [request respecting plan initiation]                       |               |  |  |  |  |
|   | it was a decision that resulted from                                     | a reconsidera | ation of one of the above  |  |  |  |
| I believe that the decision should be reversed or varied for the following reasons:   |  |               |  |  |  |  |
|   |  |               |  |  |  |  |
|   |  |               |  |  |  |  |
|   |  |               |  |  |  |  |
| (101  | and the same of the same of  |               |  |  |  |  |
| (Please attach additional pages if necessary)  Contact information for person making the request:   |  |               |  |  |  |  |
| Name:   | tormation for person making the req                                      | iucsi.        | D.'  |  |  |  |
| Address:  |  |               | Print and mail completed form to:  Office of the Provincial Health Officer |  |  |  |
| City:   |  |               | PO Box 9648, STN PROV GOVT   |  |  |  |
| Phone:  | Postal Code:   |               | 1515 Blanshard St., 4 <sup>th</sup> Floor<br>Victoria BC V8W 9P4           |  |  |  |
| Signature:  |  |               | Date:  |  |  |  |