

NAME: BUILDING PERMITS - EVIDENCE OF POTABLE WATER

**DATE OF ADOPTION: Administration - April 5, 2004
Council - April 13, 2004**

COUNCIL MINUTE NO. 2004.12.25

Where a new dwelling unit is being constructed with the benefit of a building permit, prior to the dwelling unit being occupied and/or the Township issuing an occupancy permit under Article 2.4.3.2 of the Ontario Building Code, the owner shall provide evidence that the water distribution system shall convey potable water as required by Sentences 7.1.6.3(1) and 1.1.3.2(1) of the Code.

Evidence shall include a tested water sample taken by, and a report from, a qualified independent third party that is a professional engineer, hydrogeologist, licensed well technician or other qualified individual approved in advance by the Township. The parameters tested in the water sample will include:

Bacteriological Parameters	–	total coliform
	-	fecal coliform
	-	Escherichia coliform
Chemical Parameters	-	nitrate
	-	fluoride
	-	sodium
	-	chloride
	-	iron
	-	manganese
	-	sulphide
	-	sulphate
	-	pH
	-	conductivity
	-	hardness
	-	turbidity

The sample shall be taken using accepted testing procedures from the on site water source for the dwelling unit, and the sample will be tested by a certified laboratory, which indicates the test results and the associated Ontario Drinking Water Standards acceptable levels.

The report will identify the person who took the sample, when it was taken, and what sampling procedure was followed. The name of the certified laboratory will also be indicated. If there are any water quality exceedances, the qualified third party will recommend the preferred method of treatment to ensure potable water.

The owner shall have the water treatment system installed and the qualified third party will ensure the installation follows the manufacturer's instructions and is tested to ensure it is operating correctly.

Evidence shall also indicate that the homeowner has been given a written long-term maintenance and testing program for the water source and the treatment system.

REVISION NO. _____ DATE _____ MINUTE NO. _____