

Addendum to Drinking Water Source Protection Screening Form

Office Use Only

Roll Number: _____

File Number: _____

Submission Date: _____

WHPA, IPZ, ICA: _____

Vulnerability Score: _____

The Addendum to Drinking Water Source Protection Screening Form is **applicable only for subsequent related planning and/or building applications WHERE THE ACTIVITIES HAVE NOT CHANGED** (*for example, a Drinking Water Source Protection Screening Form has already been filed out for a consent application and there is a building permit application, but nothing has changed since the consent application was completed*). If anything from the previous form has changed, a new Drinking Water Source Protection Screening Form must be filled out.

Proposal (Please check all that apply to **this** application, do not include those that apply only to the previously completed application):

Building	
	New Structure
	Expansion or Conversion of an Existing Structure
	New Septic System
	Replacement Septic System
	Geothermal System (Transport Pathway)
	Change of Use

Planning	
	Minor Variance
	Official Plan Amendment
	Consent Application
	Zoning By-law Amendment Application
	Subdivision/Condominium Application
	Site Plan Application

Declaration (Owner or Applicant) or Person Engaged in Activity

Owner

I, _____, declare that the information contained in the previously submitted application dated _____, and all attached documentation has not changed and is true to the best of my knowledge.

Date

Signature

Applicant or Authorized Agent

I, _____, declare that the information contained in the previously submitted application dated _____, and all attached documentation has not changed and is true to the best of my knowledge.

Date

Signature

Information is collected pursuant to the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c. M.56 and the *Clean Water Act*, 2006, S.O. 2006, c. 22 for the administration and enforcement of the *Clean Water Act*. Please note that business identity information is not considered personal information pursuant to the *Municipal Freedom of Information and Protection of Privacy Act*.

For any inquiries about the collection of this information, please contact the Risk Management Official, Wellington Source Water Protection, 7444 Wellington Road 21, Elora, ON, N0B 1S0, 519-846-9691 ext. 362.