

Schedule C – Director’s Directions for Operational Plans (Subject System Description Form) Municipal Residential Drinking Water System

Fields marked with an asterisk (*) are mandatory.

Owner of Municipal Residential Drinking Water System *
Corporation of the Town of Niagara-on-the-Lake

Subject Systems

Name of Drinking Water System (DWS) *	Licence Number *	Name of Operating Subsystems (If applicable)	Name of Operating Authority *	DWS Number(s) *
1. Niagara on the Lake Distribution System	069-102		Town of Niagara-on-the-Lake	260001380

Contact Information for Questions Regarding the Operational Plan

Primary Contact

Last Name *	First Name *	Middle Initial
Wills	Darrin	A
Title *	Telephone Number *	Email Address *
Engineering Technologist, DWQMS	905-468-3061 ext. 272	darrin.wills@notl.com

Secondary Contact

Last Name	First Name	Middle Initial
MacKenzie	Darren	
Title	Telephone Number	Email Address
Manager of Public Works	905-468-3061 ext. 277	darren.mackenzie@notl.com