

**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 Whitchurch-Stouffville**Subject Systems**

Name of Drinking Water System (DWS) *	Licence Number *	Name of Operating Subsystems (if applicable)	Name of Operating Authority *	DWS Number(s) *
1. Stouffville Water Distribution System	132-102		Town of Whitchurch-Stouffville	WW260003162

Contact Information for Questions Regarding the Operational Plan**Primary Contact**

Last Name *	First Name *	Middle Initial
Leney	Chris	
Title *	Telephone Number *	Email Address *

Water/Wastewater Supervisor

905-640-1126 ext. 4257

chris.leney@townofws.ca

Secondary Contact

Last Name	First Name	Middle Initial
Sullivan	Matt	
Title	Telephone Number	Email Address

Manager of Environmental Services

905-640-1126 ext. 4221

matt.sullivan@townofws.ca