Ministry of the Ministère de Environment l'Environnement

Part III Form 2 Section 11. ANNUAL REPORT.

Drinking-Water System Number:	
Drinking-Water System Name:	
Drinking-Water System Owner:	
Drinking-Water System Category:	
Period being reported:	

Complete for all other Categories.
Number of Designated Facilities served:
Did you provide a copy of your annual report to all Designated Facilities you serve? Yes [] No []
Number of Interested Authorities you report to:
Did you provide a copy of your annual report to all Interested Authorities you report to for each Designated Facility? Yes [] No []

List Drinking-Water Systems, which receive all of their drinking water from your system:

Did you provide a copy of your annual report to all Drinking-Water System owners that are connected to you and to whom you provide all of its drinking water? Yes [] No []

Indicate how you notified system users that your annual report is available, and is free of charge.

- [] Public access/notice via the web
- [] Public access/notice via Government Office
- [] Public access/notice via a newspaper

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- [] Public access/notice via Public Request
- [] Public access/notice via a Public Library
- [] Public access/notice via other method _

Describe your Drinking-Water System

List all water treatment chemicals used over this reporting period

Were any significant expenses incurred to?

- [] Install required equipment
- [] Repair required equipment
- [] Replace required equipment

Describe

Provide details on the notices submitted in accordance with subsection 18(1) of the Safe Drinking-Water Act or section 16-4 of Schedule 16 of O.Reg.170/03 and reported to Spills Action Centre?

Incident Date	Parameter	Result	Unit of Measure	Corrective Action	Corrective Action Date

Microbiological testing done under section 8 (2) during this reporting period

	Number of Samples	Range of E.Coli or Fecal Results (#-#)	Range of Total Coliform Results (#-#)	Number of HPC Samples	Range of HPC Results (#-#)
Raw					
Treated					
Distribution					

Invironment

Operational testing done under Schedule 7, 8 or 9 during the period covered by this Annual Report.

	Number of Grab Samples	Range of Results (#-#)
Turbidity		
Chlorine		
Fluoride (If the DWS provides fluoridation)		

NOTE: For continuous monitors use 8760 as the number of samples.

NOTE: Record the unit of measure if it is not milligrams per litre.

Summary of additional testing and sampling carried out in accordance with the requirement of an approval or order.

Date of order or C of A	Parameter	Date Sampled	Result	Unit of Measure

Summary of Inorganic parameters tested during this reporting period or most recent

Parameter	Sample Date	Result Value	Unit of Measure	Exceedance
Antimony				
Arsenic				
Barium				
Boron				
Cadmium				
Chromium				
Lead				
Mercury				
Selenium				
Uranium				
Fluoride				
Nitrite				
Nitrate				

Summary of Organic parameters sampled during this reporting period or most recent

Parameter	Sample	Result	Unit of	Exceedance
	Date	Value	Measure	
Alachlor				
Aldicarb				
Aldrin + Dieldrin				
Atrazine + N-dealkylated metobolites				
Azinphos-methyl				
Bendiocarb				
Benzene				

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Drinking-Water Systems Regulation O. Reg. 170/03

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Drinking-Water Systems Regulation O. Reg. 170/03

Tetrachloroethylene		
2,3,4,6-Tetrachlorophenol		
Triallate		
Trichloroethylene		
2,4,6-Trichlorophenol		
2,4,5-Trichlorophenoxy acetic acid (2,4,5-T)		
Trifluralin		
Vinyl Chloride		

List any Inorganic or Organic parameter(s) that exceeded half the standard prescribed in Schedule 2 of Ontario Drinking Water Quality Standards.

Parameter	Result Value	Unit of Measure	Date of Sample			

(Only if category is large municipal residential, small municipal residential, large municipal non residential, small municipal non residential, large non municipal non residential)

ATTACHMENT A

Provide details on the notices submitted in accordance with subsection 18(1) of the Safe Drinking-Water Act or section 16-4 of Schedule 16 of O.Reg.170/03 and reported to Spills Action Centre?

Incident Date	Parameter	Result	Unit of Measure	Corrective Action	Corrective Action Date
July 8, 2003	Total Coliform P-A	Presumptive	P-A/100ml	Upon notification of adverse water	July 11, 2003
July 8, 2003	Total Coliform P-A	Confirmed	P-A/100ml	quality the watermain adjacent to the sampling site	July 11, 2003
November 3, 2003	Total Coliform	1	CFU/100ml	from where the adverse sample was	November 4, 2003
November 23, 2003	Total Coliform	1	CFU/100ml	 collected is flushed and the area is re- sampled. 	November 27, 2003