

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:

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Complete if your Category is Large Municipal Residential or Small Municipal Residential

Does your Drinking-Water System serve more than 10,000 people? Yes [] No []

Is your annual report available to the public at no charge on a web site on the Internet? Yes [] No []

Location where Summary Report required under O. Reg. 170/03 Schedule 22 will be available for inspection.

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Complete for all other Categories.

Number of Designated Facilities served:

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Did you provide a copy of your annual report to all Designated Facilities you serve? Yes [] No []

Number of Interested Authorities you report to:

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Did you provide a copy of your annual report to all Interested Authorities you report to for each Designated Facility? Yes [] No []

Note: For the following tables below, additional rows or columns may be added or an appendix may be attached to the report

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

| Drinking Water System Name | Drinking Water System Number |
|----------------------------|------------------------------|
| | |

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 []

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

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
☐ 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

Please provide a brief description and a breakdown of monetary expenses incurred

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

Microbiological testing done under the Schedule 10, 11 or 12 of Regulation 170/03, during this reporting period.

| | Number of Samples | Range of E.Coli Or Fecal Results (min #)-(max #) | Range of Total Coliform Results (min #)-(max #) | Number of HPC Samples | Range of HPC Results (min #)-(max #) |
|--------------|-------------------|--|---|-----------------------|--------------------------------------|
| Raw | | | | | |
| Treated | | | | | |
| Distribution | | | | | |

Operational testing done under Schedule 7, 8 or 9 of Regulation 170/03 during the period covered by this Annual Report.

| | Number of Grab Samples | Range of Results (min #)-(max #) |
|---|------------------------|----------------------------------|
| 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, order or other legal instrument.

| Date of legal instrument issued | Parameter | Date Sampled | Result | Unit of Measure |
|---------------------------------|-----------|--------------|--------|-----------------|
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Summary of Inorganic parameters tested during this reporting period or the most recent sample results

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

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|---------|--|--|--|--|
| Nitrite | | | | |
| Nitrate | | | | |

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

| Parameter | Sample Date | Result Value | Unit of Measure | Exceedance |
|---|-------------|--------------|-----------------|------------|
| Alachlor | | | | |
| Aldicarb | | | | |
| Aldrin + Dieldrin | | | | |
| Atrazine + N-dealkylated metabolites | | | | |
| Azinphos-methyl | | | | |
| Bendiocarb | | | | |
| Benzene | | | | |
| Benzo(a)pyrene | | | | |
| Bromoxynil | | | | |
| Carbaryl | | | | |
| Carbofuran | | | | |
| Carbon Tetrachloride | | | | |
| Chlordane (Total) | | | | |
| Chlorpyrifos | | | | |
| Cyanazine | | | | |
| Diazinon | | | | |
| Dicamba | | | | |
| 1,2-Dichlorobenzene | | | | |
| 1,4-Dichlorobenzene | | | | |
| Dichlorodiphenyltrichloroethane (DDT) + metabolites | | | | |
| 1,2-Dichloroethane | | | | |
| 1,1-Dichloroethylene (vinylidene chloride) | | | | |
| Dichloromethane | | | | |
| 2,4-Dichlorophenol | | | | |
| 2,4-Dichlorophenoxy acetic acid (2,4-D) | | | | |
| Diclofop-methyl | | | | |
| Dimethoate | | | | |
| Dinoseb | | | | |
| Diquat | | | | |
| Diuron | | | | |
| Glyphosate | | | | |
| Heptachlor + Heptachlor Epoxide | | | | |
| Lindane (Total) | | | | |
| Malathion | | | | |
| Methoxychlor | | | | |
| Metolachlor | | | | |

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| Metribuzin | | | | |
| Monochlorobenzene | | | | |
| Paraquat | | | | |
| Parathion | | | | |
| Pentachlorophenol | | | | |
| Phorate | | | | |
| Picloram | | | | |
| Polychlorinated Biphenyls(PCB) | | | | |
| Prometryne | | | | |
| Simazine | | | | |
| THM (NOTE: show latest annual average) | | | | |
| Temephos | | | | |
| Terbufos | | | | |
| 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 |
|-----------|--------------|-----------------|----------------|
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(Only if DWS category is large municipal residential, small municipal residential, large municipal non residential, non municipal year round residential, large non municipal non residential)