

DRINKING WATER SYSTEM ANNUAL REPORT

Reporting Period: January 1st to December 31st, (year)

Water System

Water System Owner

Primary Contact Name (Operator or Manager)

Phone Number (Operator or Manager)

E-mail (Operator or Manager)

DESCRIBE YOUR WATER SUPPLY SYSTEM

What is the Source(s) of Raw Water?

Deep Well Shallow Well Surface Water Other

If other, specify details:

Does the Drinking Water System have Primary Disinfection? Yes No

Chlorination Ultraviolet Light Ozone Other

If other, specify details:

Does the Drinking Water System have Secondary Disinfection? Yes No

Chlorination Other

If other, specify details:

Does the Drinking Water System have Filtration? Yes No

Check all boxes that apply

Cartridge Filter(s) Carbon Filter Sand Filtration Reverse Osmosis Other

If other, specify details:

PUBLIC REPORTING

Emergency Response & Contingency Plan (ERCP)

Is your ERCP up to Date? Yes No

How do you Inform the System Users of the ERCP?

Hand Delivered Bulletin Board Newspaper Utility Bill Insert Website

Other (specify details)

Drinking Water System Annual Report

How do you Inform the System Users of the Annual Report?

Hand Delivered Bulletin Board Newspaper Utility Bill Insert Website

Other (specify details)

COMPLIANCE WITH OPERATING PERMIT

List the conditions of your Operating Permit (Contact the DWO for a copy if needed):

Are you in compliance with your Operating Permit? Yes No

BACTERIOLOGICAL TESTING AND DRINKING WATER PROTECTION REGULATION WATER QUALITY STANDARDS

How many bacteriological samples were collected during this reporting period? _____

What is the minimum required sampling frequency for this system? (#samples/month) _____

Additional sampling details: _____

Was the minimum required sampling frequency achieved? Yes No

Comments: _____

Bacteriological summary attached to this report? Yes No

If no, how do the users of the system view the results?

WATER QUALITY STANDARDS FOR POTABLE WATER

| <i>Parameter:</i> | <i>Standard:</i> | <i>Did this system meet standard?</i> | |
|---|--|---------------------------------------|-----------------------------|
| Escherichia coli (for all samples) | No detectable <i>Escherichia coli</i> per 100ml | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Total Coliform Bacteria (if only 1 sample collected in a 30 day period) | No detectable total coliform bacteria per 100ml | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Total Coliform Bacteria (if more than 1 sample collected in a 30 day period) | No more than 10% of samples contain total coliform bacteria, and No sample has more than 10 total coliform bacteria per 100ml | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If the system did not meet any of above Drinking Water Protection Regulation standards, record the results in the table below; attach additional sheets if necessary.

| Date | TC/100ml | E.coli/100ml | Reason | Corrective Action |
|------|----------|--------------|--------|-------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

CHEMICAL SAMPLING COMPLETED DURING THIS REPORTING PERIOD

Was any chemical sampling conducted during reporting period? Yes No

| | |
|---|--|
| <p>If no, when were the last chemical samples conducted for this system? (date) <input type="checkbox"/> Don't Know <input type="checkbox"/> Never</p> | <p>If yes, did all water samples meet the Guidelines for Canadian Drinking Water Quality? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
|---|--|

If any water samples did not meet the Guidelines for Canadian Drinking Water Quality, record the results in the table below; attach additional sheets if necessary.

| Parameter | Result | Corrective Action / Treatment / Comments |
|-----------|--------|--|
| | | |
| | | |
| | | |
| | | |

ADDITIONAL TESTING

Does the system have analyzers for continuous monitoring? Yes No

If yes, check all boxes that apply:

Chlorine Turbidity Other (details)

Are the results available on request?

If any additional testing or sampling was conducted, record results in the table below; attach additional sheets if necessary.

| Additional Testing & Reason for Sampling | Corrective Action Taken |
|--|-------------------------|
| | |
| | |
| | |

WATER QUALITY COMPLAINTS

Were there any water quality complaints in this reporting period? (e.g. taste, odour, colour etc.) Yes No

If yes, complete the table below; attach additional sheets if necessary.

| Date | Water Quality Complaint | Corrective Action / Treatment |
|------|-------------------------|-------------------------------|
| | | |
| | | |
| | | |

OPERATIONAL PROBLEMS

Were there any operational problems during this reporting period? (e.g. insufficient water supply, malfunction of disinfection equipment, line breaks, elevated turbidity etc.). Yes No

If yes, complete the table below; attach additional sheets if necessary.

| Incident Date | Type of Operational Problem | Corrective Action Taken |
|---------------|-----------------------------|-------------------------|
| | | |
| | | |
| | | |

MAJOR UPGRADES/REPAIRS & EXPENSES

Were there any major upgrades/repairs or any major costs incurred during this reporting period? Yes No

If yes, complete the table below; attach additional sheets if necessary.

| Major Upgrades/Expenses | Details |
|-----------------------------------|---------|
| Improvements required by DWO | |
| Additions/changes to system | |
| Purchase or install new equipment | |
| Equipment repair or replacement | |
| Annual maintenance of system | |
| Specialist report | |
| Other | |

FUTURE IMPROVEMENTS

Are there any plans for future improvements? Yes No

If yes, complete the table below; attach additional sheets if necessary.

| Future Upgrades or Improvements | Estimated Date of Completion |
|---------------------------------|------------------------------|
| | |
| | |

[Click here to enter a date.](#)

DATE COMPLETED:

COMPLETED BY: