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| DRINKING | MAATED | CVCTERA | A | DEDODE |
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| DRINKING | VVAIFR | SYSTEM | ANNUAL | KFP()KI |

| Reporting Period: | January 1 st to Decer | mber 31 st , (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 Prin | mary Disinfection? | Yes | □No |
| Chlorination Ultraviolet Light | Ozone | Other | |
| If other, specify details: | | | |
| Does the Drinking Water System have Sec | ondary Disinfection? | Yes | No |
| Chlorination Other | | | |
| If other, specify details: | | | |
| Does the Drinking Water System have Filt | ration? | 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 | | | |
| Is your ERCP up to Date? | Yes | No | |
| How do you Inform the System Users of th | _ | | |
| 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 th | _ | | |
| Hand Delivered Bulletin Board | Newspaper | Utility Bill Insert | Website |
| Other (specify details) | | | |

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| DRINKING | WATER | SVSTEM A | $1 \times 1 \times 1 \times 1 \times 1$ | REPORT |
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| DUINNING | VVAIEN | 31316141 | TININUAL | IXEPUNI |

| COMPLIANCE W | VITH OPERATING | PERMIT | | | |
|---|---|--|--|----------------------------|--------------------------------------|
| List the condi | itions of your | Operating Permit (Conto | ict the DWO for a cop | y if needed): | |
| | | | | | |
| | | | | | |
| Are you in co | mpliance with | your Operating Permit | ? | 'es | □No |
| BACTERIOLOGIO | CAL TESTING AND | D DRINKING WATER PROTEC | TION REGULATION WAT | ER QUALITY STAM | NDARDS |
| How many bo | acteriological | samples were collected | during this reporting | period? | |
| What is the n | ninimum requ | ired sampling frequency | for this system? (#so | mples/month |) |
| Additional sa | mpling details | : | | | |
| Was the mini | imum required | d sampling frequency ac | hieved? | 'es | □No |
| | | | | | |
| Comments: | | | | | |
| Bacteriologic | • | ttached to this report? he system view the resu | _ | es es | □No |
| Bacteriologic If no, how do | the users of t | • | _ | 'es | □No |
| Bacteriologic If no, how do Water Qualit | the users of t | he system view the resu | _ | | No No vstem meet standard? |
| Bacteriologic If no, how do WATER QUALIT Parameter: Escherichia co (for all samples) | o the users of t | he system view the resu | lts? | | |
| WATER QUALIT Parameter: Escherichia co (for all samples) Total Coliforn (if only 1 sample | o the users of t | OR POTABLE WATER Standard: No detectable Escherich | lts? | Did this sy | vstem meet standard? |
| WATER QUALITY Parameter: Escherichia co (for all samples) Total Coliforn (if only 1 sample day period) Total Coliforn (if more than 1 s | o the users of t | OR POTABLE WATER Standard: No detectable Escherical No more than 10% of sa | nia coli per 100ml form bacteria per 100ml emples contain total No sample has more than | Did this sy | vstem meet standard? |
| WATER QUALIT Parameter: Escherichia co (for all samples) Total Coliforn (if only 1 sample day period) Total Coliforn (if more than 1 s 30 day period) | othe users of the | OR POTABLE WATER Standard: No detectable Escherical No more than 10% of so coliform bacteria, and N | nia coli per 100ml form bacteria per 100ml amples contain total No sample has more than ria per 100ml | Did this sy Yes Yes | rstem meet standard? No No |
| WATER QUALITY Parameter: Escherichia co (for all samples) Total Coliforn (if only 1 sample day period) Total Coliforn (if more than 1 s 30 day period) If the system the table belo | othe users of the | OR POTABLE WATER Standard: No detectable Escherich No more than 10% of some a coliform bacteria, and in 10 total coliform bacteria. any of above Drinking V | nia coli per 100ml form bacteria per 100ml amples contain total No sample has more than ria per 100ml Vater Protection Regions. | Did this sy Yes Yes | nstem meet standard? No No No No |
| WATER QUALIT Parameter: Escherichia co (for all samples) Total Coliforn (if only 1 sample day period) Total Coliforn (if more than 1 s 30 day period) | othe users of the | OR POTABLE WATER Standard: No detectable Escherical No more than 10% of so coliform bacteria, and no 10 total coliform bacteria any of above Drinking V ditional sheets if necessed | nia coli per 100ml form bacteria per 100ml amples contain total No sample has more than ria per 100ml Vater Protection Regions. | Did this sy Yes Yes Yes | nstem meet standard? No No No No |
| Bacteriologic If no, how do WATER QUALIT Parameter: Escherichia co (for all samples) Total Coliforn (if only 1 sample day period) Total Coliforn (if more than 1 s 30 day period) If the system the table belo | othe users of the | OR POTABLE WATER Standard: No detectable Escherical No more than 10% of so coliform bacteria, and no 10 total coliform bacteria any of above Drinking V ditional sheets if necessed | nia coli per 100ml form bacteria per 100ml amples contain total No sample has more than ria per 100ml Vater Protection Regions. | Did this sy Yes Yes Yes | nstem meet standard? No No No No |
| Bacteriologic If no, how do WATER QUALIT Parameter: Escherichia co (for all samples) Total Coliforn (if only 1 sample day period) Total Coliforn (if more than 1 s 30 day period) If the system the table belo | othe users of the | OR POTABLE WATER Standard: No detectable Escherical No more than 10% of so coliform bacteria, and no 10 total coliform bacteria any of above Drinking V ditional sheets if necessed | nia coli per 100ml form bacteria per 100ml amples contain total No sample has more than ria per 100ml Vater Protection Regions. | Did this sy Yes Yes Yes | nstem meet standard? No No No No |

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DRINKING WATER SYSTEM ANNUAL REPORT

| | PLING COMPLET | ED DURING THI | 3 KEFOKTING T | EMOD | | |
|--|--|---|--|--|-------------------------------|---|
| | mical sampling | · | | | Yes | □No |
| If no, when w for this syste | rere the last ch m? | emical samp | les conducte | | l water samp rinking Water | les meet the Guidelines for r Quality? |
| (date) | | Know | Never | Yes | | No |
| If any water s | | t meet the G | uidelines for | | | uality, record the results in |
| Parameter | Result | Correcti | ve Action / T | reatment / Com | ments | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | - | 1 | | | | |
| Additional Te | STING. | | | | | |
| | | ranc for com | inuous mass | toring? | Yes | No |
| - | em have analy | zers jur cont | .เเนบนร ฑอกเ | LUTITIU! | 1162 | i IIVO |
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| _ | all boxes that o | | □o+h. | - | | |
| Chlorine | □т | urbidity | Othe | er (details) | | |
| Chlorine | _ | urbidity | Othe | - | | |
| Chlorine Are the result If any additio | Tu ts available on nal testing or | request? | | er (details) | the table be | elow; attach additional |
| Chlorine Are the result If any additionsheets if necessity. | Tu ts available on nal testing or | urbidity request? sampling wa | s conducted, | er (details) | | |
| Chlorine Are the result If any additionsheets if necessity. | □Tu ts available on nal testing or essary. | urbidity request? sampling wa | s conducted, | er (details) record results in | | |
| Chlorine Are the result If any additionsheets if necessity. | □Tu ts available on nal testing or essary. | urbidity request? sampling wa | s conducted, | er (details) record results in | | |
| Chlorine Are the result If any additionsheets if necessity. | □Tu ts available on nal testing or essary. | urbidity request? sampling wa | s conducted, | er (details) record results in | | |
| Chlorine Are the result If any additionsheets if necessity. | □Tu ts available on nal testing or essary. | urbidity request? sampling wa | s conducted, | er (details) record results in | | |
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| Chlorine Are the result If any additionsheets if neces Additional Te | To the string or the string or the string to the string or the string to | request? sampling wa n for Samplir | s conducted, | er (details) record results in | | |
| Chlorine Are the result If any additionsheets if neces Additional Tell Water Qualit Were there apperiod? (e.g. | To the same of the | request? sampling wa n for Samplir ity complaint | s conducted, | er (details) record results in | en Yes | elow; attach additional |
| Chlorine Are the result If any additionsheets if neces Additional Tell Water Qualit Were there a period? (e.g. | To the same of the | request? sampling wa n for Samplir ity complaint | s conducted, ng Correct s in this repo | er (details) record results in ctive Action Take | Yes | elow; attach additional |
| Chlorine Are the result If any additional sheets if neces Additional Telegraphy Water Quality Were there aperiod? (e.g. | To the same of the | request? sampling wa n for Samplir ity complaint colour etc.) | s conducted, ng Correct s in this repo | er (details) record results in ctive Action Take | Yes | elow; attach additional |
| Chlorine Are the result If any additionsheets if neces Additional Telegraphy Water Quality Were there aperiod? (e.g. | To the same of the | request? sampling wa n for Samplir ity complaint colour etc.) | s conducted, ng Correct s in this repo | er (details) record results in ctive Action Take | Yes | elow; attach additional |

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| DRINKING | VVAIFR | 3121 EIVI | ANNUAL | REPURI |

| OPERATIONAL PROBLEMS | | | |
|---|----------------------|--------------------|------------------------------|
| Were there any operational problen period? (e.g. insufficient water supp disinfection equipment, line breaks, | ly, malfunction of | Yes | . No |
| If yes, complete the table below; att | ach additional shee | ts if necessary. | |
| Incident Date Type of Operational | Problem Corre | ctive Action Taker | ı |
| | | | |
| | | | |
| | | | |
| | | | |
| Major Upgrades/Repairs & Expenses | | | |
| Were there any major upgrades/rep incurred during this reporting period | | yes Yes | No |
| If yes, complete the table below; att | | ts if nacassary | |
| ij yes, complete the table below; att | ach additional sheet | is ij 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 impro | vements? | □Yes | No |
| If yes, complete the table below; att | ach additional shee | ts if necessary. | |
| Future Upgrades or Improvements | | | Estimated Date of Completion |
| | | | |
| | | | |
| | II | | |
| Click here to enter a date. | | | |
| DATE COMPLETED: | | COMPLETED BY: | |