	1 OF 4	

DRINKING	MAATED	CVCTERA	A	DEDODE
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)			

	OF 4

DRINKING	WATER	SVSTEM A	$1 \times 1 \times 1 \times 1 \times 1$	REPORT
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 to TY STANDARDS For The Bacteria The Collected in a 30 The Bacteria The Bacteria	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 to TY STANDARDS For The Bacteria The Collected in a 30 The Bacteria The Bacteria	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 to TY STANDARDS For The Bacteria The Collected in a 30 The Bacteria The Bacteria	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.	SVSTEM	ΔΝΝΙΙΛΙ	REPORT
DRINKING	VVAIFR	3131EIVI	ANNUAL	REPURI

Was any che	mical sampling	conducted during reportin	g period? Yes	□No
-		emical samples conducted	• • •	nples meet the Guidelines for
for this system?			Canadian Drinking Wat	· — *
(date)	Don't	Know Never	Yes	∐No
	-	t meet the Guidelines for Co itional sheets if necessary.	anadian Drinking Water (Quality, record the results in
Parameter	Result	Corrective Action / Tre	atment / Comments	
Additional T	ESTING			
Does the sys	tem have analy:	zers for continuous monito	ring? Yes	□No
If yes, check	all boxes that a	pply:		
Chlorine		<u> </u>	(details)	
	ш.∞			
Are the resul	lts available on	request?	(
Are the resu	lts available on	request?	(
If any additio	onal testing or s	request? campling was conducted, re		below; attach additional
If any additio	onal testing or s	•		below; attach additional
If any addition	onal testing or s	campling was conducted, re		below; attach additional
If any addition	onal testing or s essary.	campling was conducted, re	ecord results in the table l	below; attach additional
If any addition	onal testing or s essary.	campling was conducted, re	ecord results in the table l	below; attach additional
If any addition	onal testing or s essary.	campling was conducted, re	ecord results in the table l	below; attach additional
If any addition	onal testing or s essary.	campling was conducted, re	ecord results in the table l	below; attach additional
If any additionsheets if nec	onal testing or s essary. esting & Reason	campling was conducted, re	ecord results in the table l	below; attach additional
If any additional To	onal testing or sessary. esting & Reason	fampling was conducted, respecti	ve Action Taken	below; attach additional
If any additional To Additional To Water Quali	onal testing or sessary. esting & Reason TY COMPLAINTS any water quality	for Sampling Correction for Sampling Correction for Sampling Correction Corre	ve Action Taken	below; attach additional
If any additionsheets if necessity of the second se	onal testing or sessary. esting & Reason	for Sampling Correction for Sampling Correction for Sampling Correction Corre	ve Action Taken	
If any additionsheets if necessity of the second of the se	essary. esting & Reason TY COMPLAINTS any water quality taste, odour, co	for Sampling Correction for Sampling Correction for Sampling Correction Corre	ve Action Taken	
If any additionsheets if necessions of the second of the s	essary. esting & Reason TY COMPLAINTS any water quality taste, odour, con	ty complaints in this report clour etc.)	ing Yes ets if necessary.	No
If any additionsheets if necessions of the second of the s	essary. esting & Reason TY COMPLAINTS any water quality taste, odour, con	ty complaints in this report colour etc.)	ing Yes ets if necessary. rective Action / Treatmen	□No tas just many small bubb
If any additionsheets if necessions of the second of the s	essary. esting & Reason TY COMPLAINTS any water quality taste, odour, con	ty complaints in this report clow; attach additional she lity Complaint Ty Complaint Ty Complaint Ty Complaint No correction	ing Yes ets if necessary. rective Action / Treatment rective action, as it was by an air pocket in the sable in the sabl	□No tas just many small bubbone system after the oper
If any additional To Additional To Water Quality Were there appeared? (e.g.	essary. esting & Reason TY COMPLAINTS any water quality taste, odour, con	ty complaints in this report colour etc.) clow; attach additional she ity Complaint Correction of the colour etc.	ing Yes ets if necessary. rective Action / Treatment rective action, as it was by an air pocket in the sable in the sabl	No As just many small bubbine system after the oper

		I	DRINKING W A	TER SYSTEM AN	NUAL REPORT PAGE 4
OPERATIONAL PROBLEMS					
Were there any operational problem period? (e.g. insufficient water supp disinfection equipment, line breaks,	ly, malfunction	of	∐Yes		□No
If yes, complete the table below; att	ach additional s	heets if ne	cessary.		
Incident Date Type of Operational	Problem C	orrective A	ction Taken		
ne operator worked the air relend and return water pressure to now his period to advise residents.				-	
MAJOR UPGRADES/REPAIRS & EXPENSES					
Were there any major upgrades/rep incurred during this reporting period		or costs	∐Yes		□No
If yes, complete the table below; att		heets if ne	cessary.		
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 s	heets if ne	cessary.		
Future Upgrades or Improvements				Estimated Date	e of Completion
ruture opgrades or improvements					
Tuture opgrades of improvements			Hydron	te Apr-May	0024 ARVs fall 20
Tuture opgrades of improvements			Hydran	ts Apr-May 2	2024, ARVs fall 20

Revised June 2014