

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):

> **Bacteriological Sampling Frequency:** Submit a minimum of 6 distribution system samples and 1 raw source water samples per month. > **Chemical Analysis:** Complete a full-spectrum chemical analysis at a minimum frequency of once per year. Last completed: 2025. Next due: 2026. > **Nitrate Monitoring:** Complete biannual nitrate analysis. > **Annual Report to Water Users:** Prepare and publicly distribute the annual report within 6 months of the end of the calendar year. Date due: June 2026. > **Emergency Response Planning:** Review and update the Emergency Response and Contingency Plan on an annual basis. Last updated: 2025. Next due: June 2026. > **Long-term Planning:** Provide a long-term plan outlining either the installation of water treatment or the implementation of a permanent water quality advisory, as identified in the inspection and evaluation reports dated May 30, 2025, and March 24, 2026.

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?

<https://savaryshoreswater.ca/water-quality-reports>

WATER QUALITY STANDARDS FOR POTABLE WATER

Parameter:	Standard:	Did this system meet standard?	
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.

Sample Station	Date	TC/100ml	E.coli/100ml	Reason	Corrective Action
ST1	5-20-2025	1	1	unknown; possibly organics on SS	more surface cleaning; longer water run time
	9-15-2025	3		unknown; possibly organics on SS	more surface cleaning; longer water run time
	10-1-2025	24		unknown; possibly organics on SS	more surface cleaning; longer water run time
SS1	1-21-2025	LT1 GTR200	1	unknown; possibly organics on SS	more surface cleaning; longer water run time
	10-1-2025	144.5		unknown; possibly organics on SS	more surface cleaning; longer water run time
SS2	10-14-2025	LT1 GTR200	1	unknown; possibly organics on SS	more surface cleaning; longer water run time
	10-1-2025	200.5		unknown; possibly organics on SS	more surface cleaning; longer water run time
SS3	9-15-2025	2	1	unknown; possibly organics on SS	more surface cleaning; longer water run time
	9-22-2025	2		unknown; possibly organics on SS	more surface cleaning; longer water run time
SS4	9-15-2025	3	1	unknown; possibly organics on SS	more surface cleaning; longer water run time
	9-22-2025	3.1		unknown; possibly organics on SS	more surface cleaning; longer water run time

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>
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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
nitrates sampling quarterly from both wells	no corrective action required

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: