

## DRINKING WATER SYSTEM ANNUAL REPORT

**Reporting Period:** January 1<sup>st</sup> to December 31<sup>st</sup>, (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 that have been placed on your Operating Permit (if you have conditions, these will be stated on your permit):*

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*Are you in compliance with the conditions listed on your Operating Permit?*  Yes  No  N/A

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## 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?*

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## 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, <b>and</b> 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

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

*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

DATE COMPLETED:

COMPLETED BY: