

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

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**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?*

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**WATER QUALITY STANDARDS FOR POTABLE WATER**

| <i>Parameter:</i>   | <i>Standard:</i>   | <b>Did this system meet standard?</b> |                             |
|---|--|---------------------------------------|-----------------------------|
| Escherichia coli<br>(for all samples)   | No detectable <i>Escherichia coli</i> per 100ml  | <input type="checkbox"/> Yes          | <input type="checkbox"/> No |
| Total Coliform Bacteria<br>(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<br>(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**

**Was any chemical sampling conducted during reporting period?**     Yes                       No

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

|   |                      |
|---|----------------------|
| <p><b>Click here to enter a date.</b><br/>DATE COMPLETED:</p> | <p>COMPLETED BY:</p> |
|---|----------------------|