



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**

<b>Parameter:</b>	<b>Standard:</b>	<b>Did this system meet standard?</b>	
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.**

<b>Date</b>	<b>TC/100ml</b>	<b>E.coli/100ml</b>	<b>Reason</b>	<b>Corrective Action</b>

**CHEMICAL SAMPLING COMPLETED DURING THIS REPORTING PERIOD**

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

**If no, when were the last chemical samples conducted for this system? (date)**  Don't know

**If yes, attach a list of the chemical results**

**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.**

**Next scheduled full chemical test (date)**

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> DATE COMPLETED:</p>	<p>COMPLETED BY:</p>
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