

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