## OPTIONAL ANNUAL REPORT TEMPLATE

<b>Drinking-Water System Number:</b>		
<b>Drinking-Water System Name:</b>		
<b>Drinking-Water System Owner:</b>		
<b>Drinking-Water System Category:</b>		
Period being reported:		
Complete if your Category is Large M	lunicipal	Complete for all other Categories.
Residential or Small Municipal Resid	<u>ential</u>	
Does your Drinking-Water System s more than 10,000 people? Yes [ ] N Is your annual report available to that no charge on a web site on the Interves [ ] No [ ]  Location where Summary Report reunder O. Reg. 170/03 Schedule 22 wi available for inspection.	No [ ] e public ernet? quired	Number of Designated Facilities served:  Did you provide a copy of your annual report to all Designated Facilities you serve? Yes [ ] No [ ]  Number of Interested Authorities you report to:  Did you provide a copy of your annual report to all Interested Authorities you report to for each Designated Facility? Yes [ ] No [ ]
		100[]
		al rows or columns may be added or an
appendix may be attached to the rep	ort	

List all Drinking-Water Systems (if any), which receive all of their drinking water from vour system:

j = 1-1	
<b>Drinking Water System Name</b>	Drinking Water System Number

Did you provide a copy of your annual report to all Drinking-Water System owners that are connected to you and to whom you provide all of its drinking water?

Yes [ ] No [ ]

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harge.								
[ ] Public a	ccess/notice via the	e web						
[ ] Public a	[ ] Public access/notice via Government Office							
[ ] Public a	Public access/notice via a newspaper							
Public a	ccess/notice via Pul	blic Request						
	ccess/notice via a P	-	7					
	ccess/notice via oth	•						
[ ]								
Describe yo	ur Drinking-Water	r System						
	•	-						
List all wat	er treatment chemi	cals used ove	r this reno	rting period				
Dist un wuc	er treatment enemi	cuis used ove	tinis repo	reing periou				
Were any s	ignificant expenses	incurred to?						
•	all required equipme							
	air required equipme							
[ ] Kep	lace required equipn	nent						
Plagga prov	ide a brief descript	ion and a hra	akdawa af	Emanatawy avnansa	ng ingurrad			
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	ails on the notices s							
	Vater Act or section	1 16-4 of Sche	dule 16 of	O.Reg.170/03 and	reported to			
Spills Actio		1 =	T ==	Τ				
Incident	Parameter	Result	Unit of	<b>Corrective Action</b>	Corrective			
Date			Measure		Action Date			
1								

Microbiological testing done under the Schedule 10, 11 or 12 of Regulation 170/03, during this reporting period.

	Number of Samples	Range of E.Coli Or Fecal Results (min #)-(max #)	Range of Total Coliform Results (min #)-(max #)	Number of HPC Samples	Range of HPC Results (min #)-(max #)
Raw					
Treated					
Distribution					

Operational testing done under Schedule 7, 8 or 9 of Regulation 170/03 during the period covered by this Annual Report.

Number of Grab Samples

Turbidity

Chlorine

NOTE: For continuous monitors use 8760 as the number of samples.

Summary of additional testing and sampling carried out in accordance with the requirement of an approval, order or other legal instrument.

Date of legal instrument issued	Parameter	Date Sampled	Result	Unit of Measure

Summary of Inorganic parameters tested during this reporting period or the most recent sample results

Parameter	Sample Date	Result Value	Unit of Measure	Exceedance
Antimony				
Arsenic				
Barium				
Boron				
Cadmium				
Chromium				
*Lead				
Mercury				
Selenium				
Sodium				
Uranium				
Fluoride				

**Fluoride** (If the DWS provides fluoridation)

Nitrite		
Nitrate		

<sup>\*</sup>only for drinking water systems testing under Schedule 15.2; this includes large municipal non-residential systems, small municipal non-residential systems, non-municipal seasonal residential systems, large non-municipal non-residential systems, and small non-municipal non-residential systems

## Summary of lead testing under Schedule 15.1 during this reporting period

(applicable to the following drinking water systems; large municipal residential systems, small municipal residential systems, and non-municipal year-round residential systems)

<b>Location Type</b>	Number of Samples	Range of Lead Results (min#) – (max #)	Unit of Measure	Number of Exceedances
Plumbing				
Distribution				

Summary of Organic parameters sampled during this reporting period or the most recent sample results

Parameter	Sample	Result	Unit of	Exceedance
	Date	Value	Measure	
Alachlor				
Aldicarb				
Aldrin + Dieldrin				
Atrazine + N-dealkylated metobolites				
Azinphos-methyl				
Bendiocarb				
Benzene				
Benzo(a)pyrene				
Bromoxynil				
Carbaryl				
Carbofuran				
Carbon Tetrachloride				
Chlordane (Total)				
Chlorpyrifos				
Cyanazine				
Diazinon				
Dicamba				
1,2-Dichlorobenzene				
1,4-Dichlorobenzene				
Dichlorodiphenyltrichloroethane (DDT) + metabolites				
1,2-Dichloroethane				
1,1-Dichloroethylene (vinylidene chloride)				
Dichloromethane				
2-4 Dichlorophenol				
2,4-Dichlorophenoxy acetic acid (2,4-D)				

## Ontario Drinking-Water Systems Regulation O. Reg. 170/03

Diclofop-methyl		
Dimethoate		
Dinoseb		
Diquat		
Diuron		
Glyphosate		
Heptachlor + Heptachlor Epoxide		
Lindane (Total)		
Malathion		
Methoxychlor		
Metolachlor		
Metribuzin		
Monochlorobenzene		
Paraquat		
Parathion		
Pentachlorophenol		
Phorate		
Picloram		
Polychlorinated Biphenyls(PCB)		
Prometryne		
Simazine		
THM (NOTE: show latest annual average)		
Temephos		
Terbufos		
Tetrachloroethylene		
2,3,4,6-Tetrachlorophenol		
Triallate		
Trichloroethylene		
2,4,6-Trichlorophenol		
2,4,5-Trichlorophenoxy acetic acid (2,4,5-T)		
Trifluralin		
Vinyl Chloride		

List any Inorganic or Organic parameter(s) that exceeded half the standard prescribed in Schedule 2 of Ontario Drinking Water Quality Standards.

Parameter	Result Value	Unit of Measure	Date of Sample