

**Part III Form 2****Section 11. ANNUAL REPORT.**

**Drinking-Water System Number:**  
**Drinking-Water System Name:**  
**Drinking-Water System Owner:**  
**Drinking-Water System Category:**  
**Period being reported:**


**Complete if your Category is Large Municipal Residential or Small Municipal Residential**

**Does your Drinking-Water System serve more than 10,000 people? Yes [ ] No [ ]**

**Is your annual report available to the public at no charge on a web site on the Internet? Yes [ ] No [ ]**

**Location where Report required under O. Reg. 170/03 Schedule 22 will be available for inspection.**

--

**Complete for all other Categories.**

**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 [ ]**

**List Drinking-Water Systems, which receive all of their drinking water from your system:**

--

**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 [ ]**

**Indicate how you notified system users that your annual report is available, and is free of charge.**

- [ ] Public access/notice via the web  
[ ] Public access/notice via Government Office  
[ ] Public access/notice via a newspaper

- Public access/notice via Public Request
- Public access/notice via a Public Library
- Public access/notice via other method \_\_\_\_\_

**Describe your Drinking-Water System****List all water treatment chemicals used over this reporting period****Were any significant expenses incurred to?**

- Install required equipment
- Repair required equipment
- Replace required equipment

**Describe****Provide details on the notices submitted in accordance with subsection 18(1) of the Safe Drinking-Water Act or section 16-4 of Schedule 16 of O.Reg.170/03 and reported to Spills Action Centre?**

Incident Date	Parameter	Result	Unit of Measure	Corrective Action	Corrective Action Date

**Microbiological testing done under section 8 (2) during this reporting period**

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

**Operational testing done under Schedule 7, 8 or 9 during the period covered by this Annual Report.**

	Number of Grab Samples	Range of Results (#-#)
Turbidity		
Chlorine		
Fluoride (If the DWS provides fluoridation)		

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

*NOTE: Record the unit of measure if it is **not** milligrams per litre.*

**Summary of additional testing and sampling carried out in accordance with the requirement of an approval or order.**

Date of order or C of A	Parameter	Date Sampled	Result	Unit of Measure

**Summary of Inorganic parameters tested during this reporting period or most recent**

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

**Summary of Organic parameters sampled during this reporting period or most recent**

Parameter	Sample Date	Result Value	Unit of Measure	Exceedance
Alachlor				
Aldicarb				
Aldrin + Dieldrin				
Atrazine + N-dealkylated metabolites				
Azinphos-methyl				
Bendiocarb				
Benzene				

<b>Benzo(a)pyrene</b>				
<b>Bromoxynil</b>				
<b>Carbaryl</b>				
<b>Carbofuran</b>				
<b>Carbon Tetrachloride</b>				
<b>Chlordane (Total)</b>				
<b>Chlorpyrifos</b>				
<b>Cyanazine</b>				
<b>Diazinon</b>				
<b>Dicamba</b>				
<b>1,2-Dichlorobenzene</b>				
<b>1,4-Dichlorobenzene</b>				
<b>Dichlorodiphenyltrichloroethane (DDT) + metabolites</b>				
<b>1,2-Dichloroethane</b>				
<b>1,1-Dichloroethylene (vinylidene chloride)</b>				
<b>Dichloromethane</b>				
<b>2-4 Dichlorophenol</b>				
<b>2,4-Dichlorophenoxy acetic acid (2,4-D)</b>				
<b>Diclofop-methyl</b>				
<b>Dimethoate</b>				
<b>Dinoseb</b>				
<b>Diquat</b>				
<b>Diuron</b>				
<b>Glyphosate</b>				
<b>Heptachlor + Heptachlor Epoxide</b>				
<b>Linadane (Total)</b>				
<b>Malathion</b>				
<b>Methoxychlor</b>				
<b>Metolachlor</b>				
<b>Metribuzin</b>				
<b>Monochlorobenzene</b>				
<b>Paraquat</b>				
<b>Parathion</b>				
<b>Pentachlorophenol</b>				
<b>Phorate</b>				
<b>Picloram</b>				
<b>Polychlorinated Biphenyls(PCB)</b>				
<b>Prometryne</b>				
<b>Simazine</b>				
<b>THM</b> (NOTE: show latest quarterly average)				
<b>Temephos</b>				
<b>Terbufos</b>				

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

**(Only if category is large municipal residential, small municipal residential, large municipal non residential, small municipal non residential, large non municipal non residential)**

## ATTACHMENT A

Provide details on the notices submitted in accordance with subsection 18(1) of the Safe Drinking-Water Act or section 16-4 of Schedule 16 of O.Reg.170/03 and reported to Spills Action Centre?

Incident Date	Parameter	Result	Unit of Measure	Corrective Action	Corrective Action Date
July 8, 2003	Total Coliform P-A	Presumptive	P-A/100ml	Upon notification of adverse water quality the watermain adjacent to the sampling site from where the adverse sample was collected is flushed and the area is re-sampled.	July 11, 2003
July 8, 2003	Total Coliform P-A	Confirmed	P-A/100ml		July 11, 2003
November 3, 2003	Total Coliform	1	CFU/100ml		November 4, 2003
November 23, 2003	Total Coliform	1	CFU/100ml		November 27, 2003