

DRINKING WATER SYSTEM ANNUAL REPORT

Reporting Period: January 1st to December 31st, (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):

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?

WATER QUALITY STANDARDS FOR POTABLE WATER

Parameter:	Standard:	Did this system meet standard?	
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, and 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

If no, when were the last chemical samples conducted for this system?

(date) ☐ Don't Know ☐ Never

If yes, did all water samples meet the Guidelines for Canadian Drinking Water Quality?

☐ Yes ☐ No

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

Click here to enter a date.

DATE COMPLETED:

COMPLETED BY:

HAYWIRE BAY WATER TESTS

DATE COLLECTED YEAR DATE	TAP #1			TAP #5			TAP #10			TAP #12			HOUSE TAP		
	TC*	FC**	CMT	TC*	FC**	CMT	TC*	FC**	CMT	TC*	FC**	CMT	TC*	FC**	CMT
2024															
9-Apr	L1	L1		L1	L1		L1	L1		L1	L1		L1	L1	
15-Apr	L1	L1		L1	L1		L1	L1		L1	L1		L1	L1	
1-May	L1	L1		L1	L1		L1	L1		L1	L1		L1	L1	
15-May	L1	L1		L1	L1		L1	L1		L1	L1		L1	L1	
29-May	L1	L1		L1	L1		L1	L1		L1	L1		L1	L1	
12-Jun	L1	L1		L1	L1		L1	L1		L1	L1		L1	L1	
26-Jun	L1	L1		L1	L1		L1	L1		L1	L1		L1	L1	
24-Jul	L1	L1		L1	L1		L1	L1		L1	L1		L1	L1	
31-Jul	L1	L1													
7-Aug	L1	L1		L1	L1		L1	L1		L1	L1		L1	L1	
14-Aug	L1	L1		L1	L1		L1	L1		L1	L1		L1	L1	
28-Aug	L1	L1		L1	L1		L1	L1		L1	L1		L1	L1	
18-Sep	L1	L1		L1	L1		L1	L1		L1	L1		L1	L1	

EST: EST result indicates high colony density on membrane preventing accurate coliform counting.

BWA: Boil Water Advisory

OG: Overgrown - confluent bacterial growth on membrane preventing accurate coliform determination

~ More than 200 background colonies noted on total

Indicates high colony density on membrane preventing accurate coliform counting

* Total Coliform per 100 mL

** E. Coli per 100 mL

CMT Comment

L Less than