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DRINKING	MAATED	CVCTERA	A	DEDODE
DRINKING	VVAIFR	SYSTEM	ANNUAL	KFP()KI

Reporting Period:	January 1 st to Decer	mber 31 st , (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 Prin	mary Disinfection?	Yes	No
Chlorination Ultraviolet Light	Ozone	Other	
If other, specify details:			
Does the Drinking Water System have Sec	ondary Disinfection?	Yes	No
Chlorination Other			
If other, specify details:			
Does the Drinking Water System have Filt	ration?	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			
Is your ERCP up to Date?	Yes	No	
How do you Inform the System Users of th	_		
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	_		
Hand Delivered Bulletin Board	Newspaper	Utility Bill Insert	Website
Other (specify details)			

	OF 4

DRINKING	WATER.	SVSTEM A	Δικιτιλι	REPORT
	VVAIEN	31316141	TININUAL	IXEPUNI

COMPLIANCE W	/ITH OPERATING	PERMIT			
List the condi	itions of your	Operating Permit (Cor	ntact the DWO for a co	opy if needed):	
Are you in co	mpliance with	your Operating Perm	nit?	Yes	□No
BACTERIOLOGIC	CAL TESTING AND	D DRINKING WATER PROT	ECTION REGULATION WA	TER QUALITY STAI	NDARDS
How many bo	acteriological	samples were collecte	ed during this reportin	g period?	
What is the n	ninimum requ	ired sampling frequen	ncy for this system? (#	samples/month)
Additional sar	mpling details	:			
Was the mini	imum required	d sampling frequency	achieved?	Yes	□No
Comments:					
Bacteriologic	•	ttached to this report he system view the re]Yes	□No
lf no, how do	the users of t	•]Yes	□No
Bacteriologic If no, how do	the users of t	he system view the re			□No /stem meet standard?
Bacteriologic If no, how do WATER QUALIT Parameter: Escherichia co (for all samples)	the users of t	he system view the re	sults?		
WATER QUALIT Parameter: Escherichia co (for all samples) Total Coliforn (if only 1 sample	the users of t	OR POTABLE WATER Standard: No detectable Eschel	sults?	Did this sy	/stem meet standard?
WATER QUALIT Parameter: Escherichia co (for all samples) Total Coliforn (if only 1 sample day period) Total Coliforn (if more than 1 s	o the users of the	OR POTABLE WATER Standard: No detectable Eschel No more than 10% o	richia coli per 100ml coliform bacteria per 100m f samples contain total d No sample has more that	Did this sy	ystem meet standard?
WATER QUALIT Parameter: Escherichia co (for all samples) Total Coliforn (if only 1 sample day period) Total Coliforn (if more than 1 s 30 day period)	othe users of the	OR POTABLE WATER Standard: No detectable Eschel No detectable total of the colliform bacteria, and the colliform bacteria and the colliform bacteria.	richia coli per 100ml coliform bacteria per 100m f samples contain total d No sample has more that teria per 100ml	Did this sy Yes Yes Yes	ystem meet standard?
WATER QUALIT Parameter: Escherichia co (for all samples) Total Coliforn (if only 1 sample day period) Total Coliforn (if more than 1 s 30 day period) If the system the table belo	othe users of the	OR POTABLE WATER Standard: No detectable Eschel No more than 10% o coliform bacteria, an 10 total coliform bact	richia coli per 100ml coliform bacteria per 100m f samples contain total d No sample has more that teria per 100ml g Water Protection Re ssary.	Did this sy Yes Yes Yes	ystem meet standard? No No No No
Bacteriologic If no, how do WATER QUALIT Parameter: Escherichia co (for all samples) Total Coliforn (if only 1 sample day period) Total Coliforn (if more than 1 s 30 day period) If the system	othe users of the	OR POTABLE WATER Standard: No detectable Eschel No more than 10% of coliform bacteria, and 10 total coliform bacteria, and	richia coli per 100ml coliform bacteria per 100m f samples contain total d No sample has more that teria per 100ml g Water Protection Re ssary.	Did this sy Yes Yes Yes Yes	ystem meet standard? No No No No
Bacteriologic If no, how do WATER QUALIT Parameter: Escherichia co (for all samples) Total Coliforn (if only 1 sample day period) Total Coliforn (if more than 1 s 30 day period) If the system the table belo	othe users of the	OR POTABLE WATER Standard: No detectable Eschel No more than 10% of coliform bacteria, and 10 total coliform bacteria, and	richia coli per 100ml coliform bacteria per 100m f samples contain total d No sample has more that teria per 100ml g Water Protection Re ssary.	Did this sy Yes Yes Yes Yes	ystem meet standard? No No No No
Bacteriologic If no, how do WATER QUALIT Parameter: Escherichia co (for all samples) Total Coliforn (if only 1 sample day period) Total Coliforn (if more than 1 s 30 day period) If the system the table belo	othe users of the	OR POTABLE WATER Standard: No detectable Eschel No more than 10% of coliform bacteria, and 10 total coliform bacteria, and	richia coli per 100ml coliform bacteria per 100m f samples contain total d No sample has more that teria per 100ml g Water Protection Re ssary.	Did this sy Yes Yes Yes Yes	ystem meet standard? No No No No

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DRINKING	WATER.	SVSTEM	ΔΝΝΙΙΛΙ	REPORT
DRINKING	VVAIFR	3121 EIVI	ANNUAL	REPURI

Was any che	mical samplina	conducted durin	a renortina	period? Tyes	No
		emical samples c			nples meet the Guidelines for
for this syste		ennear samples e	onaucteu	Canadian Drinking Wa	•
(date)	□Don't	Know Nev	er	∏Yes	□No
	•	t meet the Guide itional sheets if n	-	anadian Drinking Water	Quality, record the results in
Parameter	Result	Corrective A	ction / Trea	atment / Comments	
		+			
ADDITIONAL TE	STING				
			_		<u> </u>
•	-	zers for continuo	us monitor	ring?Yes	No
If ves. check i					
	all boxes that a	pply:	_		
Chlorine		<i>pply:</i> rbidity	Other (details)	
Chlorine		rbidity	Other (details)	
Chlorine Are the resul	Tu ts available on anal testing or s	rbidity request?			below; attach additional
Chlorine Are the resul If any additions Sheets if neces	Tu ts available on anal testing or s	rbidity request? ampling was con	nducted, re		below; attach additional
Chlorine Are the resul If any additions Sheets if neces	Tu ts available on anal testing or sessary.	rbidity request? ampling was con	nducted, re	cord results in the table	below; attach additional
Chlorine Are the resul If any additions sheets if necessity	Tu ts available on anal testing or sessary.	rbidity request? ampling was con	nducted, re	cord results in the table	below; attach additional
Chlorine Are the resul If any additions Sheets if neces	Tu ts available on anal testing or sessary.	rbidity request? ampling was con	nducted, re	cord results in the table	below; attach additional
Chlorine Are the resul If any additions Sheets if neces	Tu ts available on anal testing or sessary.	rbidity request? ampling was con	nducted, re	cord results in the table	below; attach additional
Chlorine Are the result If any additionsheets if necentary	Tuests available on an al testing or sessary.	rbidity request? ampling was con	nducted, re	cord results in the table	below; attach additional
Chlorine Are the result If any additionsheets if necessity Additional Telegraphy	Tuests available on and testing or sessary. esting & Reason	rbidity request? ampling was con for Sampling	Correctiv	cord results in the table we Action Taken	below; attach additional
Chlorine Are the result If any additional Telegraphics Additional Telegraphics Water Quality Were there a	Tuests available on and testing or sessary. esting & Reason	rbidity request? ampling was con for Sampling	Correctiv	cord results in the table we Action Taken	below; attach additional
Chlorine Are the result If any additional Telegrane Additional Telegrane Water Quality Were there a period? (e.g.	Tuests available on and testing or sessary. Esting & Reason Y COMPLAINTS ny water qualitates, odour, co	rbidity request? ampling was con for Sampling	Corrective this reporti	cord results in the table we Action Taken	
Chlorine Are the result If any additional Telegraphics Additional Telegraphics Water Quality Were there aperiod? (e.g.	Tuests available on and testing or sessary. Sesting & Reason of the sessary of the sessor of the se	rbidity request? ampling was con for Sampling ty complaints in to	Corrective this reporti	cord results in the table we Action Taken	□No
Chlorine Are the result If any additional Telegraphics Additional Telegraphics Water Quality Were there aperiod? (e.g.	Tuests available on and testing or sessary. Sesting & Reason of the sessary of the sessor of the se	rbidity request? ampling was con for Sampling ty complaints in to clour etc.)	Corrective this reporti	cord results in the table we Action Taken ing Yes ets if necessary.	□No
Chlorine Are the resul If any additional Telegraphics Additional Telegraphics Water Quality Were there a period? (e.g.	Tuests available on and testing or sessary. Sesting & Reason of the sessary of the sessor of the se	rbidity request? ampling was con for Sampling ty complaints in to clour etc.)	Corrective this reporti	cord results in the table we Action Taken ing Yes ets if necessary.	□No
Chlorine Are the result If any additional Telegraphics Additional Telegraphics Water Quality Were there aperiod? (e.g.	Tuests available on and testing or sessary. Sesting & Reason of the sessary of the sessor of the se	rbidity request? ampling was con for Sampling ty complaints in to clour etc.)	Corrective this reporti	cord results in the table we Action Taken ing Yes ets if necessary.	□No

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DRINKING	WATER.	SVSTEM A	Δικιτιλι	REPORT
	VVAIEN	31316141	TININUAL	IXEPUNI

OPERATIONAL PROBLEMS						
Were there any operational problen period? (e.g. insufficient water supp disinfection equipment, line breaks,	ly, malfunction	of	∐Yes	□No		
If yes, complete the table below; attach additional sheets if necessary.						
Incident Date Type of Operational	Problem	Corrective A	ction Taken			
Major Upgrades/Repairs & Expenses						
Were there any major upgrades/repincurred during this reporting period	-	jor costs	XXX (X (S	□No		
		shoots if w	00000			
If yes, complete the table below; att	acn additional	sneets if nec	essary.			
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 impro	vements?		∐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:		Сомры	TED BY:			

HAYWIRE BAY WATER TESTS

DATE																
COLLECTED		TAP #1			TAP #5			TAP #10			TAP #12			HOUSE TAP		
YEAR	DATE	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