	OF 4	

DRINKING	MAATED	CVCTERA	A	DEDODE
DRINKING	VVAIFR	SYSTEM	ANNUAL	KFPORT

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	$1 \times 1 \times 1 \times 1 \times 1$	REPORT
DUINNING	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

14/ac ==: =b =	mical assessins	conducted division	nortina -	wind?	NIA
-		conducted during re			No mples meet the Guidelines fo
for this syste		emical samples condi	-	yes, ala ali water sa anadian Drinking Wi	•
(date)	 □Don't	Know Never		Yes	No
dutej			<u> </u>		
	-	t meet the Guidelines itional sheets if neces	-	dian Drinking Water	Quality, record the results in
Parameter	Result	Corrective Action	n / Treatm	ent / Comments	
ADDITIONAL TE	STING				
•	•	zers for continuous m	nonitoring	ı?Yes	∐No
If ups check					
ij yes, eneek i	all boxes that a	pply:			
Chlorine	_	_	Other (de	ails)	
Chlorine	_	rbidity [](Other (de	ails)	
Chlorine Chlorine Are the resul If any addition	Tu ts available on onal testing or s	rbidity (· 	e below; attach additional
Chlorine Are the resul If any additions Sheets if neces	Tu ts available on onal testing or s	rbidity(request? ampling was conduc	ted, recor	· 	e below; attach additional
Chlorine Are the resul If any additions Sheets if neces	Tu ts available on onal testing or s essary.	rbidity(request? ampling was conduc	ted, recor	d results in the table	e below; attach additional
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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.).					
If yes, complete the table below; attach additional sheets if necessary.					
Incident Date Type of Operational	Problem Correc	tive Action Taken			
Major Upgrades/Repairs & Expenses					
Were there any major upgrades/rep	nairs or any major cos	tc			
incurred during this reporting period		Yes	□No		
If yes, complete the table below; att	ach 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					
ı					
FUTURE IMPROVEMENTS					
Are there any plans for future impro	vements? Yes	Yes	No		
If yes, complete the table below; attach additional sheets if necessary.					
Future Upgrades or Improvements		Esti	mated Date of Completion		
	<u> </u>				
Click here to enter a date.					
DATE COMPLETED:	(COMPLETED BY:			

Myrtle Pond Water System

DATE COLLECTED		Filterhouse - Wells #1 & #2 - Post-Treatment TC* FC** CMT			Storage Tank			Sample Stn #1 End of Centennial Dr TC* FC** CMT			<u> </u>			Sample Stn #3 End of Butler Rd TC* FC** CMT					
YEAR	DATE	TC*	FC**	CMT	TC*	FC**	CMT	TC*	FC**	CMT	IC*	FC**	CMT	TC*	FC**	CMT	TC*	FC**	CMT
2024																			
	30-Jan	L1	L1		L1	L1		L1	L1		L1	L1		L1	L1		L1	L1	
	21-Feb	L1	L1		L1	L1		L1	L1		L1	L1		L1	L1		L1	L1	
	5-Mar	L1	L1		L1	L1		L1	L1		L1	L1		L1	L1		L1	L1	
	23-Apr	L1	L1		L1	L1		L1	L1		L1	L1		L1	L1		L1	L1	
	22-May	L1	L1		L1	L1		L1	L1		L1	L1		L1	L1		L1	L1	
	18-Jun	L1	L1		L1	L1		L1	L1		L1	L1		L1	L1		L1	L1	
	8-Jul	L1	L1		L1	L1		L1	L1		L1	L1		L1	L1		L1	L1	
	20-Aug	L1	L1		L1	L1		L1	L1		L1	L1		L1	L1		L1	L1	
	16-Sep	L1	L1		L1	L1		L1	L1		L1	L1		L1	L1		L1	L1	
	8-Oct	L1	L1		L1	L1		L1	L1		L1	L1		L1	L1		L1	L1	
	26-Nov	L1	L1		L1	L1		L1	L1		L1	L1		L1	L1		L1	L1	
	17-Dec	L1	L1		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

 \sim More than 200

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