

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

Part III Form 2
Section 11. ANNUAL REPORT.

Drinking-Water System Number:	220002663
Drinking-Water System Name:	Lucknow Well Supply
Drinking-Water System Owner:	Township of Huron Kinloss
Drinking-Water System Category:	Large Municipal Residential System
Period being reported:	January 1/2006 – December 31/2006

<p><u>Complete if your Category is Large Municipal Residential or Small Municipal Residential</u></p> <p>Does your Drinking-Water System serve more than 10,000 people? Yes [] No [X]</p> <p>Is your annual report available to the public at no charge on a web site on the Internet? Yes [] No [X]</p> <p>Location where Summary Report required under O. Reg. 170/03 Schedule 22 will be available for inspection.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Veolia Water Canada, 100 Cove Rd Goderich, ON N7A 3Z2 Township of Huron Kinloss, Gox 130, Ripley, ON N0G 2R0 </div>	<p><u>Complete for all other Categories.</u></p> <p>Number of Designated Facilities served:</p> <div style="border: 1px solid black; padding: 2px; width: 60px; margin: 5px auto;">N/A</div> <p>Did you provide a copy of your annual report to all Designated Facilities you serve? Yes [] No []</p> <p>Number of Interested Authorities you report to:</p> <div style="border: 1px solid black; padding: 2px; width: 60px; margin: 5px auto;">N/A</div> <p>Did you provide a copy of your annual report to all Interested Authorities you report to for each Designated Facility? Yes [X] No []</p>
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Note: For the following tables below, additional rows or columns may be added or an appendix may be attached to the report

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

Drinking Water System Name	Drinking Water System Number
South Lucknow Dist. System	260003123

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 [X] No []

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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. Supplied report to the Township of Huron-Kinloss to notify residents.

Describe your Drinking-Water System

The Lucknow Well System consists of two drilled wells that separately feed into a common distribution system, and a water tower. Well # 4 was drilled to an approximate depth of 54.8 meters in 1959, Well # 5 was drilled to an approximate depth of 58.8 meters in 1967. Together they service a population of approximately 1100 people.

List all water treatment chemicals used over this reporting period

Sodium Hypochlorite

Were any significant expenses incurred to?

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

Please provide a brief description and a breakdown of monetary expenses incurred

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
Aug. 29/06	Low Cl2	0	Mg/l	Repaired Chlorine System & Flushed Contact Chamber	Sept. 1/06
Aug. 30/06	Negative Pressure			Two Sets Samples Taken	Sept. 5/06

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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 # 4	52	0	0	0	
Raw # 5	52	0	0	0	
Treated # 4	52	0	0	20	<10 - 50
Treated # 5	52	0	0	20	<10
Distribution	164	0	0	43	<10 - 30

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	Range of Results (min #)-(max #)
Turbidity # 4	365	.101 - .643
Turbidity # 5	365	.076 - 1.58
Chlorine # 4	411	.18 - 1.75
Chlorine # 5	401	0 - 1.94
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, order or other legal instrument.

Date of legal instrument issued	Parameter	Date Sampled	Result	Unit of Measure
N/A				

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
N/A			

(Only if DWS category is large municipal residential, small municipal residential, large municipal non residential, non municipal year round residential, large non municipal non residential)