



OPTIONAL ANNUAL REPORT TEMPLATE

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|--|------------------------------------|
| Drinking-Water System Number: | 220002636 |
| Drinking-Water System Name: | Ripley Well Supply |
| Drinking-Water System Owner: | Township of Huron Kinloss |
| Drinking-Water System Category: | Large Municipal Residential System |
| Period being reported: | January 1/2009 – December 31/2009 |

| | |
|--|---|
| <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;"> <p>Veolia Water Canada, 100 Cove Rd., Goderich, ON N7A 3Z2 Township of Huron Kinloss Box 130, Ripley, ON N0G 2R0</p> </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: fit-content;">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: fit-content;">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 [] No []</p> |
|--|---|

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 |
|----------------------------|------------------------------|
| N/A | |

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

Describe your Drinking-Water System:

The Ripley Well Supply consists of two wells servicing approximately 680 residents in the Township of Huron-Kinloss. Well #1 – a 203 mm diameter, 84.4m deep drilled groundwater well, located approximately 30 m east of Huron Street and 65 m south of Jesse Street within the existing pumphouse. Well # 2 – a 203 mm diameter, 85.3 m deep drilled groundwater well, located approximately 60 m east of Huron Street and 65 m south of Jesse Street equipped with a sanitary well seal and pitless adapter. Chemical feed pumps-2-one duty, one standby sodium hypochlorite pumps with auto switchover and alarms. Solution tank- polyethylene sodium hypochlorite solution tank and containment tank and one standby. High Lift Pumps-one duty and one standby. SCADA- Controls, monitoring, recording, alarms. Turbine Meter-Flow to distribution system. Chlorine Analyzer and Turbidimeter. Reservoir and Generator.
Maximum Water Taken - 864 m³/d

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

New Redundant Auto-dialer
New UPS for Chlorine Analyzer and RTU/RPU
Replaced ACT-PAC flow monitoring device

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 |
|---------------|---|--------|-----------------|--|------------------------|
| Jan. 1/09 | Microbial – E-Coli count of 1/100 mL TW AWQI # 86014 | 1 | /100 mL | Resampled – two sets samples taken resulting in “0” bacteria. | Jan. 5/09 |
| Mar. 8/09 | UPS Malfunction AWQI # 86994 | | | Reset UPS and verified Chlorine residuals, 1.55 mg/L at POE, 1.53 mg/L DW. | Mar. 10/09 |
| Apr. 15/09 | UPS Failure AWQI # 87609 | | | Replaced UPS | Apr. 16/09 |

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 | 108 | 0 – 1 | 0 – 1 | | |
| Treated | 54 | 0 | 0 | 54 | <10 – 20 |
| Distribution | 113 | 0 | 0 | 59 | <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 #) |
|---|------------------------|----------------------------------|
| Well # 1 Raw Turbidity | 40 | 0.110 – 0.570 NTU |
| Well # 2 Raw Turbidity | 43 | 0.120 – 0.590 NTU |
| Online Turbidity | 8760 | 0.099 – 0.680 NTU |
| Online Chlorine | 8760 | 0.85 – 2.02 mg/L |
| Treated Chlorine | 363 | 0.88 – 2.09 mg/L |
| Distribution Chlorine | 421 | 0.17 – 2.12 mg/L |
| 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 | | | | |

Summary of Inorganic parameters tested during this reporting period or the most recent sample results- See Attachment

*only for drinking water systems testing under Schedule 15.2; this includes large municipal non-residential systems, small municipal non-residential systems, non-municipal seasonal residential systems, large non-municipal non-residential systems, and small non-municipal non-residential systems

Summary of Lead testing under Schedule 15.1 during this reporting period

(applicable to the following drinking water systems; large municipal residential systems, small municipal residential systems, and non-municipal year-round residential systems)

| Location Type | Number of Samples | Range of Lead Results (min#) – (max #) | Number of Exceedances |
|---------------|-------------------|--|-----------------------|
| Plumbing | N/A | | |
| Distribution | | | |

Summary of Organic parameters sampled during this reporting period or the most recent sample results – See Attachment

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 |
|-----------|--------------|-----------------|------------------|
| Sodium | 27.8 28.2 | mg/L | June 5/June20/06 |
| Fluoride | 1.92 | mg/L | Dec. 1/09 |