



OPTIONAL ANNUAL REPORT TEMPLATE

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 1/2008 – December 31/2008

<p><b><u>Complete if your Category is Large Municipal Residential or Small Municipal Residential</u></b></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><b><u>Complete for all other Categories.</u></b></p> <p>Number of Designated Facilities served:  <div style="border: 1px solid black; padding: 2px; width: 100px; text-align: center;">N/A</div> </p> <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: <div style="border: 1px solid black; padding: 2px; width: 100px; text-align: center;">N/A</div></p> <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**

N/A



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
Mar. 1/08	Low Pressure due to system control Lockout-Main Break	0	PSI	Main Repaired-Cl2 1.55,1.17,1.69, 1.49,1.69,0.43, 1.56,1.38 mg/L Two Sets Samples Taken Resulting in "0" Bacteria.	Mar. 3/08

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	106	0	0		
Treated	53	0 - 1	0 - 1	53	<10 - 50
Distribution	118	0	0	77	<10 - 780

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	41	0.050 – 0.380
Well # 2 Raw Turbidity	38	0.070 – 0.510
Online Turbidity	366	0.094 – 1.34
Treated Chlorine	8760	0.25 – 5.04
Distribution Chlorine	350	0.10 – 1.83
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	88	0.03 – 1.42	None
Distribution	8	0.04 – 0.68	None

**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	1.50,1.96,1.86,2.17, 1.74,2.04		Jan. 1, Feb. 29, Apr.22, May 22, July 30, Oct. 28/08

