



OPTIONAL ANNUAL REPORT TEMPLATE

Drinking-Water System Number:	220008863
Drinking-Water System Name:	Whitechurch Well Supply
Drinking-Water System Owner:	Township of Huron Kinloss
Drinking-Water System Category:	Small Municipal Residential
Period being reported:	January 1/2008 – December 31/2008

<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: <div style="border: 1px solid black; padding: 2px; display: inline-block;">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; display: inline-block;">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>
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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
None	

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

Two drilled groundwater wells located southeast of a new pumphouse #1 (NAD 83, UTM Zone 17, 467427 E, 4862859 N) with a 156 mm inner diameter steel casings, depth approximately 73m, #2 NAD 83, UTM Zone 17,4862837N, 467427E -156 mm casing depth approximately 55 m. Each equipped with a 3.7 kW submersible pumps, each rated at 3.28 L/s at 69m TDH. Sodium hypochlorite disinfection equipment consisting of two (2) chemical feed pumps, duty and standby, rated at 3.75 L/hr, one 114 L sodium silicate storage tank and two (2) chemical feed pumps, duty and standby, raw water flow meters on each well, effluent turbidimeter for monitoring purposes only, chlorine residual analyzer. 15 KW diesel generator and fuel system, located in a sound attenuated, weather-proof enclosure. All in a 5m x 6m building housing treatment and control facilities including five new hydropneumatic pressure control tanks each with a total volume of 450L and an effective volume of 120L, raw water flow control valve, plant service water connection including backflow preventer, process piping, valves, fittings, raw and treated water sample taps, chemical injection points, electrical and SCADA systems.

Maximum Water Taking Well # 1 260 m3/d Well # 2 260 m3/d Total taking 260 m3/d

List all water treatment chemicals used over this reporting period

Sodium Hypochlorite
Sodium Silicate

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

Second well was equipped with a submersible pump and put in service after tests proved it was not subject to the influence of groundwater.



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. 15/08	Alarm System Not Working			I.T. Contractor examined equipment on Jan. 18/08 Put Alarms back to RTU on Jan. 22/08	January 22/08
Apr. 8/08	Low Cl ₂ residual at Point of Entry	0.16	Mg/L	Two Sets Samples Taken Resulting in "0" Bacteria.	Apr. 14/08
May 20/08	Low Cl ₂ Residual on Treated Water	0.04	Mg/L	Injector Plugged. Moved to another injection site. Flushed, Residuals 0.96, 0.94, 1.03, 0.75 mg/L. Two sets samples taken resulting in "0" Bacteria.	May 26/08
Oct. 5/08	Low Cl ₂ due to a Chlorine Pump Failure.	0.04	Mg/L	Chlorine Pump Repaired. Two sets samples taken resulting in "0" Bacteria. Residuals 0.93, 1.31, 1.06, 1.04, 1.01, 1.11 mg/L	Oct. 10/08



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	53	0	0-14		
Treated	57	0	0	57	<10 - 50
Distribution	62	0	0	57	<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	349	0.07 – 1.37
Chlorine	8760	0.04 – 5.76
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
Feb. 21/07	Barium	Feb. 20/08	969	Ug/L
		May 13/08	935	
		Aug. 12/08	994	
		Nov. 11/08	943	

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



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

(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	24	0.07 – 1.90	None
Distribution	2	0.25	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
Barium	969	Ug/L	Feb. 20/08
	935		May 13/08
	994		Aug. 12/08
	943		Nov. 11/08

