

**Part III Form 2**
**Section 11. ANNUAL REPORT.**

<b>Drinking-Water System Number:</b>	260046904
<b>Drinking-Water System Name:</b>	Dawn-Euphemia Water Distribution System
<b>Drinking-Water System Owner:</b>	Township of Dawn-Euphemia
<b>Drinking-Water System Category:</b>	WD I
<b>Period being reported:</b>	2018

<p><b><u>Complete if your Category is Large Municipal Residential or Small Municipal Residential</u></b></p> <p><b>Does your Drinking-Water System serve more than 10,000 people? Yes [ ] No [x]</b></p> <p><b>Is your annual report available to the public at no charge on a web site on the Internet? Yes [x] No [ ]</b></p> <p><b>Location where Report required under O. Reg. 170/03 Schedule 22 will be available for inspection.</b></p> <div style="border: 1px solid black; padding: 5px;">                 Township of Dawn-Euphemia Municipal Office                  Municipal Library, Florence, Ontario                  Municipal Website             </div>	<p><b><u>Complete for all other Categories.</u></b></p> <p><b>Number of Designated Facilities served:</b> <input type="text" value="n/a"/></p> <p><b>Did you provide a copy of your annual report to all Designated Facilities you serve? Yes [ ] No [ ]</b></p> <p><b>Number of Interested Authorities you report to:</b> <input type="text" value="n/a"/>  <b>none</b></p> <p><b>Did you provide a copy of your annual report to all Interested Authorities you report to for each Designated Facility? Yes [ ] No [ ] n/a</b></p>
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**List Drinking-Water Systems, which receive all of their drinking water from your system:**

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 [x] No [ ] n/a

**Indicate how you notified system users that your annual report is available, and is free of charge.**

- [ x ] 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 - notice included on water bills

**Describe your Drinking-Water System**

Water distribution system with 50 mm dia. to 200 mm dia. Water receives from the Township of Enniskillen Water Distribution System at five metered connections

**List all water treatment chemicals used over this reporting period**

none

**Were any significant expenses incurred to?**

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

**Describe**

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
July 23/18	Total Coliforms	1.12	Mg./L.	Resample	July 25/18

**Microbiological testing done under section 8 (2) during this reporting period**

	Number of Samples	Range of E.Coli or Fecal Results (#-#)	Range of Total Coliform Results (#-#)	Number of HPC Samples	Range of HPC Results (#-#)
Raw					
Treated					
Distribution	210	0 – 0	0 – 1.12	210	<10 – >2000

**Operational testing done under Schedule 7, 8 or 9 during the period covered by this Annual Report.**

	Number of Grab Samples	Range of Results (#-#)
Chlorine – dist.	210	0.65 – 1.58

*NOTE: For continuous monitors use 8760 as the number of samples.*

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


**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 or order.**

Date of order or C of A	Parameter	Date Sampled	Result	Unit of Measure

**Summary of Inorganic parameters tested during this reporting period or most recent**

Parameter	Sample Date	Result Value	Unit of Measure	Exceedance

**Summary of Organic parameters sampled during this reporting period or most recent**

Parameter	Sample Date	Result Value	Unit of Measure	Exceedance
Bromodichloromethane	2018	7.5 – 10	ug/l	
Bromoform	2018	ND <0.34	ug/l	
Chloroform	2018	14 - 45	ug/l	
Dibromochloromethane	2018	2.5 – 3.2	ug/l	
Total trihalomethanes	2018	0.24 – 0.58	ug/l	
Range of 4 samples taken on Jan.8, Apr.3, Jul.3 and Oct. 15, 2018.				




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
	➤		

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