



OPTIONAL ANNUAL REPORT TEMPLATE

Drinking-Water System Number:	220007757
Drinking-Water System Name:	Huron Sands Well Supply
Drinking-Water System Owner:	Township of Ashfield-Colborne-Wawanosh
Drinking-Water System Category:	Small Municipal Residential
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 Ashfield-Colborne- Wawanosh, 82133 Council Lane, R.R. # 5 Goderich, ON N7A 3Z2</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: 100px; 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: 100px; 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 [] 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
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 to the Township of Ashfield-Colborne-Wawanosh to notify residents.

Describe your Drinking-Water System

Huron Sands has a well pumphouse located on Lot 19, Front Concession in the Huron Sands Subdivision, (NAD27 Zone 17, UTM:441880.00 mE, 4866240.00 mN), housing supply and treatment facilities, including a 200 mm diameter well, equipped with a submersible well pump rated at 3.8 L/s at 100m TDH with associated piping, valves and controls. Two 325 Litre pressure tanks; two 450 Litre pressure tanks, a sodium hypochlorite tank with two chlorine metering pumps, a sodium silicate storage tank with one metering pump; a flowmeter, a chlorine residual analyzer, a turbidity meter, alarm equipment and controls. A oversized watermain of 900 mm diameter and 6.1 metres long to provide a minimum of 15 minutes disinfection contact time at a peak flowrate of 3.8 L/s. A flow control valve in the well pump discharge piping, factory set to limit the rate of flow to 228 L/min, in accordance with Permit to Take Water.
Maximum Daily Volume 328.32 m3/day

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
10/9/09	Loss of Pressure due to power failure.	0	PSI	Power restored. Hydro outages due to pole repair. Two sets samples taken resulting in "0" Bacteria. Pre-cautionary boil water lift	

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	21	0	0		
Treated	24	0	0	23	<10 - 10
Distribution	27	0	0	25	<10 - 20

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-Raw	15	0.36 – 1.67 NTU
Turbidity-Treated	227	0.241 – 0.960 NTU
Chlorine	436	0.43 – 2.17 mg/l
Distribution Cl2	223	0.74 – 1.64 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 Attached

*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	12	0.15 – 0.75 NTU	None
Distribution	2	0.18 – 0.33 NTU	None

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

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
Fluoride	2.36	Mg/L	Oct. 5/07
Sodium	23.3	Mg/L	June 6/06