

DRINKING WATER SYSTEM ANNUAL REPORT						
Reporting Period: January 1 <sup>st</sup> to December 31 <sup>st</sup> , (year)						
Water System						
Water System Owner						
Primary Contact Name (Operator or Manage	er)					
Phone Number (Operator or Manager)						
E-mail (Operator or Manager)						
DESCRIBE YOUR WATER SUPPLY SYSTEM						
What is the Source(s) of Raw Water?						
Deep Well Shallow Well	Surface Water	Other				
If other, specify details:						
Does the Drinking Water System have	Primary Disinfection?	Yes	□No			
Chlorination Ultraviolet Lig	ght Ozone	Other				
If other, specify details:						
Does the Drinking Water System have	Secondary Disinfection?	Yes	□No			
ChlorinationOther						
If other, specify details:						
Does the Drinking Water System have	Filtration?	Yes	No			
Check all boxes that apply	□a <del></del>	Па а .	Пол			
Cartridge Filter(s) Carbon Filter	Sand Filtration	Reverse Osmosis	Other			
If other, specify details:						
D						
PUBLIC REPORTING						
Emergency Response & Contingency Plan (ERCP)						
Is your ERCP up to Date?	Yes	∐No				
How do you Inform the System Users of		Litility Dill locart	□\Mahsita			
Hand Delivered Bulletin Board	d Newspaper	Utility Bill Insert	Website			
Other (specify details)  Prinking Water System Annual Penert						
Drinking Water System Annual Report  How do you Inform the System Users of the Annual Report?						
Hand Delivered Bulletin Board	_	Utility Bill Insert	Website			
Other (specify details)	a Misconshahei					



	MIT			
ist the conditions of your Ope	rating Permit (Contact the DW	O for a copy	if needed):	
Are you in compliance with yo	ur Operating Permit?	Yes	S	No
BACTERIOLOGICAL TESTING AND DR	INKING WATER PROTECTION REGUI	ATION WATER	Quality Stan	DARDS
How many bacteriological san	nples were collected during thi	s reporting pe	eriod?	
What is the minimum required	sampling frequency for this sy	vstem? (#sam	nples/month)	
A -1-1212 1 12 1 - 1				
Additional sampling details:				□No
<u> </u>	mpling frequency achieved?	Yes	3	
Was the minimum required sa	mpling frequency achieved?	∐Ye:	3	
Was the minimum required sa Comments: Bacteriological summary attac	thed to this report?	Ye:		□No
Was the minimum required sa Comments: Bacteriological summary attac If no, how do the users of the s	thed to this report? System view the results?			□No
Was the minimum required sa Comments: Bacteriological summary attac If no, how do the users of the s WATER QUALITY STANDARDS FOR F	thed to this report? System view the results?		S	□No stem meet standard?
Comments:  Bacteriological summary attack  If no, how do the users of the second secon	ched to this report? System view the results? POTABLE WATER	Yes	S	
Was the minimum required sa Comments: Bacteriological summary attack If no, how do the users of the sa Water Quality Standards for F Parameter: Escherichia coli	ched to this report? System view the results? POTABLE WATER Standard:	Yes	Did this sys	stem meet standard?
Was the minimum required sa Comments: Bacteriological summary attack If no, how do the users of the sa WATER QUALITY STANDARDS FOR F Parameter: Escherichia coli (for all samples) Total Coliform Bacteria (if only 1 sample collected in a 30 day period) Total Coliform Bacteria (if more than 1 sample collected in a	Cotable Water  No detectable total coliform bacteri No more than 10% of samples contacoliform bacteria, and No sample has	O0ml a per 100ml in total is more than	Did this sys	stem meet standard?
Was the minimum required san Comments:  Bacteriological summary attack of the san the	POTABLE WATER  Standard:  No detectable Escherichia coli per 1  No more than 10% of samples contacoliform bacteria, and No sample has 10 total coliform bacteria per 100m  of above Drinking Water Prot	OOml a per 100ml in total as more than	Did this sys	stem meet standard?  No  No
Was the minimum required san Comments: Bacteriological summary attack of the san the s	POTABLE WATER  Standard:  No detectable Escherichia coli per 1  No more than 10% of samples contacoliform bacteria, and No sample has 10 total coliform bacteria per 100m  of above Drinking Water Prot	OOml a per 100ml in total as more than	Did this sys	stem meet standard?  No  No



Was any cher					
	nıcaı sampııng (	conducted durir	ng reporting period	?\	es No
If no, when w	ere the last che	emical samples o	conducted for this s	ystem? (date)	Don't kno
If yes, attach	a list of the che	mical results			
	•	meet the Guide		Drinking Water Qu	ality, record the results in
Next schedule	ed full chemical	<i>test</i> (date)			
Parameter	Result	Corrective A	ction / Treatment /	Comments	
Additional Tes	STING				
Does the syste	em have analyz	ers for continuo	ous monitoring?	Yes	□No
If yes, check a	ll boxes that ap	oply:			
Chlorine	Tur	bidity	Other (details)		
Are the result	s available on r	request?			
If any addition sheets if nece	_	ampling was co	nducted, record res	ults in the table bel	ow; attach additional
sheets if nece	_		nducted, record res		ow; attach additional
sheets if nece	ssary.				ow; attach additional
sheets if nece	ssary.				ow; attach additional
sheets if nece	ssary.				ow; attach additional
sheets if nece	ssary.				ow; attach additional
sheets if nece	ssary.				ow; attach additional
Additional Te	ssary. sting & Reason	for Sampling y complaints in	Corrective Action		ow; attach additional
WATER QUALIT Were there ar period? (e.g. 1	y COMPLAINTS  ny water quality taste, odour, co	for Sampling  y complaints in clour etc.)	Corrective Action	Taken	
WATER QUALIT Were there are period? (e.g. 1)	y COMPLAINTS  ny water quality taste, odour, co	for Sampling  y complaints in  lour etc.)	this reporting	Taken	
WATER QUALIT Were there as period? (e.g. to lif yes, comple	Y COMPLAINTS  ny water quality taste, odour, co	for Sampling  y complaints in  lour etc.)	this reporting	Yes	
WATER QUALIT Were there as period? (e.g. to lif yes, comple	Y COMPLAINTS  ny water quality taste, odour, co	for Sampling  y complaints in  lour etc.)	this reporting	Yes	



OPERATIONAL PROBLEMS						
Were there any operational problems during this reporting period? (e.g. insufficient water supply, malfunction of						
If yes, complete the table below; attach additional sheets if necessary.						
Incident Date Type of Operational Problem Corre				tive Actio	on Taken	n
Major Upgrade	ES/REPAIRS & EXPENSES					
	y major upgrades/rep g this reporting period	-	ajor cos	its	∐Yes	s No
If yes, complete	If yes, complete the table below; attach additional sheets if necessary.					
Major Upgrade	es/Expenses	Details				
Improvements	required by DWO					
Additions/chan	iges to system					
Purchase or ins	tall new equipment					
Equipment rep	air or replacement					
Annual mainter	nance of system					
Specialist repor	rt					
Other						
FUTURE IMPROVE	EMENTS					<u></u>
Are there any plans for future improvements?						
If yes, complete the table below; attach additional sheets if necessary.						
Future Upgrades or Improvements						Estimated Date of Completion
Click here to				COMPLETE:	n Rv•	
DATE COMPLETED: COMPLETED BY:						