

**Part III Form 2**

**Section 11. ANNUAL REPORT.**

<b>Drinking-Water System Number:</b>	220004377
<b>Drinking-Water System Name:</b>	Enniskillen Water Distribution System
<b>Drinking-Water System Owner:</b>	Township of Enniskillen
<b>Drinking-Water System Category:</b>	WD II
<b>Period being reported:</b>	2014

<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> <p><b>Township of Enniskillen Municipal Office 4465 Rokeby Line</b></p>	<p><b><u>Complete for all other Categories.</u></b></p> <p><b>Number of Designated Facilities served: none</b></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: 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 [ ]</b></p>
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**List Drinking-Water Systems, which receive all of their drinking water from your system:**

<b>The Village of Oil Springs Water Distribution System and the Township of Dawn-Euphemia Water Distribution System</b>
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**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 [ ]**

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

**[ x ] Public access/notice via the web**

**[ x ] 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

**Describe your Drinking-Water System**

**Pumping Station and Water Reservoir with capacity = 1360 m3.**  
**Water distribution system with 50 mm dia. to 250 mm dia. watermain extending into a portion of the City of Sarnia and the Township of Brooke-Alvinston.**  
**Connected to the Town of Petrolia water distribution system at eight metered connections.**  
**Supplies water to the Village of Oil Springs water distribution system at 2 metered connection points and to the Township of Dawn-Euphemia at 5 metered connection points.**

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

**Hypochlorite (12%)**

**Were any significant expenses incurred to?**

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

**Describe**

**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
July2, 2014	Total coliform	9 MAC	Cfu/100 mL	Yes ,resample	July4,5 2014

**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 (#-#)
<b>Raw</b>					
<b>Treated</b>	106	0 - 0	0 - 0	106	<10 - 190
<b>Distribution</b>	159	0 - 0	0 - 9	159	<10 - 20

**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. - Res. discharge	260	0.79-1.95mg/L

*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	2014	5.9-9.0	ug/l	
Bromoform	2014	0.34<M DL	ug/l	
Chloroform	2014	9.6-29	ug/l	
Dibromochloromethane	2014	2.6-3.8	ug/l	
Total Trihalomethanes	2014	18-43	ug/l	
Average of 4 samples taken on Feb.4,May14,Aug.12, Nov.5, 2014				

**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)**

