Part III Form 2 Section 11. ANNUAL REPORT.

Drinking-Water System Number: Drinking-Water System Name: Drinking-Water System Owner: Drinking-Water System Category:

Enniskillen Water Distribution System

Township of Enniskillen

rv: WD II

220004377

2016

Period being reported:

Residential or Small Municipal Residential	Complete for all other Categories.
Does your Drinking-Water System serve more than 10,000 people? Yes [] No [x]	Number of Designated Facilities served: none
Is your annual report available to the public at no charge on a web site on the Internet? Yes [x] No []	Did you provide a copy of your annual report to all Designated Facilities you serve? Yes [] No []
Location where Report required under	
O. Reg. 170/03 Schedule 22 will be available for inspection.	Number of Interested Authorities you report to: none
Township of Enniskillen Municipal Office 4465 Rokeby Line	Did you provide a copy of your annual report to all Interested Authorities you report to for each Designated Facility? Yes [] No []

List Drinking-Water Systems, which receive all of their drinking water from your system:

The Village of Oil Springs Water Distribution System and the Township of Dawn-Euphemia Water Distribution System

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 a	ccess/notice via a news	paper			
	cess/notice via Public l				
[] Public access/notice via a Public Library					
[] Public access/notice via other method					
Describe you	ır Drinking-Water Sys	tem			
Pumping Sta	ation and Water Reser	voir with	capacity =	= 1360 m3.	
	bution system with 50				tending into a
portion of th	e City of Sarnia and tl	ne Towns	hip of Bro	oke-Alvinston.	
Connected to	o the Town of Petrolia	water dis	stribution	system at eight met	ered
connections.					
	ter to the Village of Oil	_		•	
_	oints and to the Town	ship of D	awn-Euph	emia at 5 metered	connection
points.					
T * .4 . 114 .	. 4 4 4 . 1 1		41.	4*	
	r treatment chemicals	usea ove	r tnis repo	rung perioa	
Soaium F	Hypochlorite (12%)				
Were any sig	gnificant expenses incu	rred to?			
	l required equipment				
	r required equipment				
•	ce required equipment				
Describe					
_					
	ils on the notices subm				` '
	ater Act or section 16-	4 of Sche	dule 16 of	O.Reg.170/03 and 1	reported to
Spills Action		T	T ==	T	T
Incident Date	Parameter	Result	Unit of Measure	Corrective Action	Corrective Action Date

Incident Date	Parameter	Result	Unit of Measure	Corrective Action	Corrective Action Date

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

Microbiological	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	94	0 - 0	0 - 0	90	<10 ->2000
Distribution	188	0 - 0	0 -0	180	<10 – 50

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	261	0.66-1.66mg/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	Result	Unit of	Exceedance
	Date	Value	Measure	
Bromodichloromethane	2016	5.4-7.0	ug/l	n/a
Bromoform	2016	0.34 <	ug/l	n/a
		MDL		
Chloroform	2016	10-22	ug/l	n/a
Dibromochloromethane	2016	1.9-2.4	ug/l	n/a
Total Trihalomethanes	2016	18-31	ug/l	n/a
4 samples taken on Jan.7,April 13,July				
06, Oct.18, 2016				

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)