Part III Form 2
Section 11. ANNUAL REPORT.
Drinking-Water System Number:
Drinking-Water System Name:
Drinking-Water System Owner:
Drinking-Water System Category:
Period being reported:

| $\mathbf{2 2 0 0 0 4 3 7 7}$ |
| :--- |
| Enniskillen Water Distribution System |
| Township of Enniskillen |
| WD II |
| 2016 |

## Complete if your Category is Large Municipal Residential or Small Municipal Residential

Does your Drinking-Water System serve more than 10,000 people? Yes [ ] No [x] Is your annual report available to the public at no charge on a web site on the Internet?
Yes [ x ] No [ ]
Location where Report required under
O. Reg. 170/03 Schedule 22 will be available for inspection.

Township of Enniskillen Municipal Office 4465 Rokeby Line

## Complete for all other Categories.

Number of Designated Facilities served: none

Did you provide a copy of your annual report to all Designated Facilities you serve?
Yes [ ] No [ ]
Number of Interested Authorities you report to:
none
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 access/notice via a newspaper
[x] 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 $=1360 \mathrm{m3}$.
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

> Sodium Hypochlorite (12\%)

Were any significant expenses incurred to?
[n] Install required equipment
[n] Repair required equipment
[n] 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 <br> Date | Parameter | Result | Unit of <br> Measure | Corrective Action | Corrective <br> Action Date |
| :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

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

|  | Number <br> of <br> Samples | Range of <br> E.Coli or <br> Fecal <br> Results <br> (\#-\#) | Range of <br> Total <br> Coliform <br> Results <br> (\#-\#) | Number <br> of HPC <br> Samples | Range of HPC <br> Results <br> $(\#-\#)$ |
| :--- | :--- | :--- | :--- | :--- | :--- |
| 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 <br> of Grab <br> Samples | Range of Results <br> $(\#-\#)$ |
| :--- | :--- | :--- |
| Chlorine - dist. <br> - Res. <br> discharge | $\mathbf{2 6 1}$ | $\mathbf{0 . 6 6 - 1 . 6 6 m g} / \mathrm{L}$ |
|  |  |  |
|  |  |  |

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 <br> Date | Result <br> Value | Unit of <br> Measure | Exceedance |
| :--- | :--- | :--- | :--- | :--- |
| Bromodichloromethane | 2016 | $5.4-7.0$ | ug/l | n/a |
| Bromoform | 2016 | $0.34<$ <br> MDL | ug/l | n/a |
| 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 <br> 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 |
| :--- | :--- | :--- | :--- |
|  |  |  |  |

[^0]
[^0]:    (Only if category is large municipal residential, small municipal residential, large municipal non residential, small municipal non residential, large non municipal non residential)

