

# Drinking-Water Systems Regulation O. Reg. 170/03

<b>Drinking-Water System Number:</b>	210000728
<b>Drinking-Water System Name:</b>	North Dundas DWS
<b>Drinking-Water System Owner:</b>	Township of North Dundas
<b>Drinking-Water System Category:</b>	Large Municipal Residential
<b>Period being reported:</b>	July 1 to December 31, 2012

<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 Summary Report required under O. Reg. 170/03 Schedule 22 will be available for inspection.</b></p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">                 Available at the Township of North Dundas Office, 636 St. Lawrence Street, Winchester, Ontario and on their website <a href="http://www.northdundas.com">www.northdundas.com</a> </div>	<p><b><u>Complete for all other Categories.</u></b></p> <p><b>Number of Designated Facilities served:</b>  <input style="width: 100px; height: 20px;" type="text"/></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:</b> <input style="width: 100px; height: 20px;" type="text"/></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 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	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 [ ] N/A [x]**

**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 \_\_\_\_\_

**Describe your Drinking-Water System**

The North Dundas Drinking Water System consists of eight (8) groundwater production wells, five (5) pumphouses each with chlorine disinfection equipment, two (2) storage reservoirs, and the distribution system consisting of two (2) elevated storage tanks and approximately 41.5 km of distribution piping. Sodium hypochlorite is used to provide primary and secondary disinfection.

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

Sodium hypochlorite was used at an average dosage rate of 3.78 mg/L.

**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**

Chesterville water tower inspection  
 Replaced diesel fuel tank at Well 6  
 Purchased new well 7B pump & VFD  
 Repaired chlorine pump at Well 7

**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
Jul. 9/13	Total Coliform	1	Cfu/100mL	Resample	Jul. 11/12

**Microbiological testing done under the Schedule 10, 11 or 12 of Regulation 170/03, during this reporting period.**

	Number of Samples	Range of <i>E. coli</i> Or Fecal Results (min #)-(max #)	Range of Total Coliform Results (min #)-(max #)	Number of HPC Samples	Range of HPC Results (min #)-(max #)
<b>Raw</b>	400	0-0	0-0	n/a	n/a
<b>Treated</b>	390	0-0	0-0	130	0-32
<b>Distribution</b>	308	0-0	0-1	54	0-24

**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 #)
<b>Turbidity</b>	48	0.12-0.69 NTU
<b>Chlorine</b>	8760	0.24-5.00 mg/L
<b>Fluoride</b>	n/a	n/a

*NOTE: For continuous monitors use 8760 as the number of samples.*

**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**

Parameter	Minimum Sample Date	Maximum Sample Date	Minimum Value	Maximum Value	Unit of Measure	Exceedance
<b>Nitrite</b>	07/03/2012	10/09/2012	<0.005	<0.10	mg / L	No
<b>Nitrate</b>	07/03/2012	10/01/2012	<0.013	0.24	mg / L	No

**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
<b>Plumbing</b>	n/a	n/a	n/a
<b>Distribution</b>	n/a	n/a	n/a

**Summary of Organic parameters sampled during this reporting period or the most recent sample results**

Parameter	Sample Date	Result Value	Unit of Measure	Exceedance
THM (NOTE: show latest annual average)	10/09/2012	21.5	µg / L	No

**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
n/a			