



**OPTIONAL ANNUAL REPORT TEMPLATE**

<b>Drinking-Water System Number:</b>	220001520
<b>Drinking-Water System Name:</b>	SOUTH HURON DISTRIBUTION SYSTEM
<b>Drinking-Water System Owner:</b>	MUNICIPALITY OF SOUTH HURON
<b>Drinking-Water System Category:</b>	LARGE RESIDENTIAL
<b>Period being reported:</b>	2018/01/01 – 2018/12/31

<p><b><u>Complete if your Category is Large Municipal Residential or Small Municipal Residential</u></b></p> <p>Does your Drinking-Water System serve more than 10,000 people? Yes [ ] No [ X ]</p> <p>Is your annual report available to the public at no charge on a web site on the Internet? Yes [ X ] No [ ]</p> <p>Location where Summary Report required under O. Reg. 170/03 Schedule 22 will be available for inspection.</p> <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">OFFICE INTERNET LIBRARY</td> </tr> </table>	OFFICE INTERNET LIBRARY	<p><b><u>Complete for all other Categories.</u></b></p> <p>Number of Designated Facilities served: <input style="width: 100px; height: 20px;" type="text"/></p> <p>Did you provide a copy of your annual report to all Designated Facilities you serve? Yes [ ] No [ ]</p> <p>Number of Interested Authorities you report to: <input style="width: 100px; height: 20px;" type="text"/></p> <p>Did you provide a copy of your annual report to all Interested Authorities you report to for each Designated Facility? Yes [ ] No [ ]</p>
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**Note: For the following tables below, additional rows or columns may be added or an appendix may be attached to the report**

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

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 [ ] NA [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 (Social Media, Facebook, Twitter)\_\_\_\_\_

**Describe your Drinking-Water System**

**LARGE MUNICIPAL RESIDENTIAL DISTRIBUTION CLASS III SURFACE WATER SUPPLIED FROM LAKE HURON PRIMARY WATER SUPPLY SYSTEM (LHPWSS)**

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

**CHLORINE**

**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**

- 1. New Continuous Free Chlorine Analyzer - \$ 8,000**
- 2. Replacement of 2 Critical Control Valves - \$ 8,500**
- 3. Huron Street East watermain replacement (Edward to east town limit) - \$550,000**
- 4. Dashwood Road watermain replacement (Shipka Line to Bronson Line) - \$585,000**
- 5. Shipka Line watermain replacement (South Road to Kirkton Road) - \$372,000**
- 6. Replace watermain in easement (Huron Street to McTaggart Line) - \$139,800**
- 7. Engineering Waterloo Street watermain replacement (London Road to GEXR) - \$70,000**
- 8. Engineering for Huron Park Water Tower CL2 system upgrade - \$10,000**
- 9. Engineering Shipka Line watermain replacement (Kirkton Rd to Dashwood Rd) - \$25,000**
- 10. Engineering Parr Line watermain replacement (north and south of Crediton) - \$25,000**
- 11. Engineering Huron Street watermain replacement (Corbett Line to west end) - \$ 15,264**

**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



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

	Number of Samples	Range of E.Coli Or Fecal Results (min #)-(max #)	Range of Total Coliform Results (min #)-(max #)	Number of HPC Samples	Range of HPC Results (min #)-(max #)
Raw	N/A				
Treated	N/A				
Distribution	524	0	0	161	<10-30

**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 #)	Unit of Measure
Turbidity	N/A		
Chlorine	8760	0.20 – 2.23	MG/L FREE
Fluoride (If the DWS provides fluoridation)	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

**Summary of Inorganic parameters tested during this reporting period or the most recent sample results**

Parameter	Sample Date	Result Value	Unit of Measure	Exceedance
Antimony				
Arsenic				
Barium				
Boron				
Cadmium				
Chromium				
*Lead				
Mercury				
Selenium				
Sodium				
Uranium				
Fluoride				
Nitrite				



<b>Nitrate</b>				
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\*only for drinking water systems testing under Schedule 15.2; this includes large municipal non-residential systems, small municipal non-residential systems, non-municipal seasonal residential systems, large non-municipal non-residential systems, and small non-municipal non-residential systems

**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 #)	Unit of Measure	Number of Exceedances
<b>Plumbing</b>			<b>ug/L</b>	<b>0</b>
<b>Distribution</b>			<b>ug/L</b>	<b>0</b>

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

Parameter	Sample Date	Result Value	Unit of Measure	Exceedance
Alachlor				
Aldicarb				
Aldrin + Dieldrin				
Atrazine + N-dealkylated metabolites				
Azinphos-methyl				
Bendiocarb				
Benzene				
Benzo(a)pyrene				
Bromoxynil				
Carbaryl				
Carbofuran				
Carbon Tetrachloride				
Chlordane (Total)				
Chlorpyrifos				
Cyanazine				
Diazinon				
Dicamba				
1,2-Dichlorobenzene				
1,4-Dichlorobenzene				
Dichlorodiphenyltrichloroethane (DDT) + metabolites				
1,2-Dichloroethane				
1,1-Dichloroethylene (vinylidene chloride)				
Dichloromethane				
2-4 Dichlorophenol				
2,4-Dichlorophenoxy acetic acid (2,4-D)				
Diclofop-methyl				



Dimethoate				
Dinoseb				
Diquat				
Diuron				
Glyphosate				
Heptachlor + Heptachlor Epoxide				
Lindane (Total)				
Malathion				
Methoxychlor				
Metolachlor				
Metribuzin				
Monochlorobenzene				
Paraquat				
Parathion				
Pentachlorophenol				
Phorate				
Picloram				
Polychlorinated Biphenyls(PCB)				
Prometryne				
Simazine				
THM (NOTE: show latest annual average)	SEE NOTE	20.5	UG/L	
Temephos				
Terbufos				
Tetrachloroethylene				
2,3,4,6-Tetrachlorophenol				
Triallate				
Trichloroethylene				
2,4,6-Trichlorophenol				
2,4,5-Trichlorophenoxy acetic acid (2,4,5-T)				
Trifluralin				
Vinyl Chloride				

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

NOTE: FEB 13 - 18  
MAY 8 - 22  
AUG 7 - 23  
NOV 13 - 19

$$82 / 4 = 20.5 \text{ UG/L}$$