



**OPTIONAL ANNUAL REPORT TEMPLATE**

<b>Drinking-Water System Number:</b>	<b>260002876</b>
<b>Drinking-Water System Name:</b>	Smithville Water Distribution
<b>Drinking-Water System Owner:</b>	Township Of West Lincoln
<b>Drinking-Water System Category:</b>	Class 1
<b>Period being reported:</b>	January 1 2014 – December 31 2014

<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> <div style="border: 1px solid black; padding: 5px;"> <p>Township of West Lincoln:          Administrative Building          318 Canborough Road          Smithville ON          L0R 2A0</p> <p>Website: www.westlincoln.ca</p> </div>	<p><b><u>Complete for all other Categories.</u></b></p> <p>Number of Designated Facilities served:  <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div></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:  <div style="border: 1px solid black; width: 100px; height: 20px; text-align: center; margin: 5px 0;">4</div></p> <p>Did you provide a copy of your annual report to all Interested Authorities you report to for each Designated Facility?          Yes [x] 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:**

<b>Drinking Water System Name</b>	<b>Drinking Water System Number</b>
Robert Land Academy Cistern System	260077350
Little House 3- 864 Regional Rd 27 Cistern	260078416
Attercliffe Canadian Reformed elementary School Cistern System	260078884

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.

- 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**

**Smithville Distribution System has approximately 27 km of water mains, serving approximately 4700 residents.**

**The system contains about 200 hydrants and 200 valves.**

**The municipality also has a bulk fill station with two top and two bottom feeds to serve the rural population as well as a small container fill station.**

**All Township owned services are protected by backflow devices as of the end of 2014**

**We receive our water from the Grimsby Water Treatment Plant which is owned by the Regional Municipality of Niagara (MOE waterworks #220007150)**

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

N/A

**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**

**Replaced a Chlorine colorimeter at a cost of \$1,000.00**  
**Replaced service van at a cost of \$25,000.00**  
**Replaced watermain on Canborough St, Northridge Dr. at a cost of approximately \$673,100.00**

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
July 17/14	Total Coliforms	1	CFU/100ml	Flush & resample	July 21/14
Sept 3/14	Total Coliforms	2	CFU/100ml	Flush & resample	Sept 8/14
Sept 5/14	HPC <10	22	CFU/100ml	Flush & resample	Sept 15/14

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					
Treated					
Distribution	343	0	0-16	343	0-22

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	<i>NOTE: For continuous monitors use 8760 as the number of samples.</i>
Turbidity				
Chlorine	343	0.21-0.86	mg/l	
Fluoride (If the DWS provides fluoridation)				

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	Sample Date	Result Value	Unit of Measure	Exceedance
Antimony				
Arsenic				
Barium				
Boron				
Cadmium				

<b>Chromium</b>				
<b>*Lead</b>	Oct 7/14	0.00007- 0.00031	mg/l	0
<b>Mercury</b>				
<b>Selenium</b>				
<b>Sodium</b>				
<b>Uranium</b>				
<b>Fluoride</b>				
<b>Nitrite</b>				
<b>Nitrate</b>				

\*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>exempt</b>			
<b>Distribution</b>	<b>4</b>	<b>0.00002- 0.0031</b>	<b>mg/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)	Oct 7/14	27.95	mg/l	none
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

