

Optional Annual Report Template

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|--|---------------------------------------|
| Drinking-Water System Number: | 2 6 0 0 0 2 2 6 5 |
| Drinking-Water System Name: | Mount Albert Distribution System |
| Drinking-Water System Owner: | The Town of East Gwillimbury |
| Drinking-Water System Category: | Distribution |
| Period being reported: | January 01, 2007 to December 31, 2007 |

| | |
|--|---|
| <p><u>Complete if your Category is Large Municipal Residential or Small Municipal Residential</u></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;"> The Town of East Gwillimbury Civic Centre Community Programs & Infrastructure Department 19000 Leslie Street, Sharon, ON, L0G 1V0 </div> | <p><u>Complete for all other Categories.</u></p> <p>Number of Designated Facilities served:</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> <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:</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> <p>Did you provide a copy of your annual report to all Interested Authorities you report to for each Designated Facility? Yes [] No []</p> |
|--|---|

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 |
|----------------------------|------------------------------|
| 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 [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

“Mount Albert” Water Distribution System is servicing Mount Albert community only and approximate 1,232 household (equal to 3,696 people) use this distribution system at the end of 2007. The water sources for the Mount Albert Water Distribution System are ground water and consist of 2 wells in the community which are owned and operated by the Region of York.

The Town staff that operate and maintain the distribution system are certified and licensed by the Ontario Ministry of Environment. The Town specifically operates and maintains the water mains (with the exception of the Region’s referenced transmission mains), valves, hydrants, meters and service connections to the end users.

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

1. **Vehicle Computer System** (\$19,000) is comprised of the installation of lap-top computers in the four Town water/sewer vehicles to access and input inventory records, access drawings for accurate field locates, record servicing of valves, hydrants and associated appurtenances to maintain compliance with M.O.E. Regulations.

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

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 |
|---------------|-----------|--------|-----------------|-------------------|------------------------|
| N/A | | | | | |

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 | 180 | | | | |

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 #) |
|---|------------------------|----------------------------------|
| Turbidity | N/A | |
| Chlorine | 365 | 0.56 — 1.78 Free |
| Fluoride (If the DWS provides fluoridation) | N/A | |

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

*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, 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 | | | | |
| Chromium | | | | |
| Lead | 2007-12-3 | <0.0007 | mg/l | 0 |
| Mercury | | | | |
| Selenium | | | | |
| Sodium | | | | |
| Uranium | | | | |
| Fluoride | | | | |
| Nitrite | | | | |
| Nitrate | | | | |

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) | 2007-11-26 | 14 | ug/l | 0 |
| 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 |
|-----------|--------------|-----------------|----------------|
| N/A | | | |