



OPTIONAL ANNUAL REPORT TEMPLATE

Drinking-Water System Number:	260002265
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, 2025 to December 31, 2025

<p><i>Complete if your Category is Large Municipal Residential or Small Municipal Residential</i></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; margin-top: 10px;"> <p>East Gwillimbury Civic Centre 19000 Leslie St., Sharon, ON L0G 1V0</p> <p><a href="http://www.eastgwillimbury.ca/en/municipal-services/drinking-water-annual-reports.aspx">www.eastgwillimbury.ca/en/municipal-services/drinking-water-annual-reports.aspx</a></p> </div>	<p><i>Complete for all other Categories.</i></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>
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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 [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

The "Mount Albert" Drinking Water System services the community of Mount Albert.

At the end of 2025, the system serviced 1,967 water accounts or approximately 6,294 persons.

The water sources for the Mount Albert system are 3 groundwater wells in the community that are owned and operated by York Region.

The Town staff that operate and maintain the distribution system are licensed and certified by the Ontario Ministry of the Environment, Conservation and Parks (MECP). The Town is responsible for the operation and maintenance of the watermains (except the Region owned watermains), valves, hydrants, automatic flushing units, meters and service connections to the end user.

List all water treatment chemicals used over this reporting period

No additional chemicals are added to treated waters received from York Region

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

N/A

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 Number	Incident Date	Parameter	Result	Corrective Action	Resolution Date
170489	20-Oct-25	Total Coliform	Present	Flushed, re-sampled, and tested location of exceedance as well as upstream and downstream locations.	28-Oct-25

Microbiological testing done under 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	214	0	Absent-Present (1)	86	0 – 2 CFU

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	560	0.84 – 1.83 Free
Fluoride (If the DWS provides fluoridation)	N/A	

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	N/A			
Arsenic	N/A			
Barium	N/A			
Boron	N/A			
Cadmium	N/A			
Chromium	N/A			
*Lead	N/A			
Mercury	N/A			
Selenium	N/A			
Sodium	N/A			
Uranium	N/A			
Fluoride	N/A			
Nitrite	N/A			
Nitrate	N/A			

\*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-Round 1	Number of Samples-Round 2	Range of Lead Results (min#) – (max #) in mg/L	Number of Exceedances
Distribution System	3	3	<0.0005	0

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	N/A			
Aldicarb	N/A			
Aldrin + Dieldrin	N/A			
Atrazine + N-dealkylated metabolites	N/A			
Azinphos-methyl	N/A			
Bendiocarb	N/A			
Benzene	N/A			
Benzo(a)pyrene	N/A			
Bromoxynil	N/A			
Carbaryl	N/A			
Carbofuran	N/A			
Carbon Tetrachloride	N/A			
Chlordane (Total)	N/A			
Chlorpyrifos	N/A			
Cyanazine	N/A			
Diazinon	N/A			
Dicamba	N/A			
1,2-Dichlorobenzene	N/A			
1,4-Dichlorobenzene	N/A			
Dichlorodiphenyltrichloroethane (DDT) + metabolites	N/A			
1,2-Dichloroethane	N/A			
1,1-Dichloroethylene (vinylidene chloride)	N/A			
Dichloromethane	N/A			
2-4 Dichlorophenol	N/A			
2,4-Dichlorophenoxy acetic acid (2,4-D)	N/A			
Diclofop-methyl	N/A			
Dimethoate	N/A			
Dinoseb	N/A			
Diquat	N/A			



Diuron	N/A			
Glyphosate	N/A			
Heptachlor + Heptachlor Epoxide	N/A			
Lindane (Total)	N/A			
Malathion	N/A			
Methoxychlor	N/A			
Metolachlor	N/A			
Metribuzin	N/A			
Monochlorobenzene	N/A			
Paraquat	N/A			
Parathion	N/A			
Pentachlorophenol	N/A			
Phorate	N/A			
Picloram	N/A			
Polychlorinated Biphenyls(PCB)	N/A			
Prometryne	N/A			
Simazine	N/A			
THM (Running Annual Average)	*Sampled Quarterly -March -June -September -December	13.7	ug/L	No
HAA (Running Annual Average)	*Sampled Quarterly -Jan -April -July -October	<8.0	ug/L	No
Temephos	N/A			
Terbufos	N/A			
Tetrachloroethylene	N/A			
2,3,4,6-Tetrachlorophenol	N/A			
Triallate	N/A			
Trichloroethylene	N/A			
2,4,6-Trichlorophenol	N/A			
2,4,5-Trichlorophenoxy acetic acid (2,4,5-T)	N/A			
Trifluralin	N/A			
Vinyl Chloride	N/A			

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			