Part III Form 2 Section 11. ANNUAL REPORT.

Drinking-Water System Number: Drinking-Water System Name: Drinking-Water System Owner: Drinking-Water System Category: Period being reported:

220004377
Enniskillen Water Distribution System
Township of Enniskillen
Large Municipal Residential
2023

Complete if your Category is Large Municipal Residential or Small Municipal Residential	Complete for all other Categories.
Does your Drinking-Water System serve more than 10,000 people? Yes [] No [x]	Number of Designated Facilities served: None
Is your annual report available to the public at no charge on a web site on the Internet? Yes [x] No []	Did you provide a copy of your annual report to all Designated Facilities you serve? Yes [] No []
Location where Report required under O. Reg. 170/03 Schedule 22 will be available for inspection.	Number of Interested Authorities you report to:
Township of Enniskillen Municipal Office 4465 Rokeby Line	Did you provide a copy of your annual report to all Interested Authorities you report to for each Designated Facility? Yes [] No []

List Drinking-Water Systems, which receive all of their drinking water from your system:

Drinking Water System Name	Drinking Water System Number
The Village of Oil Spring Water Distribution	260046761
System	
Township Of Dawn-Euphemia Water	260046904
Distribution System	

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 []

	ou nomicu system u	seis iliai	your annu	al report is availab	le, and is free			
of charge.								
[x] Public acc	ess/notice via the we	b <u>www</u>	.enniskille	n.ca				
[x] Public acc	[x] Public access/notice via Government Office							
Public acc	ess/notice via a news	paper						
	ss/notice via Public I							
	ess/notice via a Publi	-	V					
	ess/notice via other n		V					
. ,								
Describe your	Drinking-Water Sys	tem						
Pumping Stati	on and Water Reserv	voir with	capacity =	= 1360 m3.				
Water distribu	ition system with 50	mm dia.	to 250 mm	dia. watermain ext	ending into a			
portion of the	City of Sarnia and th	e Towns	hip of Bro	oke-Alvinston.				
Connected to t	he Town of Petrolia	water dis	stribution	system at eight met	ered			
connections.								
Supplies water	to the Village of Oil	Springs	water dist	ribution system at 2	2 metered			
connection poi	nts and to the Towns	ship of D	awn-Euph	emia at 5 metered c	connection			
points.		-	-					
	reatment chemicals pochlorite (12%)	used ove	r this repo	rting period				
Soulum Hy	poemorne (12 %)							
Were any sign [n] Install r [n] Repair r [n] Replace	ificant expenses incuequired equipment required equipment required equipment	rred to?						
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Were any sign [n] Install r [n] Repair r [n] Replace Describe	ificant expenses incured equired equipment required equipment required equipment of the required equipment of the son the notices submer Act or section 16-4	itted in a			· /			

Incident Date	Parameter	Result	Unit of Measure	Corrective Action	Corrective Action Date
May 1 2023	Total Coliform	1	Cfu/100	Resample	May 8 2023
		MAC	mg	Upstream,	
				downstream and	
				source. 2 sets of	
				samples May 3	
				and 5	

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#)
Treated	104	0 - 0	0 - 0	52	<10 ->50
Distribution	208	0 - 0	0 -1	104	<10 – 40

Operational testing done under Schedule 7, 8 or 9 during the period covered by this Annual Report.

minual report	•		
	Number of Grab Samples	Range of Results (min#)-(max#)	Unit of Measure
Chlorine – dist. - Res. discharge	8760	1.04 -2.09	mg/L
Free Chlorine Distribution Grab	357	0.90-1.81	mg/L

Note: For Continuous monitors use 8760 as 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 or order.

Date of order or C of A	Parameter	Date Sampled	Result	Unit of Measure

Summary of Inorganic parameters tested during this reporting period or most recent

Parameter	Sample Date	Result Value	Unit of Measure	Exceedance

Summary of Organic parameters sampled during this reporting period or most recent

Parameter	Sample Date	Result Value	Result Value	Unit of Measure	Exceedance
Total		Brooke Telecom	Podolinsky	ug/l	no
Trihalomethanes				- B	
	Jan 3	30	22		
	April 3	28	26		
	July 4	39	31		
	Oct 3	56	47		
	2023	AVG 38.25	AVG 31.5		
Total Haloacetic Acids (HAA5)		Brooke Telecom	Podolinsky	Ug/L	n/a
	Jan 3	16.2	11.7		
	April 3	21.9	18.1		
	July 4	20.7	18.2		
	Oct 3	21.7	17.0		
	2023	AVG 20.12	AVG 16.25		

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	Lead Results Hydrant #43	Lead Results Hydrant#55	Unit of Measure	Number of Exceedances
Plumbing	N/A	N/A	N/A	N/A
Distribution	March 30, 2023 0.23 Oct 12, 2023 0.25	March 30, 2023 0.29 Oct 12, 2023 0.19	Ug/L	0

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

(Only if category is large municipal residential, small municipal residential, large municipal non residential, small municipal non residential, large non municipal non residential)