



February 4, 2016

The Corporation of the Municipality of Huron East 72 Main St. S P.O. Box 610 Seaforth, ON N0K 1W0

Attention: Brad Knight, Administrator, Clerk-Treasurer

RE: Brucefield Well Supply System

2015 Annual Report

Dear Brad,

Please find attached the 2015 Annual Operations Report for the Brucefield Water System, in accordance with Section 11(1) of O. Reg. 170/03. This report covers the period from January 1 to December 31 and meets the requirement of being prepared by February 28 of this year.

Please ensure that a copy of this report is given, without charge, to every person who requests a copy. In addition, please make certain that effective steps are taken to advise residents that copies of the report are available, and of how a copy can be obtained.

As per Schedule 22 of O. Reg. 170/03, please ensure that at least a copy of the Summary Report is given to the members of municipal council no later than March 31, 2016.

Finally, please ensure that a letter is sent to OMI Canada Inc verifying that this report has been received and accepted by Council.

If you have any questions regarding the report, we would be pleased to address them and you should contact the undersigned accordingly.

Sincerely,

OMI Canada Inc.

Joe Arnold Project Manager Huron East Project 519 490 5586

cc. B. Mills, Municipality of Huron East;





2015 ANNUAL REPORT FOR WATER SYSTEMS

Part 1 – ANNUAL REPORT (a	as required by	O. Reg. 170/03,	Section 11)	
Drinking-Water System Number	Drinking-Water System Number:			
Drinking-Water System Name:		Brucefield Water System		
Drinking-Water System Owner:		The Corporation of the Municipality of Huron East		
Drinking-Water System Category	y:	Small Municipal F	Residential	
Period being reported:		January 1-Decem	ber 31, 2015	
Complete if your Category is Large Residential or Small Municipal R		Complete for all	other Categories	
Does your Drinking-Water System		Number of Designat	ed Facilities	
serve more than 10,000 people?	Yes No	served:		
Is your annual report available to the public at no charge on a web site on the Internet?	⊠ Yes □ No	Did you provide a cannual report to all Facilities you serve	Designated	□Yes □No
Location where Summary Report requ Reg. 170/03 Schedule 22 will be availab		Number of Designat served:		
Town Office	•	Did you provide a c		
72 Main St. S.		annual report to all		□Yes □No
Seaforth, ON		Authorities you report to for each Designated Facility?		
		Designated Facility	!	
List all Drinking-Water Systems (i	f any), which rece	eive all of their dri	nking water from	your system:
Drinking Water System Name		Drinking Water	System Number	
N/A N/A				
Did you provide a copy of y connected to you and to w	vhom you pro	vide all of its		
	<u> </u>	N/A		
Indicate how you notified evetem	Lucaro that wave	annual ranart is a	railable and in fre	o of obougo
Indicate how you notified system	users that your a	annual report is a	valiable, aliu is ire	ee of charge.
□ Public access/notice	□ Public acces	ss/notice via	Public access	s/notice via a
via the web	Government Office		newspa	per
☐ Public access/notice via	☐ Public access/notice via ☐ Public access/			
Public Request	a Public Library Public Library			
Describe your Drinking Water Sy	/stem			
Limited Groundwater Subsyste	em			
Well located at the intersection of High	nway 4 and County I	Road 3 is 69.3 m dee	p and a 200 mm dia	meter steel casing

and a submersible pump rated for 318 L/minute. The pump house contains four 455 L bladder type pressure tanks. Primary disinfection is supplied by ultraviolet reactors, secondary disinfection by sodium hypochlorite injection.

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		41.1	41 1 1
List all water treatm	nant chamicale ilea	d aver this ren	orting pariod
I I St all Water Heath			

12% Sodium hypochlorite solution

Please provide a brief description and a breakdown of monetary expenses incurred

None during this reporting period

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	Units	Corrective Action	Corrective Action Date
None during this reporting period					

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 Results (min #) - (max #)	Range of Total Coliform Results (min #) - (max #)	Number of HPC Samples	Range of HPC Results (min #) - (max #)
Raw	12	0	0	n/a	n/a
Treated	n/a	n/a	n/a	n/a	n/a
Distribution	52	0	0	52	<10-50

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 #)	Units
Turbidity	12	0.12-0.68	NTU
Chlorine	8760	0.25-3.10	mg/L
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				
None during this reporting period				

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Summary of Inorganic	c parameters tested during t	his reporting per	iod or the most rec	ent sample
results				
Parameter	Sample Date	Result Value	Unit of Measure	Exceedance
Antimony	Apr 26/11	.02	Ug/L	No
Arsenic	Apr 26/11	0.4	Ug/L	No
Barium	Apr 26/11	236	Ug/L	No
Boron	Apr 26/11	14	Ug/L	No
Cadmium	Apr 26/11	0.188	Ug/L	No
Chromium	Apr 26/11	1.0	Ug/L	No
Lead-sampling conducted	by the Municipality of Huron East; s	see summary below		
Mercury	Apr 26/11	0.02	Ug/L	No
Selenium	Apr 26/11	1.0	Ug/L	No
Sodium	Oct 21/13	10.3	mg/L	No
Uranium	Apr 26/11	1.81	mg/L	No
Fluoride	Oct 21/13	1.10	mg/L	No
Nitrite	Jan 5/15	0.003	mg/L	No
Nitrate	Jan 5/15	0.006	mg/L	No
Nitrite	Apr 13/15	0.003	mg/L	No
Nitrate	Apr 13/15	0.006	mg/L	No
Nitrite	July 6/15	0.003	mg/L	No
Nitrate	July 6/15	0.006	mg/L	No
Nitrite	Oct 5/15	0.003	mg/L	No
Nitrate	Oct 5/15	0.006	mg/L	No

Summary of Lead Results*					
Sampling Period	Range of Results (µg/L)	Non-residential	Distribution	Adverse Incidents?	
Dec-15-15-Apr 15-15	0.08	N/A	1	No	
Jun-15-15-Oct-15-15	0.20	N/A	1	No	

Summary of Organic parameters tested during this reporting period or the most recent sample results Result Value Unit of Measure Parameter Sample Date Exceedance Apr 26/11 Alachlor .02 Ug/L No Apr 26/11 Ug/L Aldicarb .01 No Aldrin + Dieldrin Apr 26/11 Ug/L No 0.01 Ug/L Atrazine + N-dealkylated Apr 26/11 0.01 No metobolites Apr 26/11 Ug/L 0.02 Azinphos-methyl No Bendiocarb Apr 26/11 Ug/L No 0.01 Benzene Apr 26/11 Ug/L No 0.32 Benzo(a)pyrene Apr 26/11 Ug/L No .004 Apr 26/11 Ug/L Bromoxynil No 0.33 Carbaryl Apr 26/11 Ug/L No 0.01 Apr 26/11 No Carbofuran Ug/L 0.01 Carbon Tetrachloride Apr 26/11 Ug/L No 0.16 Apr 26/11 Ug/L No Chlordane (Total) 0.01 Apr 26/11 Ug/L Chlorpyrifos No 0.02 Cyanazine Apr 26/11 0.03 Ug/L No

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Summary of Organic parameter	s tested during this re	porting period o	r the most recent s	ample results
		012-22		
Diazinon	Apr 26/11	0.02	Ug/L	No
Dicamba	Apr 26/11	0.20	Ug/L	No
1,2-Dichlorobenzene	Apr 26/11	0.41	Ug/L	No
1,4-Dichlorobenzene	Apr 26/11	0.36	Ug/L	No
Dichlorodiphenyltrichloroethane	Apr 26/11	0.01	Ug/L	No
(DDT) + metabolites		0.01	Ü	
1,2-Dichloroethane	Apr 26/11	0.35	Ug/L	No
1,1-Dichloroethylene	Apr 26/11	0.33	Ug/L	No
(vinylidene chloride)		0.55	J. Company	
Dichloromethane	Apr 26/11	0.35	Ug/L	No
2-4 Dichlorophenol	Apr 26/11	0.15	Ug/L	No
2,4-Dichlorophenoxy acetic acid (2,4-D)	Apr 26/11	0.19	Ug/L	No
Diclofop-methyl	Apr 26/11	0.40	Ug/L	No
Dimethoate	Apr 26/11	0.03	Ug/L	No
Dinoseb	Apr 26/11	0.36	Ug/L	No
Diquat	Apr 26/11	1	Ug/L	No
Diuron	Apr 26/11	0.03	Ug/L	No
Glyphosate	Apr 26/11	6	Ug/L	No
Heptachlor + Heptachlor Epoxide	Apr 26/11	0.01	Ug/L	No
Lindane (Total)	Apr 26/11	0.01	Ug/L	No
Malathion	Apr 26/11	0.02	Ug/L	No
Methoxychlor	Apr 26/11	0.01	Ug/L	No
Metolachlor	Apr 26/11	0.01	Ug/L	No
Metribuzin	Apr 26/11	0.02	Ug/L	No
Monochlorobenzene	Apr 26/11	0.03	Ug/L	No
Paraquat	Apr 26/11	1	Ug/L	No
Parathion	Apr 26/11	0.02	Ug/L	No
Pentachlorophenol	Apr 26/11	0.15	Ug/L	No
Phorate	Apr 26/11	0.01	Ug/L	No
Picloram	Apr 26/11	0.25	Ug/L	No
Polychlorinated Biphenyls(PCB)	Apr 26/11	0.04	Ug/L	No
Prometryne	Apr 26/11	0.03	Ug/L	No
Simazine	Apr 26/11	0.01	Ug/L	No
THM (NOTE: show latest annual average)	Q1-Q4 2015	3.7	Ug/L	No
Temephos	Apr 26/11	0.01	Ug/L	No
Terbufos	Apr 26/11	0.01	Ug/L	No
Tetrachloroethylene	Apr 26/11	0.35	Ug/L	No
2,3,4,6-Tetrachlorophenol	Apr 26/11	0.14	Ug/L	No
Triallate	Apr 26/11	0.01	Ug/L	No
Trichloroethylene	Apr 26/11	0.43	Ug/L	No
2,4,6-Trichlorophenol	Apr 26/11	0.43	Ug/L	No
2,4,5-Trichlorophenoxy acetic acid (2,4,5-T)	Apr 26/11	0.22	Ug/L	No
Trifluralin	May 15/06	ND	mg/L	No
Vinyl Chloride	Apr 9/07	ND	mg/L	No

List any Inorganic or Organic parameter(s) that exceeded half the standard prescribed in Schedule 2 of Ontario Drinking Water Quality Standards.

Parameter Sample Date Result Value Unit of Measure ODWS Criteria

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bulletin followed.



Part 2 – SUMMARY REPORT (as required by O. Reg. 170/03, Schedule 22)

Non – Compliance with Legislations, Regulations, Approvals & Orders During this period, the Facility was operated in full compliance with the Act, the regulations and the Facility's approval, save and except for the following: **Duration of Failure Measures to Correct the Failure** Requirement Contacted OWWCO and received proper "Limited Groundwater Improper system classification name. Since last Inspection. Subsystem" Classification. Created "Off specification Alarm Not all criteria in Ministry's "UV" Document" and modified appropriate

documents.

Since last Inspection

System Capability Assessment						
Monthly Raw Water Taking (m³/d):						
Month	Average Flow	Maximum Flow				
January	38	47				
February	37	49				
March	39	49				
April	40	58				
May	49	67				
June	47	83				
July	42	53				
August	40	50				
September	39	53				
October	38	56				
November	41	81				
December	42	75				
AVERAGE	41	60				
MAXIMUM	49	83				
SYSTEM CAPACITY	458	458				
% CAPACITY	9.0	13.1				

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