



February 4, 2016

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

Attention: Brad Knight, Administrator, Clerk-Treasurer

**RE: Vanastra Well Supply System
2015 Annual Report**

Dear Brad,

Please find attached the 2015 Annual Operations Report for the Vanastra 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.

A handwritten signature in black ink, appearing to read "Joe Arnold".

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 (as required by O. Reg. 170/03, Section 11)

Drinking-Water System Number:	210001585
Drinking-Water System Name:	Vanastra Water Works
Drinking-Water System Owner:	The Corporation of the Municipality of Huron East
Drinking-Water System Category:	Large Municipal Residential
Period being reported:	January 1-December 31, 2015

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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Designated Facilities served:
Is your annual report available to the public at no charge on a web site on the Internet? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Did you provide a copy of your annual report to all Designated Facilities you serve? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location where Summary Report required under O. Reg. 170/03 Schedule 22 will be available for inspection. Town Office 72 Main St. S. Seaforth, ON	Number of Designated Facilities served: Did you provide a copy of your annual report to all Interested Authorities you report to for each Designated Facility? <input type="checkbox"/> Yes <input type="checkbox"/> No

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?

Indicate how you notified system users that your annual report is available, and is free of charge.

<input checked="" type="checkbox"/> Public access/notice via the web	<input checked="" type="checkbox"/> Public access/notice via Government Office	<input type="checkbox"/> Public access/notice via a newspaper
<input type="checkbox"/> Public access/notice via Public Request	<input type="checkbox"/> Public access/notice via a Public Library	<input type="checkbox"/> Public access/notice via a Public Library

Describe your Drinking Water System

Water Distribution System Class 2 Including 1 Underground Reservoir and Booster Station
 The underground single cell reservoir is located at #12,5th Ave, Vanastra. It has a capacity of 1135 m³. 3 electric distribution high lift pumps are located on this site. Pump #1 is rated at 6.6 L/s at 48.8 m TDH, #2 is rated at 44.2 L/s at 40.2 m TDH, and pump #3 is rated at 105L/s at 25 m TDH.

List all water treatment chemicals used over this reporting period

12% Sodium hypochlorite solution

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

No major expenses for this system during 2015

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					

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	n/a	n/a	n/a	n/a	n/a
Treated	52	0	0	52	<10-30
Distribution	104	0	0	52	<10-140

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	n/a	n/a	NTU
Chlorine	8760	0.20-3.57	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

Date of legal instrument issued	Parameter	Date Sampled	Result	Unit of Measure
None				

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	NA			
Arsenic	NA			
Barium	NA			
Boron	NA			
Cadmium	NA			
Chromium	NA			
Lead-sampling conducted by the Municipality of Huron East; see summary below				
Mercury	NA			
Selenium	NA			
Sodium	NA			
Uranium	NA			
Fluoride	NA			
Nitrite	NA			
Nitrate	NA			
Nitrite	NA			
Nitrate	NA			
Nitrite	NA			
Nitrate	NA			
Nitrite	NA			
Nitrate	NA			

Summary of Lead Results*				
Sampling Period	Range of Results (µg/L)	Non-residential	Distribution	Adverse Incidents?
Dec-15-14-Apr-15-15	0.07-0.12	N/A	2	No
Jun-15-15-Oct-15-15	0.14-0.16	N/A	2	No

Summary of Organic parameters tested during this reporting period or the most recent sample results				
Parameter	Sample Date	Result Value	Unit of Measure	Exceedance
Alachlor	NA			
Aldicarb	NA			
Aldrin + Dieldrin	NA			
Atrazine + N-dealkylated metabolites	NA			
Azinphos-methyl	NA			
Bendiocarb	NA			
Benzene	NA			
Benzo(a)pyrene	NA			
Bromoxynil	NA			
Carbaryl	NA			
Carbofuran	NA			
Carbon Tetrachloride	NA			
Chlordane (Total)	NA			
Chlorpyrifos	NA			
Cyanazine	NA			

Summary of Organic parameters tested during this reporting period or the most recent sample results				
Diazinon	NA			
Dicamba	NA			
1,2-Dichlorobenzene	NA			
1,4-Dichlorobenzene	NA			
Dichlorodiphenyltrichloroethane (DDT) + metabolites	NA			
1,2-Dichloroethane	NA			
1,1-Dichloroethylene (vinylidene chloride)	NA			
Dichloromethane	NA			
2,4 Dichlorophenol	NA			
2,4-Dichlorophenoxy acetic acid (2,4-D)	NA			
Diclofop-methyl	NA			
Dimethoate	NA			
Dinoseb	NA			
Diquat	NA			
Diuron	NA			
Glyphosate	NA			
Heptachlor + Heptachlor Epoxide	NA			
Lindane (Total)	NA			
Malathion	NA			
Methoxychlor	NA			
Metolachlor	NA			
Metribuzin	NA			
Monochlorobenzene	NA			
Paraquat	NA			
Parathion	NA			
Pentachlorophenol	NA			
Phorate	NA			
Picloram	NA			
Polychlorinated Biphenyls(PCB)	NA			
Prometryne	NA			
Simazine	NA			
THM (NOTE: show latest annual average)	Q1-Q4 2015	12.0	µg/L	No
Temephos	NA			
Terbufos	NA			
Tetrachloroethylene	NA			
2,3,4,6-Tetrachlorophenol	NA			
Triallate	NA			
Trichloroethylene	NA			
2,4,6-Trichlorophenol	NA			
2,4,5-Trichlorophenoxy acetic acid (2,4,5-T)	NA			
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
None				

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:

Requirement	Duration of Failure	Measures to Correct the Failure
System SOP's did not include the distribution chlorine analyzer or have the appropriate "dial out" procedures	Since last inspection	Appropriate documents were corrected.

System Capability Assessment		
Monthly Raw Water Taking (m ³ /d):		
Month	Average Flow	Maximum Flow
January	182	224
February	187	268
March	248	751
April	180	234
May	236	581
June	188	234
July	194	370
August	178	237
September	179	234
October	209	684
November	175	237
December	174	234
AVERAGE	194	357
MAXIMUM	248	751
SYSTEM CAPACITY	1210	1210
% CAPACITY	16.0	62.1