

**Part III Form 2**
**Section 11. ANNUAL REPORT.**

<b>Drinking-Water System Number:</b>	260046137
<b>Drinking-Water System Name:</b>	Somerset/ Knob Hill Water Distribution System
<b>Drinking-Water System Owner:</b>	The Corporation of the Township of Ramara
<b>Drinking-Water System Category:</b>	Small Municipal Residential
<b>Period being reported:</b>	January 1, 2019 to December 31, 2019

<p><b><u>Complete if your Category is Large Municipal Residential or Small Municipal Residential</u></b></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;">                 Township of Ramara Municipal Office                  2297 Highway 12                  Brechin, ON L0K 1B0             </div>	<p><b><u>Complete for all other Categories.</u></b></p> <p>Number of Designated Facilities served:  <div style="border: 1px solid black; padding: 2px; display: inline-block;">N/A</div> </p> <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:  <div style="border: 1px solid black; padding: 2px; display: inline-block;">N/A</div> </p> <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 [ ] No [ ]  
 \*Not applicable

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**

Somerset/ Knob Hill water distribution system obtains water from the Township of Severn's Washago Water Treatment Plant (DWS No. 220005161).

**List all water treatment chemicals used over this reporting period**

No chemicals are added to the distribution system in Ramara Township. All chemicals used for treatment are injected at the Washago Water Treatment Plant, which supplies water to this distribution system.

**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**

Regular sampling and testing.

**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

**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	N/A	N/A	N/A	N/A
Treated	N/A	N/A	N/A	N/A	N/A
Distribution	106	0	0	106	0-3

**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 #)
<b>Turbidity</b>	N/A	
<b>Chlorine</b>	109	1.07 – 1.65
<b>Fluoride</b> (If the DWS provides fluoridation)	N/A	

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

**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

**Summary of Inorganic parameters tested during this reporting period or the most recent sample results**

Parameter	Sample Date	Result Value	Unit of Measure	Exceedance
<b>Antimony</b>				
<b>Arsenic</b>				
<b>Barium</b>				
<b>Boron</b>				
<b>Cadmium</b>				
<b>Chromium</b>				
<b>Lead (Distribution)</b>	11-Mar-19	0.13	µg/L	
<b>Lead (Distribution)</b>	21-Aug-19	0.21	µg/L	
<b>Mercury</b>				
<b>Selenium</b>				
<b>Sodium</b>				
<b>Uranium</b>				
<b>Fluoride</b>				
<b>Nitrite</b>				
<b>Nitrate</b>				

**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	Range of Lead Results (min#) – (max #)	Unit of Measure	Number of Exceedances
<b>Plumbing</b>				
<b>Distribution</b>	2	0.13-0.21	ug/L	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				
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				

Parameter	Sample Date	Result Value	Unit of Measure	Exceedance
<b>THM – Quarterly Average</b> <i>(NOTE: Latest annual average)</i>	27-Feb-19 to 27-Nov-19	41.53	µg/L	
<b>Temephos</b>				
<b>Terbufos</b>				
<b>Tetrachloroethylene</b>				
<b>2,3,4,6-Tetrachlorophenol</b>				
<b>Triallate</b>				
<b>Trichloroethylene</b>				
<b>2,4,6-Trichlorophenol</b>				
<b>2,4,5-Trichlorophenoxy acetic acid (2,4,5-T)</b>				
<b>Trifluralin</b>				
<b>Vinyl Chloride</b>				

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 DWS category is large municipal residential, small municipal residential, large municipal non residential, non municipal year round residential, large non municipal non residential)**

### Notes on Additional Sampling

None