



ANNUAL REPORT – 2011

Drinking-Water System Number:	260006529
Drinking-Water System Name:	North Middlesex Secondary Water Distribution System
Drinking-Water System Owner:	Municipality of North Middlesex
Drinking-Water System Category:	Large Municipal Residential
Period being reported:	January 1 – December 31, 2011

<p><u>Complete if your Category is Large Municipal Residential or Small Municipal Residential</u></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;"> <p>218 Parkhill Main St Parkhill, ON</p> </div>	<p><u>Complete for all other Categories.</u></p> <p>Number of Designated Facilities served: <div style="border: 1px solid black; display: inline-block; width: 60px; text-align: center; padding: 2px;">0</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; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></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
Not applicable	

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 []



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 Works 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 Newsletter

Describe your Drinking-Water System

The North Middlesex Water Distribution System covers the transmission and distribution of potable drinking water to consumers within the Municipality of North Middlesex. Treated potable drinking water is purchased from the Lake Huron Primary Water Supply System. The water enters the North Middlesex System from 5 take-off points on the main Lake Huron Primary Water Supply transmission line. Our water distribution system has two reservoirs, two booster pump stations and other watermain appurtenances such as valves, hydrants, air release and pressure reducing and sustaining chambers etc.

The distribution system provides water to the village of Thedford in the Municipality of Lambton Shores and the operating authority is Operations Management International Canada Inc. (OMI). Due to the conditions of Lambton Shores completed water grid, the requirements of the act to keep chlorination standards, are being done by Lambton Shores customer take offs. This was always part of the Lake Huron Water Board's supply system and we report annually to the board on its requirements

List all water treatment chemicals used over this reporting period

Not applicable

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



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
Aug 9	Total Coliform	14 mL	CFU/100 mL	Lines flushed, samples were taken upstream, at source and downstream	Aug 11
Nov 8	Total Coliform	1 mL	CFU 100/mL	Results clear Lines flushed, samples taken upstream, at source and downstream Results clear	Nov 9

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					
Treated	727	0-0	0-14	197	<10-2000
Distribution					

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		
Chlorine	727	0.60-1.33
Fluoride (If the DWS provides fluoridation)		

NOTE: For continuous monitors use 8760 as the 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, 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
*Lead				

*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	Range of Lead Results (min#) – (max #)	Number of Exceedances
Plumbing	56	0.5 - 2.7	
Distribution	10	0.7 – 1.0	

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

Parameter	Sample Date	Result Value	Unit of Measure	Exceedance
THM (NOTE: show latest annual average)		0.0244	mg/L	

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