



ANNUAL REPORT

Drinking-Water System Number:	260046761
Drinking-Water System Name:	Oil Springs Water Distribution System
Drinking-Water System Owner:	The Corporation of the Village of Oil Springs
Drinking-Water System Category:	Large Municipal Residential
Period being reported:	Jan 1st 2017– Dec 31st 2017

<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> <table border="1" style="width: 100%;"> <tr> <td> The Village of Oil Springs Municipal office 4591 Oil Springs Line Oil Springs, Ontario N0N 1P0 </td> </tr> </table>	The Village of Oil Springs Municipal office 4591 Oil Springs Line Oil Springs, Ontario N0N 1P0	<p><u>Complete for all other Categories.</u></p> <p>Number of Designated Facilities served:</p> <table border="1" style="width: 100%;"> <tr> <td>None</td> </tr> </table> <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:</p> <table border="1" style="width: 100%;"> <tr> <td>None</td> </tr> </table> <p>Did you provide a copy of your annual report to all Interested Authorities you report to for each Designated Facility? Yes [] No []</p>	None	None
The Village of Oil Springs Municipal office 4591 Oil Springs Line Oil Springs, Ontario N0N 1P0				
None				
None				

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
None	

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 access/notice via a newspaper
- Public access/notice via Public Request
- Public access/notice via a Public Library
- Public access/notice via other method – Notice included on water bills

Describe your Drinking-Water System

Oil Springs Water Distribution System consists of a 50 mm diameter to a 300 mm diameter watermain.

Oil springs receives/purchases their water from the Township of Enniskillen.

It is connected to the Township of Enniskillen's water distribution system at two (2) metered connections

An in-line Chlorine analyzer (CL17) is used to continuously monitor the residual in the distribution system

The village of Oil Springs has qualified for the reduced lead sampling schedule and is not required to perform lead sampling until 2019

Starting in July 2017 Oil Springs is required to sample for HAA's each quarter

List all water treatment chemicals used over this reporting period

None

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

Installed Hach CL17 Chlorine analyzer - \$4909.93

Analyzer data collection computer needed a new battery backup - \$268.64

Replaced 7 water meters - \$1120.00

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
Sept 5 th	Total Coliforms	2	cfu/100mL	resample	Sept 8 th
AWQI # 136477					
Re-sampled as per MOH direction					

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					
Distribution	104	0.00	0.00 - 2	24	0 - 610

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 #)	Unit of Measure	<i>NOTE: For continuous monitors use 8760 as the number of samples.</i>
Turbidity				
Chlorine	8760	0.69 – 2.04	mg/l	
Fluoride (If the DWS provides fluoridation)				

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
July 1 st /2017	HAA	July 11 th	24.2	ug/L
July 1 st /2017	HAA	Oct 10 th	26.1	ug/L

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				
Arsenic				
Barium				
Boron				



Cadmium				
Chromium				
*Lead				
Mercury				
Selenium				
Sodium				
Uranium				
Fluoride				
Nitrite				
Nitrate				

*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 #)	Unit of Measure	Number of Exceedances
Plumbing				
Distribution			ug/L	

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				
THM (NOTE: show latest annual average)	2017	51	ug/L	na.
Bromodichloromethane	2017	7.7 – 11	ug/L	na.
Bromoform (same result for all 4 readings)	2017	0.34 <	ug/L	na.
Chloroform	2017	25 - 52	ug/L	na.
Dibromochloromethane	2017	1.9 – 3.4	ug/L	na.
Temephos				
Terbufos				
Tetrachloroethylene				
2,3,4,6-Tetrachlorophenol				
Triallate				
Trichloroethylene				
2,4,6-Trichlorophenol				
2,4,5-Trichlorophenoxy acetic acid (2,4,5-T)				
Trifluralin				



Vinyl Chloride				
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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
THM	53	ug/l	Jan 23 rd /2017
THM	51	ug/l	July 11 th /2017
THM	66	ug/l	Oct 10 th /2017