

American Water Canada Corp. 200 Eastport Blvd Hamilton, ON L8H 7S4 P 905.544.0266 F 905.521.1988

February 21, 2018

Corporation of the Town of Laurentian Hills 34465 Highway #17, R.R.#1 Deep River, Ontario KOJ 1P0

Attention: Sherry Batten, Chief Administrative Officer

RE: Chalk River Drinking Water System

2017 Annual Report

Dear Sherry,

Please find attached the 2017 Annual Operations Report for the Chalk River drinking 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.

Finally, as per Schedule 22 of O. Reg. 170/03, please ensure that a copy of the report is given to the members of municipal council no later than March 31, 2018.

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

Sincerely,

AMERICAN WATER CANADA CORP.

**Greg Prangley** 

Project Manager, Ontario Regional Projects

c. AW Canada Chalk River operations



#### 2017 ANNUAL REPORT FOR WATER SYSTEMS

### Part 1 - ANNUAL REPORT (as required by O. Reg. 170/03, Section 11)

Drinking-Water System Number:		210000666		
Drinking-Water System Name:		Chalk River Drinkin	ng Water System	
Drinking-Water System Owner:		Town of Laurentia	n Hills	
Drinking-Water System Category:		Large Municipal R	esidential	
Period being reported:	The Price of the	January 1 - Decer	nber 31, 2017	
Complete if your Category is Larg	e Municipal	Complete for all of	ther Categories	(EDDENISUS)
Residential or Small Municipal Re	sidential			
Does your Drinking-Water System serve more than 10,000 people?	∐Yes ⊠No	Number of Designat served:	ed Facilities	n/a
Is your annual report available to		Did you provide a co		
	⊠Yes⊡No	annual report to all I		☐Yes☐No
site on the Internet?		Facilities you serve		n la
Location where Summary Report required under O.		Number of Designated Facilities n/a served:		n/a
Reg. 170/03 Schedule 22 will be availa MUNICIPAL OFFICE	ble for inspection.	Did you provide a co	ony of your	
Town Office – Pt. Alexander		annual report to all		
#34465 Hwy 17		Authorities you repo		☐Yes☐No
		Designated Facility		
1		100		
List all Drinking-Water Systems (	if any), which re	ceive all of their dr	inking water fro	m your system:
Drinking Water System Name		Drinking Water S	ystem Number	
n/a	··· <u>·</u>			
		\$7		
Did you provide a copy of your a	nnual report to a	II Drinking-Water	System owners	that are
connected to you and to whom y	ou provide all of	its drinking water	7	
Indicate how you notified system	users that your	annual report is a	vailable, and is	free of charge.
No. tile and the state of the s		odnotice vi-	Dublia acces	on/nation via a
☑Public access/notice via the	Public acces		Public acces	s/notice via a
web	Municipal Office		newspaper	<u> </u>
NDublic consolection via Dublic	Dublic coos	alactica via a	Dublic coos	ss/notice via other
⊠Public access/notice via Public	Public acces	ss/notice via a	method	SATIOUCE VIA OUIEL
Request	Public Library		method	

#### Describe your Drinking Water System

The source of the Chalk River Drinking Water system is Corry Lake. Raw water is screened from the lake before being pumped to the water plant for treatment. The water treatment process includes chemically-assisted coagulation, flocculation and settling within a solids contact clarifier followed by filtration through sand and anthracite filters. Filtered water is then disinfected using liquid chlorine. Fluoride is then added to the treated water. Water is pumped into the elevated water storage tower for disinfection contact time and then flows out to the distribution system.

2017 Annual Report Page 1 of 6



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

pH adjustment - Soda Ash

Primary Coagulant - PAS-8 (Polyaluminum Sulfate)

Coagulant aid - Polymer

Disinfection - Sodium Hypochlorite

Fluoridation - Hydrofluosilic acid

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

Annual flowmeter, on-line analyzer calibrations \$4.42K

Microbiologic reporting peri		nder the Schedule	10, 11 or 12 of Reg	ulation 170/03	, during this
	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	52	0-46	<2 – 80	NA	NA
Treated	52	0	0	52	<2-2
Distribution	156	0	0	52	<2-2

Operational testing dor this Annual Report	ne under Schedule 7, 8 or 9	of Regulation 170/03	during the period covered by
	Number of Grab Samples	Range of Results (min #) – (max #)	Units
Filter Effluent Turbidity- Filter #1	8760	Unit not used in 2017	NTU
Filter Effluent Turbidity- Filter #2	8760	0.00-1.00*	NTU
Chlorine-POE (Tower)	8760	0.57-1.56	mg/L
Fluoride (If the DWS provides fluoridation)	8760	0.40-0.71	mg/L

Note that under the current system setup, the two filter trains are NOT run simultaneously

\*Filter #2 effluent turbidity briefly spiked on July 21. Duration of spike not long enough to be reportable

Summary of additional testi approval, order or other leg	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IN COLUMN TO SERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IN COLUMN TO SERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVE AND ADDRESS OF TH	g carried out in accor	dance with the re	quirement of an
Date of legal instrument issued	Parameter	Date Sampled	Range of Results	Unit of Measure
None				

2017 Annual Report Page 2 of 6



Parameter	Sample Date	Result Value	Unit of Measure	Exceedance
Antimony	Jan 25/17	ND ND	mg/L	No
Arsenic	Jan 25/17	0.0003	mg/L	No
Barium	Jan 25/17	0.009	mg/L	No
Boron	Jan 25/17	ND	mg/L	No
Cadmium	Jan 25/17	ND	mg/L	No
Chromium	Jan 25/17	ND	mg/L	No
Lead-see results below				
Mercury	Jan 25/17	ND	μg/L	No
Selenium	Jan 25/17	ND	mg/L	No
Sodium	Jan 28/15	20.3	mg/L	Yes
Uranium	Jan 25/17	ND	mg/L	No
Fluoride	Jan 28/15	0.5	mg/L	No
Nitrite	Jan 25/17	<0.1	mg/L	No
Nitrate	Jan 25/17	0.1	mg/L	No
Nitrite	Apr 26/17	<0.1	mg/L	No
Nitrate	Apr 26/17	<0.1	mg/L	No
Nitrite	July 26/17	<0.1	mg/L	No
Nitrate	July 26/17	<0.1	mg/L	No
Nitrite	Oct. 25/17	<0.1	mg/L	No
Nitrate	Oct. 25/17	0.1	mg/L	No

Summary of Le	ad Results during this reportin	g period (Winter:	Dec. 15/16-April	
Sampling Period	Range of Results (µg/L) from Residential Samples (# of Samples taken)	Non-residential locations	Distribution System	Any Adverse Water Quality Incidents?
Winter	Non-Detect-7.34 (7)	0.84-4.67 (1)	0.10-0.13 (2)	NO
Summer	0.07-1.78 (5)	1.81-5.33 (1)	0.23-0.44 (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	Jan 25/17	ND	µg/L	No
Atrazine + N-dealkylated metobolites	Jan 25/17	ND	µg/L	No
Azinphos-methyl	Jan 25/17	ND	µg/L	No
Benzene	Jan 25/17	ND	ha/r	No
Benzo(a)pyrene	Jan 25/17	ND	μg/L	no
Bromoxynil	Jan 25/17	ND	µg/L	No
Carbaryl	Jan 25/17	ND	µg/L	No

2017 Annual Report Page 3 of 6



Carbofuran	Jan 25/17	ND	μg/L	No
Carbon Tetrachloride	Jan 25/17	ND	µg/L	No
Chlorpyrifos	Jan 25/17	ND	μg/L	No
Diazinon	Jan 25/17	ND	μg/L	No
Dicamba	Jan 25/17	ND	µg/L	No
1,2-Dichlorobenzene	Jan 25/17	ND	μg/L	No
1,4-Dichlorobenzene	Jan 25/17	ND	µg/L	No
1,2-Dichloroethane	Jan 25/17	ND	µg/L	No
1,1-Dichloroethylene (vinylidene chloride)	Jan 25/17	ND	μg/L	No
Dichloromethane	Jan 25/17	ND	μg/L	No
2-4 Dichlorophenol	Jan 25/17	ND	µg/L	No
,4-Dichlorophenoxy acetic acid (2,4-D)	Jan 25/17	ND	µg/L	No
Diclofop-methyl	Jan 25/17	ND	μg/L	No
Dimethoate	Jan 25/17	ND	µg/L	No
Diquat	Jan 25/17	ND	µg/L	No
Diuron	Jan 25/17	ND	ha\r	No
Glyphosate	Jan 25/17	ND	µg/L	No
Malathion	Jan 25/17	ND	µg/L	No
MCPA	April 5/17	ND	mg/L	N/A
Metolachlor	Jan 25/17	ND	μg/L	No
Metribuzin	Jan 25/17	ND	μg/L	No
Monochlorobenzene	Jan 25/17	ND	μg/L	No
Paraquat	Jan 25/17	ND	μg/L	
Pentachlorophenol	Jan 25/17	ND	μg/L	No
Phorate	Jan 25/17	ND	μg/L	
Picloram	Jan 25/17	ND	μg/L	No
Polychlorinated Biphenyls(PCB)	Jan 25/17	ND	µg/L	No
Prometryne	Jan 25/17	ND	μg/L	No
Simazine	Jan 25/17	ND	µg/L	No
THM (NOTE: show latest annual average)	Q1-Q4 2017	74.7	µg/L	No
Terbufos	Jan 25/17	ND	µg/L	No
Tetrachloroethylene	Jan 25/17	ND	µg/L	No
2,3,4,6-Tetrachlorophenol	Jan 25/17	ND	µg/L	No
Triallate	Jan 25/17	ND	µg/L	No

2017 Annual Report Page 4 of 6



Trichloroethylene	Jan 25/17	ND ND	μg/L	No
2,4,6-Trichlorophenol	Jan 25/17	ND	μg/L	No
Trifluralin	Jan 25/17	ND	μg/L	No
Vinyl Chloride	Jan 25/17	ND	µg/L	No

ND = Non-Detect

tario Drinking Water	anic parameter(s) that			
Parameter	Sample Date	Result Value	Unit of Measure	ODWS Criteri
Total THM	Q1-Q4 2017	74.7	µg/L	100 µg/L

2017 Annual Report Page 5 of 6



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

Non-Compliance with Legislation	ns, Regulations, Approva	ls & Orders
During this period, the Facility was approval, save and except for the		e with the Act, the regulations and the Facility's
Requirement	Actions Required	Actions Taken
None (from inspection conducted Jan. 16/18 and Jan. 19/17)	п/а	n/a

Comparison of Flow Rate	es (m³/d):		<u> </u>
Month	Average Flow	Maximum	Max. Instantaneous Flow (L/s)
January	385	481	11.3
February	376	471	10.3
March	372	432	11.2
April	357	533	12.2
May	291	390	12.3
June	332	521	11.4
July	385	535	11.2
August	361	514	10.8
September	346	531	10.7
October	343	532	9.3
November	329	451	10.1
December	323	470	13.2
AVERAGE	350	n/a	•
MAXIMUM	•	535	13.2
SYSTEM CAPACITY	1987	1987	23L/s
% CAPACITY	17.6%	26.9%	•

2017 Annual Report Page 6 of 6