

February 24, 2020

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 2019 Annual Report

Dear Sherry,

Please find attached the 2019 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, 2020.

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

Sincerely,

VEOLIA WATER CANADA INC.

Greg Prangley Project Manager

c. Veolia Canada Chalk River operations



### 2019 ANNUAL REPORT FOR WATER SYSTEMS

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

Drinking-Water System Owner: Drinking-Water System Owner: Drinking-Water System Category: Period being reported:  Complete if your Category is Large Municipal Residential Does your Drinking-Water System Serve more than 10,000 people?  Is your annual report available to the public at no charge on a web solution of the Internet?  Location where Summary Report required under O. Reg. 170/03 Schedule 22 will be available for inspection. Wunicipal Authorities you report to for each Designated Facilities  Town Office − Pt. Alexander #34465 Hwy 17  List all Drinking-Water System Name Drinking Water System Name Drin	Drinking-Water System Number:		210000666		
Drinking-Water System Category:  Period being reported:  Complete if your Category is Large Municipal Residential  Does your Drinking-Water System serve more than 10,000 people?  Is your annual report available to the public at no charge on a web site on the Internet?  Location where Summary Report required under O. Reg. 170/03 Schedule 22 will be available for inspection. WINICIPAL OFFICE  Town Office − Pt. Alexander #34465 Hwy 17  List all Drinking-Water Systems (if any), which receive all of their drinking water from your system:  Drinking Water System Name  Did you provide a copy of your annual report to all Drinking water from your system:  Drinking Water System Name  Did you provide a copy of your annual report to all Drinking water System Number  Did you provide a copy of your annual report to all of their drinking water from your system:  Drinking Water System Number  Did you provide a copy of your annual report to all Drinking-Water System Number  Did you provide a copy of your annual report to all Drinking-Water System Number  Did you provide a copy of your annual report to all Drinking water?  N/A  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 Public  □ Public access/notice via a newspaper	Drinking-Water System Name:		Chalk River Drinking Water System		
Complete if your Category is Large Municipal Residential or Small Municipal Residential or Small Municipal Residential  Does your Drinking-Water System serve more than 10,000 people? □ Yes □ No site on the Internet?  Location where Summary Report required under O. Reg. 170/03 Schedule 22 will be available for inspection. MUNICIPAL OFFICE Town Office – Pt. Alexander #34465 Hwy 17  List all Drinking-Water Systems (if any), which receive all of their drinking water from your system:  Drinking Water System Name n/a  Did you provide a copy of your annual report to all Interested Authorities you report to for each Designated Facility?  List all Drinking-Water Systems (if any), which receive all of their drinking water from your system:  Drinking Water System Number  Drinking Water System Number  Drinking Water System owners that are connected to you and to whom you provide all of its drinking water?  N/A  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 Public □ Public access/notice via a newspaper	Drinking-Water System Owner:		Town of Laurentia	n Hills	
Complete if your Category is Large Municipal Residential or Small Municipal Residential or Small Municipal Residential  Does your Drinking-Water System serve more than 10,000 people?	<b>Drinking-Water System Category</b>	:	Large Municipal F	Residential	
Residential or Small Municipal Residential  Does your Drinking-Water System serve more than 10,000 people?  Is your annual report available to the public at no charge on a web site on the Internet?  Location where Summary Report required under O. Reg. 170/03 Schedule 22 will be available for inspection.  MUNICIPAL OFFICE Town Office – Pt. Alexander #34465 Hwy 17  List all Drinking-Water Systems (if any), which receive all of their drinking water from your system:  Drinking Water System Name  Drinking Water System Name  Drinking Water System owners that are connected to you and to whom you provide all of its drinking water?  N/A  Number of Designated Facilities n/a served:  Number of Des	Period being reported:		January 1 – Dece	mber 31, 2019	
Residential or Small Municipal Residential  Does your Drinking-Water System serve more than 10,000 people?  Is your annual report available to the public at no charge on a web site on the Internet?  Location where Summary Report required under O. Reg. 170/03 Schedule 22 will be available for inspection.  MUNICIPAL OFFICE Town Office – Pt. Alexander #34465 Hwy 17  List all Drinking-Water Systems (if any), which receive all of their drinking water from your system:  Drinking Water System Name  Drinking Water System Name  Drinking Water System owners that are connected to you and to whom you provide all of its drinking water?  N/A  Number of Designated Facilities n/a served:  Number of Des					
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the public at no charge on a web site on the Internet?  Location where Summary Report required under O. Reg. 170/03 Schedule 22 will be available for inspection.  MUNICIPAL OFFICE Town Office – Pt. Alexander #34465 Hwy 17  List all Drinking-Water Systems (if any), which receive all of their drinking water from your system:  Drinking Water System Name n/a  Did you provide a copy of your annual report to all Drinking-Water System Number  Drinking Water System Number  Drinking Water System Number  Drinking Water System Number  N/A  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?  N/A  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 Public  Public access/notice via a newspaper	serve more than 10,000 people?	☐ Yes ⊠ No	served:		n/a
Reg. 170/03 Schedule 22 will be available for inspection.  MUNICIPAL OFFICE Town Office – Pt. Alexander #344465 Hwy 17  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  Drinking Water System Number  Did you provide a copy of your annual report to all 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?  N/A  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 a newspaper  Public access/notice via other	the public at no charge on a web site on the Internet?		annual report to all Facilities you serve	Designated ?	□ Yes□ No
Town Office – Pt. Alexander #34465 Hwy 17  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 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?  N/A  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 a newspaper  Public access/notice via other	Reg. 170/03 Schedule 22 will be availa	red under O. able for inspection.	served:		n/a
Drinking Water System Name n/a  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?  N/A  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 newspaper □ Public access/notice via a □ Public access/notice via other □ Public access/notice via a □ Public access/notice via other	MUNICIPAL OFFICE Town Office – Pt. Alexander		annual report to all Interested Authorities you report to for each  □Yes□No		□Yes□No
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?  N/A  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 Municipal Office □ Public access/notice via a newspaper □ Public access/notice via other		if any), which red			n your system:
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<ul> <li>☑ Public access/notice via the web</li> <li>☑ Public access/notice via hunicipal Office</li> <li>☑ Public access/notice via a newspaper</li> <li>☑ Public access/notice via a</li> <li>☑ Public access/notice via other</li> </ul>					
web       Municipal Office       newspaper         ☑ Public access/notice via Public       ☐ Public access/notice via a       ☐ Public access/notice via other	Indicate how you notified system	annual report is a	vailable, and is fr	ee of charge.	
					/notice via a
	web	Municipal Office		newspaper	

#### **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.

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

pH adjustment – Soda Ash

Primary Coagulant – PAX-XL Coagulant aid – Polymer

Disinfection – Sodium Hypochlorite

Fluoridation – Hydroflousilisic acid

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

Calibrations (all equipment) \$5.4K

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	Range of Total Coliform Results	Number of HPC	Range of HPC Results	
	Jampies	(min #) - (max #)	(min #) - (max #)	Samples	(min #) - (max #)	
Raw	53	0-7	2 – 68	NA	NA	
Treated	53	0	0	53	<2-4	
Distribution	159	0	0	53	<2-4	

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				
Filter Effluent Turbidity- Filter #1	8760	0.04-0.70	NTU				
Filter Effluent Turbidity- Filter #2	8760	0.01-0.34	NTU				
Chlorine-POE (Tower)	8760	0.46-1.65	mg/L				
Fluoride (If the DWS provides fluoridation)	8760	0.43-0.96	mg/L				

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	Range of Results	Unit of Measure			
None							

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#### Summary of Inorganic parameters tested during this reporting period or the most recent sample results Parameter Sample Date **Result Value Unit of Measure** Exceedance Jan 23/19 ND Antimony mg/L No Jan 23/19 0.0002 No Arsenic mg/L Jan 23/19 0.007 Barium mg/L No Boron Jan 23/19 ND mg/L No Cadmium Jan 23/19 ND No mg/L Jan 23/19 ND No Chromium mg/L Lead-see results below Mercury Jan 23/19 ND μg/L No ND Selenium Jan 23/19 mg/L No Jan 24/18 Sodium 22.0 mg/L Yes Jan 23/19 ND Uranium mg/L No Fluoride Jan 24/18 0.5 mg/L No Jan 23/19 <0.1 Nitrite mg/L No Nitrate Jan 23/19 <0.1 No mg/L Nitrite Apr 24/19 < 0.1 mg/L No Apr 24/19 Nitrate 0.1 mg/L No Nitrite July 24/19 <0.1 No mg/L July 24/19 <0.1 Nitrate No mg/L Nitrite Oct. 9/19 <0.1 mg/L No Nitrate Oct. 9/19 < 0.1 mg/L No

Summary of Lead Results during this reporting period (Winter: Dec. 15/18-April 15/19; Summer: June 15-Oct. 15/19						
Sampling Period	Range of Results (µg/L) from	Non-residential	Distribution	Any Adverse Water		
	Residential Samples (# of Samples	locations	System	Quality Incidents?		
	taken)					
Winter	0.23-54.3 (14)	1.88-4.52 (2)	0.11-0.14 (3)	NO		
Summer	0.39-115 (14)	2.17-2.51 (2)	<0.02-0.37 (9)	NO		

<sup>\*</sup>two samples taken per residential and non-residential address

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 23/19	ND	μg/L	No		
Atrazine + N-dealkylated metobolites	Jan 23/19	ND	μg/L	No		
Azinphos-methyl	Jan 23/19	ND	μg/L	No		
Benzene	Jan 23/19	ND	μg/L	No		
Benzo(a)pyrene	Jan 23/19	ND	μg/L	no		

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Bromoxynil	Jan 23/19	ND	μg/L	No
Carbaryl	Jan 23/19	ND	μg/L	No
Carbofuran	Jan 23/19	ND	μg/L	No
Carbon Tetrachloride	Jan 23/19	ND	μg/L	No
Chlorpyrifos	Jan 23/19	ND	μg/L	No
Diazinon	Jan 23/19	ND	μg/L	No
Dicamba	Jan 23/19	ND	μg/L	No
1,2-Dichlorobenzene	Jan 23/19	ND	μg/L	No
1,4-Dichlorobenzene	Jan 23/19	ND	μg/L	No
1,2-Dichloroethane	Jan 23/19	ND	μg/L	No
1,1-Dichloroethylene (vinylidene chloride)	Jan 23/19	ND	μg/L	No
Dichloromethane	Jan 23/19	ND	μg/L	No
2-4 Dichlorophenol	Jan 23/19	ND	μg/L	No
2,4-Dichlorophenoxy acetic acid (2,4-D)	Jan 23/19	ND	μg/L	No
Diclofop-methyl	Jan 23/19	ND	μg/L	No
Dimethoate	Jan 23/19	ND	μg/L	No
Diquat	Jan 23/19	ND	μg/L	No
Diuron	Jan 23/19	ND	μg/L	No
Glyphosate	Jan 23/19	ND	μg/L	No
HAA (will become a regulatory requirement in 2020)	Q1-Q4 2019	69.2	μg/L	N/A (limit will be 80 in 2020)
Malathion	Jan 23/19	ND	μg/L	No
MCPA	Jan 23/19	ND	mg/L	N/A
Metolachlor	Jan 23/19	ND	μg/L	No
Metribuzin	Jan 23/19	ND	μg/L	No
Monochlorobenzene	Jan 23/19	ND	μg/L	No
Paraquat	Jan 23/19	ND	μg/L	
Pentachlorophenol	Jan 23/19	ND	μg/L	No
Phorate	Jan 23/19	ND	μg/L	
Picloram	Jan 23/19	ND	μg/L	No
Polychlorinated Biphenyls(PCB)	Jan 23/19	ND	μg/L	No
Prometryne	Jan 23/19	ND	μg/L	No
Simazine	Jan 23/19	ND	μg/L	No
THM (NOTE: show latest annual average)	Q1-Q4 2019	70.5	μg/L	No
Terbufos	Jan 23/19	ND	μg/L	No

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Tetrachloroethylene	Jan 23/19	ND	μg/L	No
2,3,4,6-Tetrachlorophenol	Jan 23/19	ND	μg/L	No
Triallate	Jan 23/19	ND	μg/L	No
Trichloroethylene	Jan 23/19	ND	μg/L	No
2,4,6-Trichlorophenol	Jan 23/19	ND	μg/L	No
Trifluralin	Jan 23/19	ND	μg/L	No
Vinyl Chloride	Jan 23/19	ND	μg/L	No

ND = Non-Detect

List any Inorganic or Organic parameter(s) that exceeded half the standard prescribed in Schedule 2 of Ontario Drinking Water Quality Standards.

of Official Difficially Water Quality Standards.						
Parameter	Sample Date	Result Value	Unit of Measure	ODWS Criteria		
Total THM	Q1-Q4 2019	70.5	μg/L	100 μg/L		

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# 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 Actions Required None Actions Taken None

System Capability Asso	essment		
Comparison of Flow Rate	es (m³/d):		
Month	Average Flow	Maximum	Max. Instantaneous Flow (L/s)
January	307	435	10.6
February	304	406	10.4
March	287	419	9.4
April	295	420	10.4
May	298	524	8.5
June	394	538	11.7
July	483	623	12.2
August	432	572	10.8
September	342	437	10.0
October	304	413	11.1
November	335	415	10.1
December	328	435	10.3
AVERAGE	343	n/a	-
MAXIMUM	-	623	12.2
SYSTEM CAPACITY	1987	1987	23L/s
% CAPACITY	17.2%	31.4%	-

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