



OPTIONAL ANNUAL REPORT TEMPLATE

|                                 |                                      |
|---------------------------------|--------------------------------------|
| Drinking-Water System Number:   | 260005151                            |
| Drinking-Water System Name:     | Schomberg                            |
| Drinking-Water System Owner:    | Township of King                     |
| Drinking-Water System Category: | Large Municipal Residential          |
| Period being reported:          | January 1, 2017 to December 31, 2017 |

|   |   |
|---|---|
| <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; margin-top: 10px;">       Township of King<br/>       2075 King Road<br/>       King City, ON L7B 1A1<br/>       www.king.ca     </div> | <p><b><u>Complete for all other Categories.</u></b></p> <p>Number of Designated Facilities served:<br/> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></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:<br/> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></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> |
|---|---|

**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 [ x ]

Indicate how you notified system users that your annual report is available, and is free of charge.

[x] 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: Standard of Care Update Bulletin to Council

**Describe your Drinking-Water System**

**Distribution System Class 1**  
 Receives all treated water from Region of York water treatment plant and wells.  
 Secondary disinfection was provided by chloramination and has been measured as combined chlorine residual (chloramines).

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

Refer to York Region Annual Report for the Schomberg Water Supply 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**

August 27, 2017- 3 watermain breaks-Western Avenue-large hole breaches- \$7,000.00  
 September 06 & 07, 2017-2 watermain breaks-Western Avenue-large and small hole breaches-\$5,500.00  
 October 03, 2017-watermain break-Western Avenue-large hole breach-\$5,000.00

**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 |
|------------------|-----------------|--------|-----------------|---|------------------------|
| January 01, 2017 | Nitrite         | 1.04   | Mg/l            | Flush and resample upstream, downstream and at adverse location | January 17, 2017       |
| August 19, 2017  | Total Coliforms | P      | A-P             | Flush and resample upstream, downstream and at adverse location | August 20, 2017        |



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 | 156               | Absent   | Absent-Present                                  | 75                    | 0-42                                 |

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 #) | <i>NOTE: For continuous monitors use 8760 as the number of samples.</i> |
|---|------------------------|----------------------------------|---|
| Turbidity                                   |                        |                                  |   |
| Chlorine/Chloramines                        | 364                    | 0.91 to 2.68 mg/l (chloramine)   |   |
| Fluoride (If the DWS provides fluoridation) |                        |                                  |   |

**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. **Township values reflect the latest sample and an average of the sample results. Refer to York Region's Annual Report, available on their website, for complete test results.**

| Parameter | Sample Date | Result Value | Unit of Measure | Exceedance |
|-----------|-------------|--------------|-----------------|------------|
| Antimony  |             |              |                 |            |
| Arsenic   |             |              |                 |            |
| Barium    |             |              |                 |            |
| Boron     |             |              |                 |            |
| Cadmium   |             |              |                 |            |



|          |                   |       |      |      |
|----------|-------------------|-------|------|------|
| Chromium |                   |       |      |      |
| *Lead    |                   |       |      |      |
| Mercury  |                   |       |      |      |
| Selenium |                   |       |      |      |
| Sodium   |                   |       |      |      |
| Uranium  |                   |       |      |      |
| Fluoride |                   |       |      |      |
| Nitrite  | November 27, 2017 | 0.2   | mg/L | None |
| Nitrate  | November 27, 2017 | <0.50 | mg/L | None |

\*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 - mg/L (min#) – (max #) | Number of Exceedances |
|--|-------------------|---|-----------------------|
| Plumbing   | 0                 | NA  | None                  |
| Distribution (Alkalinity and pH for both sessions) | 4                 | NA  | None                  |

Summary of Organic parameters sampled during this reporting period or the most recent sample results. **Township values reflect the latest sample and an average of the sample results. Refer to York Region's Annual Report, available on their website, for complete test 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)<br>+ metabolites |   |     |      |      |
| 1,2-Dichloroethane                                     |   |     |      |      |
| 1,1-Dichloroethylene<br>(vinylidene chloride)          |   |     |      |      |
| Dichloromethane  |   |     |      |      |
| 2,4 Dichlorophenol                                     |   |     |      |      |
| 2,4-Dichlorophenoxy acetic acid (2,4-D)                |   |     |      |      |
| Diclofop-methyl  |   |     |      |      |
| Dimethoate   |   |     |      |      |
| Dinoseb  |   |     |      |      |
| Diquat   |   |     |      |      |
| Diuron   |   |     |      |      |
| Glyphosate   |   |     |      |      |
| Haloacetic Acids (HAA)                                 | Mar. 13<br>May 29<br>Aug. 28<br>Nov. 27 | <20 | µg/L | None |
| Heptachlor + Heptachlor Epoxide                        |   |     |      |      |
| Lindane (Total)  |   |     |      |      |
| Malathion  |   |     |      |      |
| Methoxychlor   |   |     |      |      |
| Metolachlor  |   |     |      |      |
| Metribuzin   |   |     |      |      |
| Monochlorobenzene                                      |   |     |      |      |
| Paraquat   |   |     |      |      |
| Parathion  |   |     |      |      |
| Pentachlorophenol                                      |   |     |      |      |
| Phorate  |   |     |      |      |
| Picloram   |   |     |      |      |
| Polychlorinated Biphenyls(PCB)                         |   |     |      |      |
| Prometryne   |   |     |      |      |
| Simazine   |   |     |      |      |
| THM<br>(NOTE: show latest annual average)              | Mar. 13<br>May 29<br>Aug. 28<br>Nov. 27 | 4.6 | µg/L | None |
| Temephos   |   |     |      |      |
| Terbufos   |   |     |      |      |
| Tetrachloroethylene                                    |   |     |      |      |
| 2,3,4,6-Tetrachlorophenol                              |   |     |      |      |
| Triallate  |   |     |      |      |
| Trichloroethylene                                      |   |     |      |      |



|   |  |  |  |  |
|---|--|--|--|--|
| 2,4,6-Trichlorophenol                           |  |  |  |  |
| 2,4,5-Trichlorophenoxy acetic acid<br>(2,4,5-T) |  |  |  |  |
| Trifluralin                                     |  |  |  |  |
| Vinyl Chloride                                  |  |  |  |  |

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 |
|-----------|--------------|-----------------|----------------|
|           |              |                 |                |