

**Part III Form 2
Section 11. ANNUAL REPORT.**

Drinking-Water System Number:	260028912
Drinking-Water System Name:	Township of North Stormont Municipal Office
Drinking-Water System Owner:	Township of North Stormont
Drinking-Water System Category:	Small Municipal/ Non Residential
Period being reported:	September 10 to December 31, 2003

<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 []</p> <p>Is your annual report available to the public at no charge on a web site on the Internet? Yes [] No []</p> <p>Location where Report required under O. Reg. 170/03 Schedule 22 will be available for inspection.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<p><u>Complete for all other Categories.</u></p> <p>Number of Designated Facilities served: <div style="border: 1px solid black; width: 100px; 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 [] N/A [x]</p> <p>Number of Interested Authorities you report to: <div style="border: 1px solid black; width: 100px; text-align: center; padding: 2px;">0</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 [] N/A [x]</p>
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List Drinking-Water Systems, which receive all of their drinking water from your system:

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 [] N/A [x]

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

- [] Public access/notice via the web
- [x] 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 _____

Describe your Drinking-Water System

Groundwater is pumped from the source well to a pressure tank. As water is used, the pressure in the tank falls to a preset limit and the well pump starts to recharge it. No disinfection is provided.

List all water treatment chemicals used over this reporting period

The plumbing in the building was periodically shocked with Sodium Hypochlorite to discourage the growth of nuisance bacteria.

Were any significant expenses incurred to?

- Install required equipment
- Repair required equipment
- Replace required equipment

Describe

No significant expenses were 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
N/A					

Microbiological testing done under section 8 (2) during this reporting period

	Number of Samples	Range of E.Coli or Fecal Results (#-#)	Range of Total Coliform Results (#-#)	Number of HPC Samples	Range of HPC Results (#-#)
Raw	48	0-0	0-0	16	<2 to 434