

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

<b>Drinking-Water System Number:</b>	260028925
<b>Drinking-Water System Name:</b>	Berwick Recreation Center
<b>Drinking-Water System Owner:</b>	Township of North Stormont
<b>Drinking-Water System Category:</b>	Small Municipal/Non Residential
<b>Period being reported:</b>	September 9 to December 31, 2003

<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 [ ]</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><b><u>Complete for all other Categories.</u></b></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 wells 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**

Well Contractor abandoned an existing well. On service well, well casing was extended and installed pitless adapter, as per Corrective Actions for Systems not Currently Using Chlorine.

**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
Nov.3/03	E.coli	4	Cts/100ml	Resample	Nov.7/03
Nov.3/03	Total Coliform	11	Cts/100ml	Resample	Nov.7/03
Nov.7/03	E.coli	5	Cts/100ml	MOE Procedure For Corrective Action for systems Not Currently Using Chlorine	Nov.21/03
Nov.7/03	E.coli	1	Cts/100ml	MOE Procedure For Corrective Action for systems Not Currently Using Chlorine	Nov.21/03

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Nov.7/03	Total Coliform	35	Cts/100ml	MOE Procedure For Corrective Action for systems Not Currently Using Chlorine	Nov.21/03
Nov.7/03	Total Coliform	26	Cts/100ml	MOE Procedure For Corrective Action for systems Not Currently Using Chlorine	Nov.21/03
Nov.7/03	HPC	>500	Cts/1ml	MOE Procedure For Corrective Action for systems Not Currently Using Chlorine	Nov.21/03
Nov.7/03	HPC	>500	Cts/1ml	MOE Procedure For Corrective Action for systems Not Currently Using Chlorine	Nov.21/03
Nov.26/03	HPC	>500	Cts/1ml	Resample	Nov.29/03

### 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	57	0-5	0-35	20	0 to >500