MUNICIPAL DRINKING WATER SUPPLIES

ANNUAL REPORT

NOTE : ANNUAL REPORT MUST BE SUBMITTED ON OR BEFORE APRIL 1.

YEAR_2020_____

MUNICIPALITY OF : County of Annapolis

WATER UTILITY NAME: Annapolis County Water

FACILITY NAME : Bridgetown

APPROVAL TO OPERATE NO: 2010-073601-04

WATER WITHDRAWAL APPROVAL NO: 2009-068808-05

I certify that information provided in this report is a complete and accurate representation of Water System operation.

Offences under the Environment Act:

158 A person who

(a) knowingly provides false or misleading information pursuant to a requirement under this Act to provide information;
(b) provides false or misleading information pursuant to a requirement under this Act to provide information;
(c) does not provide information as required pursuant to this Act;
(d) hinders or obstructs an inspector or administrator who is exercising powers or carrying out duties, or attempting to do so, pursuant to this Act;
(e) knowingly contravenes a term or condition of an approval, an environmental assessment approval, a temporary approval, a certificate of variance or a certificate of qualification;

Name of the person in overall direct responsible charge

[Print Name] JAMES JENNER.....

Signature .....

Manager responsible for water system [Print Name

Signature .....

PART 1 - STANDARD SUBMISSIONS.

Has the Utility submitted following updates for the next year:

Required Submission	**Yes**	**No**	**N/A** **Last year submission remains unchanged**
Contingency Plan			X
Notification Procedure			X
Monitoring Program (including sampling points location)			X
QA/QC			X
Source Water Protection Plan			X
Source Water Implementation Schedule			X
Lab Information			X
Operations Manual			X
Staff List and certification			X

PART 2 - WATER TREATMENT PLANT MONITORING

A. WATER TREATMENT

Table 1- Raw water flow

Month	Raw water flow (m^3) Source..Wells... Well No, Lake or River Name	
	Total Monthly Volume (m^3)	**Max Daily Volume (m^3/d)**
January	15364	628
February	14957	690
March	16172	824
April	17095	663
May	15606	568
Jun	7734	555
July	No reading	552
August	No reading	555
September	No Reading	630
October	17433	553
November	17434	562
December	15582	527
Total for the year.....	137,377 m3	
Maximum month	November	
Average	15264 m3	
Water withdraw Approval No: 2009-068808-05.	Withdraw limit: 1000.m3/day.....	
Approval to Operate No:.. 2010-073601-04..	Rated design capacity:...cu3/day...	

Table 2 - Filtered water turbidity

Month	Filter 1			Filter 2			Combined Turbidity	
	Turbidity		Filter to waste	Turbidity		Filter to waste		
	How many times exceed Approval	**max NTU**	max (upon return to production)	**How many times exceed Approval**	**max NTU**	max	**How many times exceed Approval**	max
January	0			0				
February	0			0				
March	0			0				
April	0			0				
May	0			0				
Jun	0			0				
July	0			0				
August	0			0				
September	0			0				
October	0			0				
November	0			0				
December								
If Approval Limits for Filtration were exceeded provide date when Department was notified:								
Action taken: N/A								

Table 2 - Well water turbidity

Month	Well 2		Well 3		Comments
	Turbidity		Turbidity		
	How many times exceed Approval	**maximum NTU**	**How many times exceed Approval**	**maximum NTU**	
January	0	.085	0	.089	
February	0	.089	0	.096	
March	0	.175	0	.118	
April	0	.087	0	.099	
May	0	.103	0	.118	
Jun	0	.083	0	.118	
July	0	.126	0	.096	
August	0	.086	0	.360	
September	0	.286	0	.173	
October	0	.034	0	.260	
November	0	.032	0	.086	
December	0	.096	0	.097	

If exceeded provide dates of occurrence and date when Department was notified.

Action taken: Wells are combined together

Table 3 - Disinfection (leaving treatment plant or well)

Month	Disinfectant residual (mg/l)			CT value
	Minimum this month	**How many times below Approval limit**	**Maximum this month**	**How many times $CT_{achieved}$ was less than $CT_{required}$**
January	.75	0	1.07	0
February	.74	0	.90	0
March	.79	0	.89	0
April	.79	0	.92	0
May	.80	0	.99	0
Jun	.71	0	.90	0
July	.83	0	.92	0
August	.83	0	1.02	0
September	.82	0	1.02	0
October	.75	0	.90	0
November	.76	0	.94	0
December	.76	0	1.06	0

If Approval Limits were exceeded provide date of occurrence and date when Department was notified:

If CT requirements were not met provide date of occurrence and date when Department was notified:

Action Taken:

NOTE: CT values must be calculated daily, or minimum operational conditions must be monitored daily and records kept by Approval Holder

MINIMUM OPERATIONAL PARAMETERS TO PROVIDE REQUIRED CT
(CT calculations for "worst case scenario" must be provided to Department) See attached

Peak Daily Flow	824m3
Temperature at CT control Point	10
Minimum residual at CT control Point	.71
pH at CT control Point	7.26
Water level in the tank during peak hourly flow	75%

Total chlorine use this year:...kg	**Target organism: Giardia..... Or Viruses.....**

Table 4 - Bacteriological quality (leaving treatment plant or GUDI well)

Month	Total number of samples taken	*E.coli*	Total Coliform	Giardia		Cryptosporidium	
				if tested N/A		if tested N/A	
		No. of Present this month	No. of Present this month	No. of Present this month	Total	No. of Present this month	Total
January	4	0	0	0	0	0	0
February	4	0	0	0	0	0	0
March	4	0	0	0	0	0	0
April	5	0	0	0	0	0	0
May	4	0	0	0	0	0	0
Jun	5	0	0	0	0	0	0
July	4	0	0	0	0	0	0
August	5	0	0	0	0	0	0
September	3	0	0	0	0	0	0
October	4	0	0	0	0	0	0
November	4	0	0	0	0	0	0
December	4	0	0	0	0	0	0

If *E.coli* Present provide date of occurrence and date when Department was notified:

If Total Coliforms Present provide date of occurrence and date when Department was notified

Action taken:

Certified Lab: Valley Regional Hospital

Table 5 - Fluoride (if fluoridating)

Month	**Min this month (mg/l)**	**Max this month (mg/l)**
January	N/A	
February		
March		
April		
May		
Jun		
July		
August		
September		
October		
November		
December		
If exceeded Approval limits provide date of occurrence and date when Department was notified:		
Action taken:		

Table 6 - Aluminum (for facilities using aluminum-based coagulants)

	At Treatment Facility		Distribution System*	
Month	**Min this month (mg/l)**	**Max this month (mg/l)**	**Min this month (mg/l)**	**Max this month (mg/l)**
January				
February				
March				
April				
May				
Jun				
July				
August				
September				
October				
November				
December				.
If Aluminum exceeded Approval limits provide date of occurrence and date when Department was notified				
Action taken:				

Table 7- pH

Month	Raw water inlet		CT Control Point	
	Minimum this month	**Maximum this month**	**Minimum this month**	**Maximum this month**
January	7.41	7.69	7.41	7.69
February	7.52	7.84	7.52	7.84
March	7.5	7.79	7.5	7.79
April	7.54	7.64	7.54	7.64
May	7.45	7.7	7.45	7.7
Jun	7.39	7.49	7.39	7.49
July	7.34	7.59	7.34	7.59
August	7.34	7.61	7.34	7.61
September	7.29	7.53	7.29	7.53
October	7.18	7.37	7.18	7.37
November	7.14	7.28	7.14	7.28
December	7.12	7.21	7.12	7.21

Comments:

Table 8 - Guidelines for Monitoring Public Drinking Water Supplies (Section 33 of Regulations)

Parameter	**Health based guideline (mg/l)**	**AO [or OG] (mg/l)**	**Raw mg/l** (maximum this year)	**Treated mg/l** (maximum this year)	**Date**	**Location**
Alkalinity	-	-				
Aluminum	0.1/0.2					
Ammonia	-	-				
Antimony	0.006	-				
Arsenic	0.010	-				
Barium	1	-				
Boron	5	-				
Cadmium	0.005	-				
Calcium	-	-				
Chloride	-	≤250				
Chromium	0.05	-				
Colour	-	≤15				
Conductivity	-	-				
Copper	-	≤1.0				
Fluoride	1.5	-				
Hardness	-	-				
Iron	-	≤0.3				
Lead	0.010	-				
Magnesium	-	-				
Manganese	-	≤0.05				
Nitrate - nitrogen	10	-				
pH	-	6.5-8.5				
Potassium	-	-				
Selenium	0.01	-				

Parameter	**Health based guideline (mg/l)**	**AO [or OG] (mg/l)**	**Raw mg/l** (maximum this year)	**Treated mg/l** (maximum this year)	**Date**	**Location**
Sodium	-	≤200				
Sulphate	-	≤500				
Total Dissolved Solids	-	≤500				
Total Organic Carbon	-	-				
Turbidity	**See Approval**	-				
Uranium	0.02	-				
Zinc	-	≤5.0				
OTHER PARAMETERS SAMPLED						
Has any of the parameter exceeded Guidelines Yes..... No...X.						
If Yes provide date of occurrence and date when Department was notified:						
Action taken:						
Certified Lab:AGAT						

Table 9 - Raw Water turbidity

Month	Minimum NTU	Maximum NTU
January	.034	.288
February	.028	.164
March	.028	.097
April	.027	.095
May	.028	.08
Jun	.031	.089
July	.034	.072
August	.030	.36
September	.035	.256
October	.034	.260
November	.032	.085
December	.030	.097

B. WASTE TREATMENT

Table 10 - Waste water discharge

Month	Suspended Solids Limit:.....		Aluminum Limit:.....		Chlorine Limit:.....		pH Limit:		Fish toxicity	
	average mg/l	Max mg/l	average mg/l	Max mg/l	average mg/l	Max mg/l	average mg/l	Max mg/l		
January										
February										
March										
April										
May										
Jun										
July										
August										
September										
October										
November										
December										

Has any of the parameter exceeded Limits Yes..... No.....

If Yes provide date of occurrence and date when Department was notified:

PART 3 - WATER DISTRIBUTION SYSTEM MONITORING

Table 11 - Distribution System Bacteriology and Disinfection Residual

Site : A	**Location: Nobs**										
Month	***E.coli***				**Total Coliforms**				**Free chlorine residual**		
	Present	Absent	Total number of samples	% Absent	Present	Absent	Total number of samples	% Absent	Min mg/l	Max mg/l	No. below Approval Limits
January	0	4	4	100	0	4	4	100	.67	.90	0
February	0	4	4	100	0	4	4	100	.67	.82	0
March	0	5	5	100	0	5	5	100	.73	.83	0
April	0	4	4	100	0	4	4	100	.71	.80	0
May	0	4	4	100	0	4	4	100	.72	.78	0
Jun	0	5	5	100	0	5	5	100	.71	.75	0
July	0	4	4	100	0	4	4	100	.52	.89	00
August	0	4	4	100	0	4	4	100	.51	.84	0
September	0	3	3	100	0	3	3	100	.54	.85	0
October	0	4	4	100	0	4	4	100	.53	.80	0
November	0	4	4	100	0	4	4	100	.44	.58	0
December	0	4	4	100	0	4	4	100	.52	.80	0
If Approval limits exceeded, provide date of occurrence and date when Department was notified:											
Action taken:											

Table 11 - Distribution System Bacteriology and Disinfection Residual (continued)

Site : B	**Location: Wards**										
Month	***E.coli***				**Total Coliforms**				**Free chlorine residual**		
	Present	Absent	Total number of samples	% Absent	Present	Absent	Total number of samples	% Absent	Min mg/l	Max mg/l	No. below 0.2 mg/l
January	0	4	4	100	0	4	4	100	.81	.87	0
February	0	4	4	100	0	4	4	100	.77	.86	0
March	0	5	5	100	0	5	5	100	.82	.95	0
April	0	4	4	100	0	4	4	100	.87	.92	0
May	0	4	4	100	0	4	4	100	.91	.98	0
Jun	0	5	5	100	0	5	5	100	.82	.96	0
July	0	4	4	100	0	4	4	100	.35	.55	0
August	0	4	4	100	0	4	4	100	.49	.82	0
September	0	3	3	100	0	3	3	100	.53	.56	0
October	0	4	4	100	0	4	4	100	.51	.57	0
November	0	4	4	100	0	4	4	100	.44	.70	0
December	0	4	4	100	0	4	4	100	.49	.95	0
Was E.Coli or Total Coliform present in any sample this year **Yes..... No...X.**											
If Yes provide date of occurrence and date when Department was notified:											
Action taken:											

Table 12a - Distribution System THM's

Month	Site A Location: Wards	Site B Location Town Hall	Site C Location: Nobs
	THM total mg/l	THM total mg/l	THM total mg/l
January			
February	.001	.001	.005
March **1st Qt**			
April			
May	.001	.002	.005
Jun **2nd Qt**			
July	<.001	.006	.009
August			
September **3rd Qt**			
October	.001	.001	.005
November			
December **4th Qt**			
Annual Average	.001	.002	.006
Limits	0.100 mg/l THM's - Locational running annual average based on a minimum of four quarterly samples.		
Action taken:			

Table 12b - Distribution System HAA's

Month	Site A Location: wards	Site B Location: Town Hall	Site C Location: Nobs
	HAA (5) mg/l	HAA (5) mg/l	HAA (5) mg/l
January			
February	<.004	<.004	<.004
March **1st Qt**			
April			
May	<.004	<.004	<.004
Jun **2nd Qt**			
July	.004	.0043	.004
August			
September **3rd Qt**			
October	.004	.004	.004
November			
December **4th Qt**			
Annual Average	.004	.004	.004
Limits	0.080 mg/l HAA's - Locational running annual average based on a minimum of four quarterly samples.		
Action taken:			

Table 13 - Distribution System Turbidity

Month	Site A Location: Nobs		Site B Location: Wards		Site C Location: Town Hall	
	min NTU	max NTU	min NTU	max NTU	min NTU	max NTU
January	.28	.38	.19	.55	.18	.29
February	.18	.22	.20	.37	.21	.30
March	.16	.45	.23	.31	.18	.34
April	.22	.39	.21	.27	.19	.35
May	.15	.31	.17	.23	.31	.51
Jun	.31	.70	.21	.52	.14	.22
July	.21	.31	.24	.61	.26	.38
August	.18	.39	.29	.41	.16	.47
September	.40	.53	.45	.49	.30	.57
October	.35	.60	.35	.39	.28	.45
November	.29	.41	.29	.38	.27	.45
December	.15	.36	.19	.32	.38	.54

If Approval limits were exceeded provide date of occurrence and date when Department was notified:

Action taken:

Table 14 - Distribution System Lead

Month* (specify date sampled)	Site A Location: 55 Rectory st		Site B Location: 30 Riverview		Site C Location: 242 Centennial dr	
	min ug/l	max ug/l	min ug/l	max ug/l	min ug/l	max ug/l
May						
Jun						
July						
August		<.05ug		<.05ug	.6ug	
September						
October						

If Approval limits were exceeded provide date of occurrence and date when Department was notified:

* To be sampled during warmest months

Table 15 - Distribution System Corrosion Control Program

Month	Site A Location: 55 Rectory st		Site B Location: 30 Riverview		Site C Location: 242 Centennial dr	
	Parameter 1 .....Iron..	**Parameter 2** .....Langelier index.....	**Parameter 1** .....Iron.....	**Parameter 2** ..... Langelier index....	**Parameter 1** .....Iron.....	**Parameter 2** .. Langelier index....
January						
February						
March						
April						
May						
Jun						
July						
August	75 ug	.13	67 ug	.13	56 ug	.14
September						
October						
November						
December						
Comments:						

Table 16 - Storage tank chlorine residual

Month	Storage Tank Location: Hampton Mtn Rd.			Storage Tank Location.....			
	Min mg/l	**Max mg/l**	**Number of times residual was less than 0.2 mg/l**	**Min mg/l**	**Max mg/l**	**Number of times residual was less than 0.2 mg/l**	
January	.75	1.07	0	na			
February	.74	.90	0				
March	.79	.89	0				
April	.79	.92	0				
May	.80	.99	0				
Jun	.71	.90	0				
July	.83	.92	0				
August	.83	1.02	0				
September	.82	1.02	0				
October	.75	.90	0				
November	.76	.94	0				
December	.76	1.06	0				
Action taken:							
Certified Lab:							

SOURCE WATER PROTECTION PLAN ANNUAL UPDATE CHECKLIST

Yearly review of the source water protection (SWP) plan is required. The review should consider questions including, but not limited, those listed below. Every five years, or whenever significant changes to the municipal water system or risks to its source occur, the municipal unit should consider revising the plan. Otherwise, updates may be added to the original source water protection plans in an appropriately identified appendix.

QUESTIONS TO CONSIDER IN ANNUAL UPDATE
How many source water committee meetings have been held in the past year? Have there been any changes to committee membership? one
Have there been any changes made to the committee terms of reference? No
Have changes to the system infrastructure been made (e.g. wells constructed or decommissioned: Yes new well feild
Have any new risks to the watershed or aquifer area been identified? For example: · have new land uses which could impact the source water commenced (or existing uses changed or ceased) within the watershed or aquifer area? · have recreational uses of concern continued, declined or increased with the past year within the watershed or aquifer area? NONE
If new risks have been identified, what risk reduction strategies will be employed? N/A
Have any accidents/emergencies not considered in the contingency plan occurred within the watershed or aquifer area within the past year? NO
Has source water monitoring (differs from regulatory compliance monitoring) been undertaken? Please describe the results. NONE
Has your contingency plan been reviewed and contact information updated? YES
Have any accidents/emergencies not considered in the contingency plan occurred within the watershed or aquifer area within the past year? NO
Provide an updated schedule for the implementation of the SWP plan, including items completed within the last year, items ongoing, or items yet to be completed. Based on consideration of all the above questions, identify if any items need to be added to the implementation plan.

DESCRIPTION OF ANY EMERGENCY AND UPSET CONDITIONS AND CORRECTIVE ACTION

Jan 13/20 when we arrived to work we noticed water running down the sidewalk. After looking into it further we found were it was coming out of the ground at 172 Granville St. We had called in MCLEOD Safety for traffic control so we could dig it up and do the necessary repairs to the main. We shut water down at 8:50 am. Once the pipe was dug up and exposed it turned out to be a saddle had rotted off the main. We used a new 4 in saddle and main stop. Once those repairs was done we noticed the old romax coupling that was installed previously was starting to let go as well and used a new 4 in romax coupling. Everything was swabbed and cleaned before getting connected to the pipe. Once we was complete the water was restored about 12:50 pm and we took a chlorine sample at the sample station at the end of town at Wards Farm and that was reading 0.82

Feb 7 There was a brief power outage affecting parts of Bridgetown tonight. When I arrived power was just coming back on so I did normal rounds and got the SCADA machine up and running. At the old well site I had to reset turbidity meters and the chlorine analyzer at the new well site. I check the sewer plant but the power never went out down there. James had called and said the lift station in Jubliee Park was not pumping, showing pumps where but no flow going out. I reset the pumps and check the station to see the pumps where working before I left.

March 3 This morning we discovered a water main break on Park Lane. We shut water off at 9 am, Spicers Construction was in to dig up the main. It was a 6 in main with a split going around the pipe. We swabbed the pipe and a 6 in repair clamp. Water was restored to Park Lane at 1130 am. We flushed out of a hydrant on park lane with a cl2 residual of 0.72.

April 29 Repaired water main 6 inch line started at 9:00AM old clamp broken off replaced clamp left line running so water was coming out of main cleaned clamp with bleach before using flushed line for 45mins chlorine out of fire hydrant 0.81 job done and water back on 2:25 PM no house's without water. Charles and Mason.

April 30/20 turned water off at 147 South St leaking bad run a line from house in back to give him water tell we can get there to repair line flow went down 60 litres/ min.

May 6 - Repair leak in service line at 147 South St it had a hole in 1/2 inch line ok now.

May 12 - water service leak repaired on Middle st, Bridgetown

July 7/20 repaired water leak in front of wards farm 2inch line water off at 9:00AM back on at 1:10PM this has been leading for some time chlorine 0.88 this will drop my flows down.

Aug 9 Called in last night for low chlorine at the old well site in Bridgetown last night when Amy arrived chlorine was 0.46. There was a loose fitting leaking chlorine and sucking air into the line. Amy tightened up the fitting and primed the line removing the air. Everything working good when Amy left.

Aug25/20 had a lightning hit at water plant both pumps not working called Mark in to check it over both VFDs burn out call David at Samson he said he will try to get someone down tomorrow call fire Chief to let him know.

PW4 off line not working came in and check it VFD not working reset at 4:50 PM came back on and had to get chlorine pump working ok know.

Aug 26 - PW3 is pumping on manual storage tank is coming back up chlorine pump one no good have parts i can make one up.

Sept 7/8/20 repaired water main break on Queen St turned water off at 6:30 PM had to replace 12 feet of 6inch pipe cleaned pipe and clamps before using 2 6inch repair clamps 6 feet of 3/4 copper pipe 1 6inch saddle 1 3/4 main stop 1 3/4

coupling flush main for 45mins chlorine 0.76 turbidity 0.37 water back on Sept 8/20 4:40 AM

Sept 22 Mtn Lee had a water break on there lawn 6 inch line had to turn water off on church street then located there valve turned there line off at 9:30AM then turned water back on church street there water turned back on at 2:30 PM it was a big break.

Oct9/20 had a water break on Rink St water off at 3:00 PM had to put 12 of 4inch of blue brute pipe two repair clamps and had to fix water service 5feet of 3/4 copper pipe one 4 inch saddle one 3/4 by 3/4 coupling one 3/4 main stop water back on at 10:30PM flush water for 45 mins chlorine 0.74 turbidity 0.57.

Dec 22 This morning around 2 am James and Charles responded to reports of a water main break on South st. They shut the water off starting at 127 south st. Brown brothers was called in to repair the break. It was a 10 in main which the saddle rotted off. Water remained coming out of the pipe the whole time. We replaced the saddle and used roughly 2 feet of copper pipe. Water started being restored at 4 pm

MODIFICATION TO CONTINGENCY PLAN, EMERGENCY NOTIFICATION OR PROCEDURE OR LABORATORY CHANGE:

None

RECORD OF ANY VIOLATIONS OF APPROVAL AND CORRECTIVE ACTIONS TAKEN:

None

SUMMARY OF COMPLAINTS RECEIVED AND CORRECTIVE ACTIONS:

.
None

REVIEW OF QA/QC PROGRAM TO VALIDATE PLANT INSTRUMENT AND FACILITY LAB:

Here at the county we use all the same on line monitors.

For on line chlorine we use models CL 17. These units are cleaned once a month to insure true readings. We double check all readings 4 – 5 times week depending on holidays. We check the readings using DR2000 spectrophotometers or DR 2800 spectrophotometers.

Turbidity we use Hach 1720c and 1720e model on line turbidity meters. The units are cleaned once a month. All units are double checked at least 4-5 times a week depending on holidays. The units we use to double check the readings are bench model 2100n turbidity meters. All sites have calibration tubes to calibrate the 2100n.

Ph probes are used.

Operators are required to submit their chlorine counts to the ODRC at least once a week to insure no low chlorine residuals are found.

All month end reports are sent to the ODRC.

Month end reports are then sent to the Municipal operations supervisor.

APPENDIX A: Health-related Guidelines for Canadian Drinking Water Quality (Section 35 of Regulations)

Parameter	**Health based guideline (mg/l)**	**Raw mg/l** (maximum this year)	**Treated mg/l** (maximum this year)	**Date**	**Location**
To be done in 2023					
aldicarb	0.009				
aldrin + dieldrin	0.0007				
aluminum	0.1 or 0.2				
antimony	0.006				
arsenic	0.010				
atrazine + metabolites	0.005				
azinphos-methyl	0.02				
barium	1				
bendiocarb	0.04				
benzene	0.005				
benzo[a]pyrene	0.00001				
boron	5				
bromate	0.01				
bromoxynil	0.005				
cadmium	0.005				
carbaryl	0.09				
carbofuran	0.09				
carbon tetrachloride	0.005				
chloramines (total)	3.0				
chlorate	1.0				
chlorite	1.0				
chlorpyrifos	0.09				
chromium	0.05				
cyanazine	0.01				
cyanide	0.2				
cyanobacterial toxins (as microcystin-LR) - surface water only	0.0015				

Parameter	Health based guideline (mg/l)	Raw mg/l (maximum this year)	Treated mg/l (maximum this year)	Date	Location
diazinon	0.02				
dicamba	0.12				
1,2-dichlorobenzene	0.2				
1,4-dichlorobenzene	0.005				
1,2-dichloroethane	0.005				
1,1-dichloroethylene	0.014				
dichloromethane	0.05				
2,4-dichlorophenol	0.9				
dichlorophenoxyacetic acid,(2,4-D)	0.1				
diclofop-methyl	0.009				
dimethoate	0.02				
dinoseb	0.01				
diquat	0.07				
diuron	0.15				
fluoride	1.5				
glyphosate	0.28				
Haloacetic Acids (HAAs)	0.080				
lead	0.01				
malathion	0.19				
mercury	0.001				
methoxychlor	0.9				
metolachlor	0.05				
metribuzin	0.08				
monochlorobenzene	0.08				
nitrate - nitrogen	10				
nitrilotriacetic acid (NTA)	0.4				
paraquat (as dichloride)	0.01				
parathion	0.05				
pentachlorophenol	0.06				

Parameter	Health based guideline (mg/l)	Raw mg/l (maximum this year)	Treated mg/l (maximum this year)	Date	Location
phorate	0.002				
picloram	0.19				
selenium	0.01				
simazine	0.01				
terbufos	0.001				
tetrachloroethylene	0.03				
2,3,4,6-tetrachlorophenol	0.1				
trichloroethylene	0.005				
2,4,6-trichlorophenol	0.005				
trifluralin	0.045				
trihalomethanes (THM's)	0.100				
turbidity	See Approval				
uranium	0.02				
vinyl chloride	0.002				
Gross alpha	0.5 Bq/L				
Gross beta	1 Bq/L				
Lead 210	0.2 Bq/L				

Has any of the parameter exceeded Guidelines Yes..... No.....

If Yes provide date of occurrence and date when Department was notified:

Action taken:

Certified Lab: AGAT