

OPTIONAL ANNUAL REPORT TEMPLATE

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|---------------------------------|----------------------------------|
| Drinking Water System Number: | 260098462 |
| Drinking Water System Name: | Petersburg Distribution System |
| Drinking Water System Owner: | Paul Knipfel |
| Drinking Water System Category: | Small Municipal Residential |
| Period being reported: | May 13, 2024 – December 31, 2024 |
| Report Date: | January 27 th 2025 |

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|---|--|
| <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 [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;"> <p>Township of Wilmot Public Works Service Centre 2719 Sandhills Road Baden, Ontario</p> </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 []</p> <p>Number of Interested Authorities you report to: <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></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> |
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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 their drinking water from your system:

| Drinking Water System Name | 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 drinking water? Yes [] No []

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 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

The Township of Wilmot owns and operates the water distribution system, with the Wilmot Utilities Department responsible for the operation and maintenance of the Class 1 system. It includes 1.7 km of watermain, 2 watermain valves, and serves an estimated population of 104 with 61 service connections.

The Region of Waterloo owns and operates all wells, transmission mains, and storage facilities, providing both primary and secondary water treatment. *(See the Region of Waterloo's Annual Summary Report.)*

List all water treatment chemicals used over this reporting period

N/A - See Region of Waterloo

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

N/A - See Region of Waterloo

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

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 (min #)-(max #) | Range of Total Coliform Results (min #)-(max #) | Number of HPC Samples | Range of HPC Results (min #)-(max #) |
|--------------|-------------------|--|---|-----------------------|--------------------------------------|
| Raw | | | | | |
| Treated | | | | | |
| Distribution | 33 | Absent | Absent | 33 | 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 #) | Unit of Measure |
|---|------------------------|----------------------------------|----------------------|
| Turbidity | | | |
| Chlorine | 171 | 0.49 – 1.23 | milligrams per litre |
| Fluoride (If the DWS provides fluoridation) | | | |

NOTE: For continuous monitors use 8760 as the number of samples

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

| Parameter | Sample Date | Result Value | Unit of Measure | Exceedance |
|-----------|-------------|--------------|-----------------|------------|
| Antimony | | | | |
| Arsenic | | | | |
| Barium | | | | |
| Boron | | | | |
| Cadmium | | | | |
| Chromium | | | | |
| *Lead | | | | |
| Mercury | | | | |
| Selenium | | | | |
| Sodium | | | | |
| Uranium | | | | |
| Fluoride | | | | |
| Nitrite | | | | |
| Nitrate | | | | |

*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 (min#) – (max #) | Unit of Measure | Number of Exceedances |
|---------------|-------------------|--|-----------------|-----------------------|
| Plumbing | | | | |
| Distribution | | | | |

Summary of Organic parameters sampled during this reporting period or the most recent sample results

| Parameter | Sample Date | Result Value | Unit of Measure | Exceedance |
|---|-------------|--------------|-----------------|------------|
| Alachlor | | | | |
| Atrazine + N-dealkylated metabolites | | | | |
| Azinphos-methyl | | | | |
| Benzene | | | | |
| Benzo(a)pyrene | | | | |
| Bromoxynil | | | | |
| Carbaryl | | | | |
| Carbofuran | | | | |
| Carbon Tetrachloride | | | | |
| Chlorpyrifos | | | | |
| Diazinon | | | | |
| Dicamba | | | | |
| 1,2-Dichlorobenzene | | | | |
| 1,4-Dichlorobenzene | | | | |
| 1,2-Dichloroethane | | | | |
| 1,1-Dichloroethylene (vinylidene chloride) | | | | |
| Dichloromethane | | | | |
| 2-4 Dichlorophenol | | | | |
| 2,4-Dichlorophenoxy acetic acid (2,4-D) | | | | |
| Diclofop-methyl | | | | |
| Dimethoate | | | | |
| Diquat | | | | |
| Diuron | | | | |
| Glyphosate | | | | |
| HAAs (Note: show latest running annual average) | | | | |
| Lindane (Total) | | | | |
| Malathion | | | | |

| | | | | |
|--|-------------------|------|------|------|
| Metolachlor | | | | |
| Metribuzin | | | | |
| Monochlorobenzene | | | | |
| Paraquat | | | | |
| Pentachlorophenol | | | | |
| Phorate | | | | |
| Picloram | | | | |
| Polychlorinated Biphenyls(PCB) | | | | |
| Prometryne | | | | |
| Simazine | | | | |
| Terbufos | | | | |
| Tetrachloroethylene (perchloroethylene) | | | | |
| 2,3,4,6-Tetrachlorophenol | | | | |
| THMs (Note: show latest running annual average) | Nov. 20th 2024 | 4015 | Ug/l | None |
| HAA (Note: show latest running annual average) | Nov. 19th 2024 | 0 | Ug/l | None |
| Triallate | | | | |
| Trichloroethylene | | | | |
| 2,4,6-Trichlorophenol | | | | |
| 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 |
|-----------|--------------|-----------------|----------------|
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