



**OPTIONAL ANNUAL REPORT TEMPLATE**

<b>Drinking-Water System Number:</b>	220001520
<b>Drinking-Water System Name:</b>	<i>South Huron Distribution System</i>
<b>Drinking-Water System Owner:</b>	<i>Municipality of South Huron</i>
<b>Drinking-Water System Category:</b>	<i>Large Residential</i>
<b>Period being reported:</b>	<i>January 1, 2023 to December 31, 2023</i>

<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 [ <input checked="" type="checkbox"/> ]</p> <p>Is your annual report available to the public at no charge on a web site on the Internet? Yes [ <input checked="" type="checkbox"/> ] 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;"> <p><i>Office</i></p> <p><i>Internet</i></p> <p><i>Library</i></p> </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; height: 20px; margin: 5px 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; margin: 5px 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 [ ]</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 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 [ ] NA [  ]



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 (Social Media, Facebook, Twitter) \_\_\_\_\_

**Describe your Drinking-Water System**

*Large Municipal Residential Distribution Class III  
Surface water supplied from Lake Huron Primary Water Supply System (LHPWSS)*

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

*Sodium hypochlorite*

**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**

1. *Blackbush Line Watermain Replacement (Dashwood Road to South of Huron Street) \$949,523*
2. *Huron Street Watermain Replacement (Morrison Line to Usborne Yard) \$449,815*
3. *William Street Reconstruction (Anne Street to Sanders Street) \$503,024*
4. *Recoat the interior of the Exeter Water Tower (Engineering) \$15,264*
5. *Main Street Dashwood (East to West Village Limits). Joint with the Country of Huron (Engineering) \$13,252*
6. *Victoria Street East Reconstruction (Main Street to East End) (Engineering) \$15,000*
7. *SCADA System Upgrades \$107,000*
8. *Replace 'Outlet' Free Chlorine Analyzer at Huron Park Tower \$9,110*
9. *Repair Actuated Valve at North Chamber \$3,143*



**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
07/18/2023	Total Coliform	1	Cfu/100m l	Resample	07/20/2023

**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	N/A				
Treated	N/A				
Distribution	523	0	0-1	208	<10 - 2000

**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	<i>NOTE: For continuous monitors use 8760 as the number of samples.</i>
Turbidity	N/A			
Chlorine	8760	0.23 -5.00	mg/L Free	
Fluoride (If the DWS provides fluoridation)	N/A			

**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				



<b>Chromium</b>				
<b>*Lead</b>				
<b>Mercury</b>				
<b>Selenium</b>				
<b>Sodium</b>				
<b>Uranium</b>				
<b>Fluoride</b>				
<b>Nitrite</b>				
<b>Nitrate</b>				

\*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)

<b>Location Type</b>	<b>Number of Samples</b>	<b>Range of Lead Results (min#) – (max #)</b>	<b>Unit of Measure</b>	<b>Number of Exceedances</b>
<b>Plumbing</b>	<i>0</i>	<i>0</i>	<i>ug/L</i>	<i>0</i>
<b>Distribution</b>	<i>0</i>	<i>0</i>	<i>ug/L</i>	<i>0</i>

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

<b>Parameter</b>	<b>Sample Date</b>	<b>Result Value</b>	<b>Unit of Measure</b>	<b>Exceedance</b>
<b>Alachlor</b>				
<b>Aldicarb</b>				
<b>Aldrin + Dieldrin</b>				
<b>Atrazine + N-dealkylated metabolites</b>				
<b>Azinphos-methyl</b>				
<b>Bendiocarb</b>				
<b>Benzene</b>				
<b>Benzo(a)pyrene</b>				
<b>Bromoxynil</b>				
<b>Carbaryl</b>				
<b>Carbofuran</b>				
<b>Carbon Tetrachloride</b>				
<b>Chlordane (Total)</b>				
<b>Chlorpyrifos</b>				
<b>Cyanazine</b>				
<b>Diazinon</b>				
<b>Dicamba</b>				
<b>1,2-Dichlorobenzene</b>				
<b>1,4-Dichlorobenzene</b>				



Dichlorodiphenyltrichloroethane (DDT) + metabolites				
1,2-Dichloroethane				
1,1-Dichloroethylene (vinylidene chloride)				
Dichloromethane				
2-4 Dichlorophenol				
2,4-Dichlorophenoxy acetic acid (2,4-D)				
Diclofop-methyl				
Dimethoate				
Dinoseb				
Diquat				
Diuron				
Glyphosate				
Heptachlor + Heptachlor Epoxide				
Lindane (Total)				
Malathion				
Methoxychlor				
Metolachlor				
Metribuzin				
Monochlorobenzene				
Paraquat				
Parathion				
Pentachlorophenol				
Phorate				
Picloram				
Polychlorinated Biphenyls(PCB)				
Prometryne				
Simazine				
THM (NOTE: latest annual average)	<i>SEE NOTE</i>	<i>37</i>	<i>ug/L</i>	
Total Haloacetic Acids (HAA5) (NOTE: latest annual average)	<i>SEE NOTE</i>	<i>22.1</i>	<i>ug/L</i>	
Temephos				
Terbufos				
Tetrachloroethylene				
2,3,4,6-Tetrachlorophenol				
Triallate				
Trichloroethylene				
2,4,6-Trichlorophenol				
2,4,5-Trichlorophenoxy acetic acid (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

		<u>THM</u>	<u>HAA5</u>
<i>Note:</i>	<i>FEB 14 -</i>	<i>25.0</i>	<i>15.2</i>
	<i>MAY 9 -</i>	<i>36.0</i>	<i>23.9</i>
	<i>AUG 8 -</i>	<i>50.0</i>	<i>26.5</i>
	<i>NOV 7 -</i>	<u><i>37.0</i></u>	<u><i>22.8</i></u>
		<i>37</i>	<i>22.1</i>