



SECTION 11 ANNUAL REPORT

Drinking-Water System Number:	260057278
Drinking-Water System Name:	Trentview Estates Distribution System
Drinking-Water System Owner:	The Corporation of the Township of Asphodel-Norwood
Drinking-Water System Category:	Small Municipal Residential (Stand Alone Distribution System)
Period being reported:	January 1, 2020 to December 31, 2020

<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</p> <table border="1" style="width: 100%;"> <tr> <td>Public access/notice via the web</td> </tr> <tr> <td>Public access/notice via Government Office</td> </tr> </table>	Public access/notice via the web	Public access/notice via Government Office	<p><u>Complete for all other Categories.</u></p> <p>Number of Designated Facilities served:</p> <table border="1" style="width: 100%;"> <tr> <td>NONE</td> </tr> </table> <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:</p> <table border="1" style="width: 100%;"> <tr> <td>NONE</td> </tr> </table> <p>Did you provide a copy of your annual report to all Interested Authorities you report to for each Designated Facility? Yes [] No []</p>	NONE	NONE
Public access/notice via the web					
Public access/notice via Government Office					
NONE					
NONE					

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
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 []

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

- [X] 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

The Trentview Estates Distribution System provides drinking water to a small subdivision located along the north shoreline of the Trent River in the Township of Asphodel-Norwood. The subdivision consists of approximately eighty-six residential lots of which an estimated 79% are developed. The distribution system receives all of its drinking water supply from the Hastings Water Treatment Facility, operated by the Municipality of Trent Hills and does not provide any further treatment. The distribution system consists of approximately 1.7 kilometres of watermains inclusive of fire protection, residential servicing and a booster pumping station.

List all water treatment chemicals used over this reporting period

NONE

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

Empty box for description and breakdown of monetary expenses.

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
None					

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 – no raw water				
Treated	n/a – no treated water				
Distribution	51	0 - 0	0 – 0	48	0 – 380



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
Chlorine, Distribution	108	1.19 – 2.03	mg/L
Fluoride (If the DWS provides fluoridation)	n/a	n/a	n/a

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
NONE				

Summary of Inorganic parameters tested during this reporting period or the most recent sample results

Parameter	Sample Date	Result Value	Unit of Measure	Exceedance
NONE				

Summary of lead testing under Schedule 15.1 during this reporting period

Location Type	Number of Samples	Range of Lead Results (min#) – (max #)	Unit of Measure	Number of Exceedances
Plumbing	NONE*			
Distribution	1	0.11	Ug/L	0

*This system is exempt from plumbing sampling for lead. This system must collect distribution pH and alkalinity samples under the reduced sampling table during each sampling period in every 12 month period and distribution lead samples under the reduced sampling table during each sampling period in every third 12-month period.

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

Parameter	Sample Date	Result Value	Unit of Measure	Exceedance
THM	07-08-20	74	ug/L	NO

*THM Value shown is the highest measured of the four quarters.

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
THM	74	ug/l	07-08-20