



SECTION 11 ANNUAL REPORT

Drinking-Water System Number:	260057278
Drinking-Water System Name:	Trentview Estates Development 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, 2009 to December 31, 2009

<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> <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: <input type="text" value="NONE"/></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: <input type="text" value="NONE"/></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>
Public access/notice via the web			
Public access/notice via Government Office			

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
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.

- 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 Trentview Estates Water Distribution System (WDS) 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 WDS 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 WDS is comprised of approximately 1.7 Kilometers 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

NONE

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					
Treated					
Distribution	56	0 - 0	0 - 0	56	0 - 265

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 #)
Chlorine	103	0.16 – 1.56
Fluoride (If the DWS provides fluoridation)	N/A	N/A

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

NOTE: Record the unit of measure if it is not milligrams per litre.

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				

*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 #)	Number of Exceedances
Plumbing	10	0.52 - 2.83	0
Distribution	4	4 - 0.81	0

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	2009	49.75	ug/L	NO

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
NONE			