

**Part III Form 2  
Section 11. ANNUAL REPORT.**

<b>Drinking-Water System Number:</b>	260039559
<b>Drinking-Water System Name:</b>	Fanshawe Conservation Area Distribution System
<b>Drinking-Water System Owner:</b>	Upper Thames River Conservation Authority
<b>Drinking-Water System Category:</b>	Non Municipal Year Round Residential
<b>Period being reported:</b>	January 1, 2005 – December 31, 2005

<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 [ ]</p> <p>Is your annual report available to the public at no charge on a web site on the Internet? Yes [ ] 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; height: 100px; width: 100%;"></div>	<p><b><u>Complete for all other Categories.</u></b></p> <p>Number of Designated Facilities served:</p> <div style="border: 1px solid black; padding: 2px; width: 100px; display: inline-block;">none</div> <p>Did you provide a copy of your annual report to all Designated Facilities you serve? Yes [ ] No [ ] <i>not applicable [x]</i></p> <p>Number of Interested Authorities you report to:</p> <div style="border: 1px solid black; padding: 2px; width: 100px; display: inline-block;">n/a</div> <p>Did you provide a copy of your annual report to all Interested Authorities you report to for each Designated Facility? Yes [ ] No [ ] <i>not applicable [x]</i></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
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 of its drinking water?  
Yes [ ] No [ ] *not applicable [x]*

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 drinking water system consists of a connection to the municipal water supply system in the City of London at Clarke Side Road. The system services the south end of the park consisting of the gatehouse, Administration Office, Rowing Club and tenant house. The watermain then crosses Fanshawe Dam, where it enters a rechlorination facility located within the workshop compound of Fanshawe Conservation Area. In this facility, the water is injected with sodium hypochlorite which acts as secondary disinfection and ensures a free chlorine residual within the distribution system. From the rechlorination facility, the system supplies water to workshop area, entire campground facility, Pioneer Village and Beach Pavilion. Although there is continuous monitoring in the rechlorination facility, staff also perform daily tests through the distribution system.

**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**

No major costs were incurred during this reporting period.

**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
April 27 -05	HPC	>1500	HPC/1ml	Flushing of the system and resample process initiated April 27 -05. Verbal results obtained from SGS Laboratories April 29 -05 and	April 29 -05

				Certificate of Analysis was obtained the same day. Results obtained indicated <10 HPC count. Water quality no longer adverse.	
Oct 18 -05	Total Coliforms	3	CFU/100ml	Flushing of the system and resample process initiated Oct 18 -05. Preliminary report and verbal results were obtained from SGS Laboratories Oct 19 -05. Certificate of Analysis received Oct 20 -05. All sample results zero total coliform count. Water quality no longer adverse.	Oct 19 -05

**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 #)
<b>Raw</b>	n/a	n/a	n/a	n/a	n/a
<b>Treated</b>	52	0	0-3	45	<10-20
<b>Distribution</b>	243	0	0	225	<10-1500

**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 #)
<b>Turbidity</b>	--	--
<b>Chlorine</b>	1231	0.19-2.71
<b>Fluoride</b> (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. *not applicable***

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	Not required			
Arsenic	Not required			
Barium	Not required			
Boron	Not required			
Cadmium	Not required			
Chromium	Not required			
Lead	Aug 24 -05	Not detected	mg/L	No
Mercury	Not required			
Selenium	Not required			
Sodium	Not required			
Uranium	Not required			
Fluoride	Not required			
Nitrite	Not required			
Nitrate	Not required			

**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	Not required			
Aldicarb	Not required			
Aldrin + Dieldrin	Not required			
Atrazine + N-dealkylated metabolites	Not required			
Azinphos-methyl	Not required			
Bendiocarb	Not required			
Benzene	Not required			
Benzo(a)pyrene	Not required			
Bromoxynil	Not required			
Carbaryl	Not required			
Carbofuran	Not required			
Carbon Tetrachloride	Not required			
Chlordane (Total)	Not required			
Chlorpyrifos	Not required			
Cyanazine	Not required			
Diazinon	Not required			
Dicamba	Not required			
1,2-Dichlorobenzene	Not required			

<b>1,4-Dichlorobenzene</b>	Not required			
<b>Dichlorodiphenyltrichloroethane (DDT) + metabolites</b>	Not required			
<b>1,2-Dichloroethane</b>	Not required			
<b>1,1-Dichloroethylene (vinylidene chloride)</b>	Not required			
<b>Dichloromethane</b>	Not required			
<b>2-4 Dichlorophenol</b>	Not required			
<b>2,4-Dichlorophenoxy acetic acid (2,4-D)</b>	Not required			
<b>Diclofop-methyl</b>	Not required			
<b>Dimethoate</b>	Not required			
<b>Dinoseb</b>	Not required			
<b>Diquat</b>	Not required			
<b>Diuron</b>	Not required			
<b>Glyphosate</b>	Not required			
<b>Heptachlor + Heptachlor Epoxide</b>	Not required			
<b>Lindane (Total)</b>	Not required			
<b>Malathion</b>	Not required			
<b>Methoxychlor</b>	Not required			
<b>Metolachlor</b>	Not required			
<b>Metribuzin</b>	Not required			
<b>Monochlorobenzene</b>	Not required			
<b>Paraquat</b>	Not required			
<b>Parathion</b>	Not required			
<b>Pentachlorophenol</b>	Not required			
<b>Phorate</b>	Not required			
<b>Picloram</b>	Not required			
<b>Polychlorinated Biphenyls(PCB)</b>	Not required			
<b>Prometryne</b>	Not required			
<b>Simazine</b>	Not required			
<b>THM (NOTE: show latest annual average)</b>	Feb 21 -05 May 26 -05 Aug 24 -05 Dec 16 -05	0.0215	mg/L	No
<b>Temephos</b>	Not required			
<b>Terbufos</b>	Not required			
<b>Tetrachloroethylene</b>	Not required			
<b>2,3,4,6-Tetrachlorophenol</b>	Not required			
<b>Triallate</b>	Not required			
<b>Trichloroethylene</b>	Not required			
<b>2,4,6-Trichlorophenol</b>	Not required			
<b>2,4,5-Trichlorophenoxy acetic acid (2,4,5-T)</b>	Not required			
<b>Trifluralin</b>	Not required			
<b>Vinyl Chloride</b>	Not required			

List any Inorganic or Organic parameter(s) that exceeded half the standard prescribed in Schedule 2 of Ontario Drinking Water Quality Standards. not applicable

Parameter	Result Value	Unit of Measure	Date of Sample

**(Only if DWS category is large municipal residential, small municipal residential, large municipal non residential, non municipal year round residential, large non municipal non residential)**