

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

<b>Drinking-Water System Number:</b>	260002876
<b>Drinking-Water System Name:</b>	Smithville Distribution System
<b>Drinking-Water System Owner:</b>	Township of West Lincoln
<b>Drinking-Water System Category:</b>	Class 1
<b>Period being reported:</b>	January 1, 2006 - December 31, 2006

<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 [ 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 style="text-align: center;">Township of West Lincoln</p> <p>Public Works Department &amp; Administrative Bldg. 6218 London Road                      318 Canborough Rd Smithville, Ontario                      Smithville, Ontario</p> <p>website: www.westlincoln.com</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; padding: 2px; width: 100px; text-align: center;">n/a</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; padding: 2px; width: 100px;"></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
Smithville Water Distribution	Cert #2339

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 [ X ] 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  
 [ ] 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 - Quarterly Township Public Flyer

**Describe your Drinking-Water System**

Serves approximately 3650 residents.  
 Approximately 27,000 metres of watermain.  
 Smithville receives its water from Grimsby Water Treatment Plant which is owned by the Regional Municipality of Niagara (MOE waterworks#220007150)  
 Smithville is a distribution system only

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

n/a

**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

**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
June 7/06	Total Coliform	2	cfu/100 ml	flush/resample	June 7/06

**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 #)

# Drinking-Water Systems Regulation O. Reg. 170/03

<b>Raw</b>					
<b>Treated</b>					
<b>Distribution</b>	212	0	0-2 cfu/100 ml	112	0-10 cfu/1ml

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>	548	0.12 mg/l-1.68mg/l
<b>Fluoride</b> (If the DWS provides fluoridation)		

*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

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

Parameter	Sample Date	Result Value	Unit of Measure	Exceedance
<b>Antimony</b>				
<b>Arsenic</b>				
<b>Barium</b>				
<b>Boron</b>				
<b>Cadmium</b>				
<b>Chromium</b>				
<b>Lead</b>	Jan. 3/06	Non-Detected	mg/l	none
<b>Mercury</b>				
<b>Selenium</b>				
<b>Sodium</b>				
<b>Uranium</b>				
<b>Fluoride</b>				
<b>Nitrite</b>				
<b>Nitrate</b>				

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

Parameter	Sample Date	Result Value	Unit of Measure	Exceedance
<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>				
<b>Dichlorodiphenyltrichloroethane (DDT) + metabolites</b>				
<b>1,2-Dichloroethane</b>				
<b>1,1-Dichloroethylene (vinylidene chloride)</b>				
<b>Dichloromethane</b>				
<b>2,4 Dichlorophenol</b>				
<b>2,4-Dichlorophenoxy acetic acid (2,4-D)</b>				
<b>Diclofop-methyl</b>				
<b>Dimethoate</b>				
<b>Dinoseb</b>				
<b>Diquat</b>				
<b>Diuron</b>				
<b>Glyphosate</b>				
<b>Heptachlor + Heptachlor Epoxide</b>				
<b>Lindane (Total)</b>				
<b>Malathion</b>				
<b>Methoxychlor</b>				
<b>Metolachlor</b>				
<b>Metribuzin</b>				
<b>Monochlorobenzene</b>				
<b>Paraquat</b>				
<b>Parathion</b>				
<b>Pentachlorophenol</b>				
<b>Phorate</b>				

# Drinking-Water Systems Regulation O. Reg. 170/03

Picloram				
Polychlorinated Biphenyls(PCB)				
Prometryne				
Simazine				
THM (NOTE: show latest annual average)	Jan 1/06 to Dec 31/06	33.7	mg/l	none
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

**(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)**