



OPTIONAL ANNUAL REPORT TEMPLATE

<b>Drinking-Water System Number:</b>	<b>260002876</b>
<b>Drinking-Water System Name:</b>	Smithville Water Distribution
<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 2024 – December 31 2024

<p><b><u>Complete if your Category is Large Municipal Residential or Small Municipal Residential</u></b></p> <p><b>Does your Drinking-Water System serve more than 10,000 people? Yes [ ] No [ x ]</b></p> <p><b>Is your annual report available to the public at no charge on a web site on the Internet? Yes [ x ] No [ ]</b></p> <p><b>Location where Summary Report required under O. Reg. 170/03 Schedule 22 will be available for inspection.</b></p> <div style="border: 1px solid black; padding: 5px;"> <p>Township of West Lincoln:  Administrative Building  318 Canborough Street  Smithville ON  L0R 2A0</p> <p>Website: www.westlincoln.ca</p> </div>	<p><b><u>Complete for all other Categories.</u></b></p> <p><b>Number of Designated Facilities served:</b></p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> <p><b>Did you provide a copy of your annual report to all Designated Facilities you serve? Yes [ ] No [ ]</b></p> <p><b>Number of Interested Authorities you report to:</b> <div style="border: 1px solid black; width: 100px; text-align: center; margin: 5px 0;">4</div></p> <p><b>Did you provide a copy of your annual report to all Interested Authorities you report to for each Designated Facility? Yes [x] No [ ]</b></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:**

<b>Drinking Water System Name</b>	<b>Drinking Water System Number</b>
<b>Robert Land Academy Cistern System</b>	<b>260077350</b>
<b>Little House 3-864 Regional Rd 27 Cistern</b>	<b>260078416</b>
<b>Attercliffe Canadian Reformed elementary School Cistern System</b>	<b>260078884</b>



**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**

**Smithville Distribution System has 35 km of water mains, serving approximately 6150 residents.**

**The system contains 264 hydrants and 341 valves.**

**The municipality also has a bulk fill station with two top and two bottom feeds to serve the rural population as well as a small container fill station.**

**All Township owned services are protected by backflow devices.**

**The Township receives its water from the Grimsby Water Treatment Plant which is owned by the Regional Municipality of Niagara (MOE waterworks #220007150)**

**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**

**The Township has a water meter program to replace old meters to reduce water loss at a cost of \$50 000.**



**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	228	0	0	228	0-5

**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				
Chlorine (free)	403	0.47-1.14	mg/l	
Fluoride (If the DWS provides fluoridation)				

**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
N/A				

**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				

<b>Cadmium</b>				
<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)

Location Type	Number of Samples	Range of Lead Results (min#) – (max #)	Unit of Measure	Number of Exceedances
<b>Plumbing</b>	<b>exempt</b>			
<b>Distribution</b>	<b>6</b>	<b>&lt;0.001-&lt;0.001</b>	<b>mg/L</b>	<b>0</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>				



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				
HAA (NOTE: show latest annual average)	2024	0.01175	mg/l	0
THM (NOTE: show latest annual average)	2024	0.03468	mg/l	0
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.**

<b>Parameter</b>	<b>Result Value</b>	<b>Unit of Measure</b>	<b>Date of Sample</b>
N/A			