



**ANNUAL REPORT**

<b>Drinking-Water System Number:</b>	260004722
<b>Drinking-Water System Name:</b>	Aylmer Area Secondary Water Supply System (Transmission Main from EMPS to the Malahide/Aylmer Border)
<b>Drinking-Water System Owner:</b>	Aylmer Area Secondary Water Supply System Joint Board of Management
<b>Drinking-Water System Category:</b>	Large Municipal Residential
<b>Period being reported:</b>	January 1 <sup>st</sup> to December 31 <sup>st</sup> , 2014

<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 Malahide Office 87 John St. Aylmer, ON N5H 2C3</p> </div>	<p><b><u>Complete for all other Categories.</u></b></p> <p><b>Number of Designated Facilities served:</b> <input type="text"/></p> <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> <input type="text"/></p> <p><b>Did you provide a copy of your annual report to all Interested Authorities you report to for each Designated Facility? Yes [ ] No [ ]</b></p>
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**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
Aylmer Distribution System	260002136

**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.

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 Aylmer Area Secondary Water Supply System (AASWSS) obtains water via the Elgin Middlesex Pumping Station (EMPS). The EMPS receives treated water from the Elgin Area Primary Water Supply System. All components of the AASWSS located at the EMPS are operated and maintained under a separate agreement.

The AASWSS consists of a 13.8km of a 450mm PVC Transmission main commencing at the EMPS and going easterly along Highway 3 and terminating at the municipal boundaries of the Town of Aylmer and the Township of Malahide. There are 19 inline chambers on the transmission main used for metering, draining, isolation and air relief. There are an additional five meter chambers, which are connected to tertiary municipal mains that are fed from the transmission main.

Fire Hydrants: There are 16 fire hydrants that are owned by the AASWSS located along the transmission main.

Sample Stations: There are five (5) existing sampling stations located throughout the distribution system.

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

There is no water treatment chemicals used on the system over the reporting period.



**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**

-Air Release Valve (\$2,300)
-Pocket Colorimeter (\$550)
-Personal Gas Detector (\$1000)
-Watermain repair (\$16,695)
-Leak detection (\$500)
-Chamber 16 flow meter verification (\$800)
-Norton Street meter repairs (\$350)
-Leak investigation (\$1,600)
-Rotork valve replacement (\$13,690)
-SCADA repairs/maintenance for Chambers 13 and 16 (\$1,100)
-Various tools (\$1,000)

**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
n/a	n/a	n/a	n/a	n/a	n/a

**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 #)
Distribution	156	0 – 0	0 – 0	52	<10 - >2000

**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
Free Chlorine (Grab)	364	0.55 – 1.70	mg/L

*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
n/a	n/a	n/a	n/a	n/a

**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>	n/a	n/a	n/a	n/a
<b>Distribution</b>	n/a	n/a	n/a	n/a

**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>THM</b> (NOTE: show latest annual average)	2014-01-20	15	µg/L	No
	2014-04-07	16		
	2014-07-23	27		
	2014-10-06	34		
	Avg.: 23			

**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
n/a	n/a	n/a	n/a