



<b>Drinking-Water System Number:</b>	260006568
<b>Drinking-Water System Name:</b>	East Lambton Shores Water
<b>Drinking-Water System Owner:</b>	Municipality of Lambton Shores
<b>Drinking-Water System Category:</b>	Large Municipal Residential
<b>Period being reported:</b>	Jan-Dec 2010

<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>The Municipality of Lambton Shores Municipal Office 9575 Port Franks Rd RR#1 Thedford Ontario N0M 2N0</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; width: 100px; height: 20px; margin: 5px 0;"></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; width: 100px; height: 20px; margin: 5px 0;"></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
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 [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 Water System serving East Lambton Shores receiving treated water from the Lake Huron Water Supply System. Consisting of a control chamber at the vicinity of Pinetree Drive and Lakeshore Road, controlled by the level of the elevated storage tank having an available storage volume of 3,725 m<sup>3</sup> equipped with a chlorine analyzer to continuously monitor chlorine residual entering the system, two metering pumps with variable flow control using sodium hypochlorite solution together with system controlling all levels and functions through the SCADA system located on site.

The Municipality of Lambton Shores has undertaken an upgrade to the entire water system to allow the people of the Municipality to have safe drinking water. The upgrade includes new water mains to the Towns of Thedford and Arkona. These water mains will supply water from the Northville Elevated Tank. The Northville Elevated Tank is supplied from the Lake Huron Water Plant which flows through the recently constructed Grand Bend Bypass.

To allow the flow of water to the town of Arkona, a new Booster Station was constructed to push the water uphill to the town. The Town of Thedford is gravity feed from the trunk water main at the Booster Station.

A SCADA network has been established between the above noted sites using the Municipalities wireless communications network to allow the passing of information between PLCs.

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

Sodium Hypochlorite



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**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**

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**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
July 27	Total Coliform	1	CFU/100ml	Resample	Jul 29 & 30
July 27	E Coliform	1	CFU/100ml	Resample	Jul 29 & 30

**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					
<b>Distribution</b>	<b>839</b>	<b>0-1</b>	<b>0-1</b>	<b>312</b>	<b>&lt;10-110</b>

**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 #)
Turbidity		
Chlorine	<b>8760</b>	<b>0.09-1.42</b>
Fluoride (If the DWS provides fluoridation)	<b>None</b>	

*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
Antimony				
Arsenic				
Barium				
Boron				
Cadmium				
Chromium				
*Lead				
Mercury				
Selenium				
Sodium				
Uranium				
Fluoride				
Nitrite				
Nitrate				

\*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			
Distribution			

**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				
Aldicarb				
Aldrin + Dieldrin				
Atrazine + N-dealkylated metabolites				
Azinphos-methyl				



Bendiocarb				
Benzene				
Benzo(a)pyrene				
Bromoxynil				
Carbaryl				
Carbofuran				
Carbon Tetrachloride				
Chlordane (Total)				
Chlorpyrifos				
Cyanazine				
Diazinon				
Dicamba				
1,2-Dichlorobenzene				
1,4-Dichlorobenzene				
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				
<b>THM</b> (NOTE: show latest annual average)	<b>2010</b>	<b>.043</b>	<b>mg/L</b>	<b>No</b>



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