



DRINKING WATER SYSTEM ANNUAL REPORT

Reporting Period: January 1st to December 31st, (year)

Water System

Water System Owner

Primary Contact Name (Operator or Manager)

Phone Number (Operator or Manager)

E-mail (Operator or Manager)

DESCRIBE YOUR WATER SUPPLY SYSTEM

What is the Source(s) of Raw Water?

- Deep Well, Shallow Well, Surface Water, Other

If other, specify details:

Does the Drinking Water System have Primary Disinfection? Yes No

- Chlorination, Ultraviolet Light, Ozone, Other

If other, specify details:

Does the Drinking Water System have Secondary Disinfection? Yes No

- Chlorination, Other

If other, specify details:

Does the Drinking Water System have Filtration? Yes No

Check all boxes that apply

- Cartridge Filter(s), Carbon Filter, Sand Filtration, Reverse Osmosis, Other

If other, specify details:

PUBLIC REPORTING

Emergency Response & Contingency Plan (ERCP)

Is your ERCP up to Date? Yes No

How do you Inform the System Users of the ERCP?

- Hand Delivered, Bulletin Board, Newspaper, Utility Bill Insert, Website, Other (specify details) Radio, Social Media

Drinking Water System Annual Report

How do you Inform the System Users of the Annual Report?

- Hand Delivered, Bulletin Board, Newspaper, Utility Bill Insert, Website, Other (specify details)



COMPLIANCE WITH OPERATING PERMIT

List the conditions of your Operating Permit (Contact the DWO for a copy if needed):

Are you in compliance with your Operating Permit? Yes No

BACTERIOLOGICAL TESTING AND DRINKING WATER PROTECTION REGULATION WATER QUALITY STANDARDS

How many bacteriological samples were collected during this reporting period? _____

What is the minimum required sampling frequency for this system? (#samples/month) _____

Additional sampling details:

Was the minimum required sampling frequency achieved? Yes No

Comments:

Bacteriological summary attached to this report? Yes No

If no, how do the users of the system view the results?

WATER QUALITY STANDARDS FOR POTABLE WATER

Parameter:	Standard:	Did this system meet standard?	
Escherichia coli (for all samples)	No detectable <i>Escherichia coli</i> per 100ml	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Total Coliform Bacteria (if only 1 sample collected in a 30 day period)	No detectable total coliform bacteria per 100ml	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Total Coliform Bacteria (if more than 1 sample collected in a 30 day period)	No more than 10% of samples contain total coliform bacteria, and No sample has more than 10 total coliform bacteria per 100ml	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If the system did not meet any of above Drinking Water Protection Regulation standards, record the results in the table below; attach additional sheets if necessary.

Date	TC/100ml	E.coli/100ml	Reason	Corrective Action

CHEMICAL SAMPLING COMPLETED DURING THIS REPORTING PERIOD

Was any chemical sampling conducted during reporting period? Yes No

If no, when were the last chemical samples conducted for this system? (date) Don't know

If yes, attach a list of the chemical results

If any water samples did not meet the Guidelines for Canadian Drinking Water Quality, record the results in the table below; attach additional sheets if necessary.

Next scheduled full chemical test (date)

Parameter	Result	Corrective Action / Treatment / Comments

ADDITIONAL TESTING

Does the system have analyzers for continuous monitoring? Yes No

If yes, check all boxes that apply:

Chlorine Turbidity Other (details)

Are the results available on request?

If any additional testing or sampling was conducted, record results in the table below; attach additional sheets if necessary.

Additional Testing & Reason for Sampling	Corrective Action Taken

WATER QUALITY COMPLAINTS

Were there any water quality complaints in this reporting period? (e.g. taste, odour, colour etc.) Yes No

If yes, complete the table below; attach additional sheets if necessary.

Date	Water Quality Complaint	Corrective Action / Treatment



OPERATIONAL PROBLEMS

Were there any operational problems during this reporting period? (e.g. insufficient water supply, malfunction of disinfection equipment, line breaks, elevated turbidity etc.). Yes No

If yes, complete the table below; attach additional sheets if necessary.

Incident Date	Type of Operational Problem	Corrective Action Taken

MAJOR UPGRADES/REPAIRS & EXPENSES

Were there any major upgrades/repairs or any major costs incurred during this reporting period? Yes No

If yes, complete the table below; attach additional sheets if necessary.

Major Upgrades/Expenses	Details
Improvements required by DWO	
Additions/changes to system	
Purchase or install new equipment	
Equipment repair or replacement	
Annual maintenance of system	
Specialist report	
Other	

FUTURE IMPROVEMENTS

Are there any plans for future improvements? Yes No

If yes, complete the table below; attach additional sheets if necessary.

Future Upgrades or Improvements	Estimated Date of Completion

<p>Click here to enter a date. DATE COMPLETED:</p>	<p>COMPLETED BY:</p>
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LAMBOURN ESTATES WATER SYSTEM

Facility Information

Location 175 Ingram Street Duncan
 Type 15 - 300 Connections

Facility Sampling History

Location	Date	Total Coliform	E. Coli/Enterococci
S3 Sample Port inside Treatment Building	04-Dec-2023	LT1	LT1
S4 Across 1221 Sutherland Drive	27-Nov-2023	LT1	LT1
S2 4533 Lanes Road	20-Nov-2023	LT1	LT1
S2 4533 Lanes Road	14-Nov-2023	LT1	LT1
S3 Sample Port inside Treatment Building	07-Nov-2023	LT1	LT1
S4 Across 1221 Sutherland Drive	30- Oct-2023	LT1	LT1
S1 Chestnut Street Reservoir	23- Oct-2023	LT1	LT1
S2 4533 Lanes Road	16- Oct-2023	LT1	LT1
S3 Sample Port inside Treatment Building	11- Oct-2023	LT1	LT1
S4 Across 1221 Sutherland Drive	04- Oct-2023	LT1	LT1
S1 Chestnut Street Reservoir	25-Sep-2023	LT1	LT1
S2 4533 Lanes Road	18-Sep-2023	LT1	LT1
S4 Across 1221 Sutherland Drive	12-Sep-2023	LT1	LT1
S3 Sample Port inside Treatment Building	06-Sep-2023	LT1	LT1
S1 Chestnut Street Reservoir	29-Aug-2023	LT1	LT1
S4 Across 1221 Sutherland Drive	23-Aug-2023	LT1	LT1
S2 4533 Lanes Road	14-Aug-2023	LT1	LT1
S3 Sample Port inside Treatment Building	08-Aug-2023	LT1	LT1
S1 Chestnut Street Reservoir	01-Aug-2023	LT1	LT1
S4 Across 1221 Sutherland Drive	25-Jul-2023	LT1	LT1
S3 Sample Port inside Treatment Building	18-Jul-2023	LT1	LT1
S2 4533 Lanes Road	11-Jul-2023	LT1	LT1
S1 Chestnut Street Reservoir	04-Jul-2023	LT1	LT1
S4 Across 1221 Sutherland Drive	27-Jun-2023	LT1	LT1
S3 Sample Port inside Treatment Building	20-Jun-2023	LT1	LT1
S2 4533 Lanes Road	12-Jun-2023	LT1	LT1
S1 Chestnut Street Reservoir	05-Jun-2023	LT1	LT1
S4 Across 1221 Sutherland Drive	29-May-2023	LT1	LT1
S3 Sample Port inside Treatment Building	23-May-2023	LT1	LT1
S2 4533 Lanes Road	16-May-2023	LT1	LT1
S1 Chestnut Street Reservoir	08-May-2023	LT1	LT1
S4 Across 1221 Sutherland Drive	01-May-2023	LT1	LT1
S3 Sample Port inside Treatment Building	25-Apr-2023	LT1	LT1
S2 4533 Lanes Road	17-Apr-2023	LT1	LT1
S1 Chestnut Street Reservoir	11-Apr-2023	LT1	LT1
S4 Across 1221 Sutherland Drive	03-Apr-2023	LT1	LT1
S3 Sample Port inside Treatment Building	27-Mar-2023	LT1	LT1
S2 4533 Lanes Road	21-Mar-2023	LT1	LT1
S1 Chestnut Street Reservoir	13-Mar-2023	LT1	LT1
S4 Across 1221 Sutherland Drive	07-Mar-2023	LT1	LT1
S3 Sample Port inside Treatment Building	01-Mar-2023	LT1	LT1
S2 4533 Lanes Road	21-Feb-2023	LT1	LT1
S1 Chestnut Street Reservoir	13-Feb-2023	LT1	LT1

LAMBOURN ESTATES WATER SYSTEM

Facility Information

Location 175 Ingram Street Duncan
Type 15 - 300 Connections

Facility Sampling History

Location	Date	Total Coliform	E. Coli/Enterococci
S4 Across 1221 Sutherland Drive	06-Feb-2023	LT1	LT1
S3 Sample Port inside Treatment Building	31-Jan-2023	LT1	LT1
S2 4533 Lanes Road	24-Jan-2023	LT1	LT1
S1 Chestnut Street Reservoir	17-Jan-2023	LT1	LT1
S4 Across 1221 Sutherland Drive	10-Jan-2023	LT1	LT1
S3 Sample Port inside Treatment Building	04-Jan-2023	LT1	LT1

LAMBOURN ESTATES WATER SYSTEM

SOURCE - Well 4

			Sample ID	Well 4 (WTX 27ADE)
			Sampling Date	01/17/23
			Sampling Time	09:25 AM
Parameter Name	MAC	AO	Units	Result
Nitrite (N)	1		mg/L	<0.0050
Nitrate (N)	10		mg/L	<0.020
Conductivity			uS/cm	330
pH			pH	7.91
Total Dissolved Solids		500	mg/L	190
Alkalinity (PP as CaCO3)			mg/L	<1.0
Alkalinity (Total as CaCO3)			mg/L	140
Bicarbonate (HCO3)			mg/L	170
Carbonate (CO3)			mg/L	<1.0
Hydroxide (OH)			mg/L	<1.0
Chloride (Cl)		250	mg/L	7.2
Sulphate (SO4)		500	mg/L	15
True Colour		15	Col. Unit	6
Nitrate plus Nitrite (N)			mg/L	<0.020
Langelier Index (@ 20C)			N/A	0.941
Langelier Index (@ 4C)			N/A	0.621
Saturation pH (@ 20C)			N/A	7.93
Saturation pH (@ 4C)			N/A	8.25
Dissolved Fluoride (F)	1.5		mg/L	0.13
Tannins and Lignins			mg/L	<0.2
Turbidity	see remark	see remark	NTU	0.44
Total Hardness (CaCO3)			mg/L	140
Total Aluminum (Al)	2900		ug/L	<3.0
Total Antimony (Sb)	6		ug/L	<0.50
Total Arsenic (As)	10		ug/L	0.27
Total Barium (Ba)	2000		ug/L	23.3
Total Beryllium (Be)			ug/L	<0.10
Total Bismuth (Bi)			ug/L	<1.0
Total Boron (B)	5000		ug/L	<50
Total Cadmium (Cd)	7		ug/L	<0.010
Total Chromium (Cr)	50		ug/L	<1.0
Total Cobalt (Co)			ug/L	<0.20
Total Copper (Cu)	2000	1000	ug/L	<0.20
Total Iron (Fe)		300	ug/L	217
Total Lead (Pb)	5		ug/L	<0.20
Total Manganese (Mn)	120	20	ug/L	114
Total Molybdenum (Mo)			ug/L	<1.0
Total Nickel (Ni)			ug/L	<1.0

LAMBOURN ESTATES WATER SYSTEM

SOURCE - Well 4

			Sample ID	Well 4 (WTX 27ADE)
			Sampling Date	01/17/23
			Sampling Time	09:25 AM
Parameter Name	MAC	AO	Units	Result
Total Selenium (Se)	50		ug/L	<0.10
Total Silicon (Si)			ug/L	11700
Total Silver (Ag)			ug/L	<0.020
Total Strontium (Sr)	7000		ug/L	178
Total Thallium (Tl)			ug/L	<0.010
Total Tin (Sn)			ug/L	<5.0
Total Titanium (Ti)			ug/L	<5.0
Total Uranium (U)	20		ug/L	<0.10
Total Vanadium (V)			ug/L	<5.0
Total Zinc (Zn)		5000	ug/L	<5.0
Total Zirconium (Zr)			ug/L	<0.10
Total Calcium (Ca)			mg/L	34.5
Total Magnesium (Mg)			mg/L	13.1
Total Potassium (K)			mg/L	1.87
Total Sodium (Na)		200	mg/L	10.6
Total Sulphur (S)			mg/L	4.3
Total Mercury (Hg)	1		ug/L	<0.0019
Total Total Kjeldahl Nitrogen (Calc)			mg/L	0.588
Total Organic Carbon (C)			mg/L	0.58
Total Nitrogen (N)			mg/L	0.588
Total Ammonia (N)			mg/L	0.61
Sulphide (as H ₂ S)		0.05	mg/L	0.02
Total Sulphide		0.05	mg/L	0.019
Total Coliforms	0		CFU/100mL	0
E. coli	0		CFU/100mL	0
Heterotrophic Plate Count			CFU/mL	4
Fecal Coliforms			CFU/100mL	<1
Non-Coliform (Background)			CFU/100mL	1
Iron Bacteria			CFU/mL	25
Sulphate reducing bacteria			CFU/mL	<75

LAMBOURN ESTATES WATER SYSTEM

Manganese

			<i>Sample ID</i>	S3-Treatment Building (WTX 27AE1)	S3-TREATMENT BUILDING (WTX 27AE1)	S3-TREATMENT BUILDING (WTX 27AE1)	S3-Treatment Building (WTX 27AE1)
			<i>Sampling Date</i>	01/17/23	04/11/23	07/20/23	10/16/23
			<i>Sampling Time</i>	09:32 AM	10:36 AM	12:20 PM	11:05 AM
<i>Parameter Name</i>	<i>MAC</i>	<i>AO</i>	<i>Units</i>	<i>Result</i>	<i>Result2</i>	<i>Result3</i>	<i>Result4</i>
Total Manganese (Mn)	120	20	ug/L	74.6	82.3	64.8	79.1