



**OPTIONAL ANNUAL REPORT TEMPLATE**

<b>Drinking-Water System Number:</b>	260005463
<b>Drinking-Water System Name:</b>	Newbury Distribution System
<b>Drinking-Water System Owner:</b>	Corporation of the Village of Newbury
<b>Drinking-Water System Category:</b>	Large Municipal Residential
<b>Period being reported:</b>	January 1 – December 31, 2015

<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>Village of Newbury 22910 Hagerty Road P.O. Box 130 Newbury, ON N0L 1Z0</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; padding: 2px; width: fit-content;">N/A</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></p> <div style="border: 1px solid black; padding: 2px; width: fit-content;">N/A</div> <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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**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
None	

**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 (Newsletter)

**Describe your Drinking-Water System**

The Newbury Distribution System receives water from the Southwest Middlesex Distribution System to supply water to the Village of Newbury and the Four Counties General Hospital.

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

There are no chemicals used for the Newbury Distribution System. The Southwest Middlesex Distribution System provides the Newbury Distribution System with secondary disinfection using sodium hypochlorite.

**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**

None

**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	N/A				
Treated	N/A				
Distribution	104	0 - 0	0 - 0	52	<10 - 120

**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	N/A	
Chlorine	379	0.37 – 1.71 mg/L
Fluoride (If the DWS provides fluoridation)	N/A	

*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
None				

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

Parameter	Sample Date Jan 22/2015	Sample Date Apr 21/2015	Sample Date Jul 21/2015	Sample Date Oct 19/2015
Antimony	N/A	N/A	N/A	N/A
Arsenic	N/A	N/A	N/A	N/A
Barium	N/A	N/A	N/A	N/A
Boron	N/A	N/A	N/A	N/A
Cadmium	N/A	N/A	N/A	N/A
Chromium	N/A	N/A	N/A	N/A
*Lead	N/A	N/A	N/A	N/A
Mercury	N/A	N/A	N/A	N/A
Selenium	N/A	N/A	N/A	N/A
Sodium - ug/L	11,000	N/A	N/A	N/A
Uranium	N/A	N/A	N/A	N/A
Fluoride - mg/L	0.12	N/A	N/A	N/A

Nitrite	N/A	N/A	N/A	N/A
Nitrate	N/A	N/A	N/A	N/A

\*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 ug/L (min#) – (max #)	Number of Exceedances / Adverses
Residential	NA		
Non-Residential	NA		
Distribution	N/A		

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

Parameter	Sample Date Jan 22/2015	Sample Date Apr 21/2015	Sample Date Jul 21/2015	Sample Date Oct 19/2015
Alachlor	N/A	N/A	N/A	N/A
Aldicarb	N/A	N/A	N/A	N/A
Aldrin + Dieldrin	N/A	N/A	N/A	N/A
Atrazine + N-dealkylated metabolites	N/A	N/A	N/A	N/A
Azinphos-methyl	N/A	N/A	N/A	N/A
Bendiocarb	N/A	N/A	N/A	N/A
Benzene	N/A	N/A	N/A	N/A
Benzo(a)pyrene	N/A	N/A	N/A	N/A
Bromoxynil	N/A	N/A	N/A	N/A
Carbaryl	N/A	N/A	N/A	N/A
Carbofuran	N/A	N/A	N/A	N/A
Carbon Tetrachloride	N/A	N/A	N/A	N/A
Chlordane (Total)	N/A	N/A	N/A	N/A
Chlorpyrifos	N/A	N/A	N/A	N/A
Cyanazine	N/A	N/A	N/A	N/A
Diazinon	N/A	N/A	N/A	N/A
Dicamba	N/A	N/A	N/A	N/A
1,2-Dichlorobenzene	N/A	N/A	N/A	N/A
1,4-Dichlorobenzene	N/A	N/A	N/A	N/A
Dichlorodiphenyltrichloroethane (DDT) + metabolites	N/A	N/A	N/A	N/A
1,2-Dichloroethane	N/A	N/A	N/A	N/A
1,1-Dichloroethylene (vinylidene chloride)	N/A	N/A	N/A	N/A

Dichloromethane	N/A	N/A	N/A	N/A
2-4 Dichlorophenol	N/A	N/A	N/A	N/A
2,4-Dichlorophenoxy acetic acid (2,4-D)	N/A	N/A	N/A	N/A
Diclofop-methyl	N/A	N/A	N/A	N/A
Dimethoate	N/A	N/A	N/A	N/A
Dinoseb	N/A	N/A	N/A	N/A
Diquat	N/A	N/A	N/A	N/A
Diuron	N/A	N/A	N/A	N/A
Glyphosate	N/A	N/A	N/A	N/A
Heptachlor + Heptachlor Epoxide	N/A	N/A	N/A	N/A
Lindane (Total)	N/A	N/A	N/A	N/A
Malathion	N/A	N/A	N/A	N/A
Methoxychlor	N/A	N/A	N/A	N/A
Metolachlor	N/A	N/A	N/A	N/A
Metribuzin	N/A	N/A	N/A	N/A
Monochlorobenzene	N/A	N/A	N/A	N/A
Paraquat	N/A	N/A	N/A	N/A
Parathion	N/A	N/A	N/A	N/A
Pentachlorophenol	N/A	N/A	N/A	N/A
Phorate	N/A	N/A	N/A	N/A
Picloram	N/A	N/A	N/A	N/A
Polychlorinated Biphenyls(PCB)	N/A	N/A	N/A	N/A
Prometryne	N/A	N/A	N/A	N/A
Simazine	N/A	N/A	N/A	N/A
THM – Jan., April, July, Oct. – ug/L	50.4	50.3	73.0	109
THM Annual Average - ug/L				70.7
Temephos	N/A	N/A	N/A	N/A
Terbufos	N/A	N/A	N/A	N/A
Tetrachloroethylene	N/A	N/A	N/A	N/A
2,3,4,6-Tetrachlorophenol	N/A	N/A	N/A	N/A
Triallate	N/A	N/A	N/A	N/A
Trichloroethylene	N/A	N/A	N/A	N/A
2,4,6-Trichlorophenol	N/A	N/A	N/A	N/A
2,4,5-Trichlorophenoxy acetic acid (2,4,5-T)	N/A	N/A	N/A	N/A
Trifluralin	N/A	N/A	N/A	N/A
Vinyl Chloride	N/A	N/A	N/A	N/A

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
THMs	70.7	ug/L	running annual avg