Monthly Operations Report

for the Municipality of Casselman's Water and Wastewater Systems

December 2024

Ontario Clean Water Agency
Agence Ontarienne Des Eaux

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Appendices

SECTION 1 – MONTHLY OPERATIONS REPORT CARD

Operations and Compliance Reliability Indices

Legend					
✓	●	▲	✕	Y/N	N/A
Achieved	On Target	Caution	Not Achieved	Yes/No	Not Applicable

	Target	Current Month	Comments
Health & Safety			
Number of Incidents	0	●	
Actual Result		0	
Drinking Water			
Inspection Ratings (YTD)	100 %	●	
Actual Result		100 %	
AWQI's	0	✕	*Filter turbidity exceedance*
Actual Result		1	
Number of Non-Compliances	0	●	
Actual Result		0	
Number of Water Main Breaks	0	●	
Actual Result		0	
Number of Complaints	0	●	
Actual Result		0	
Water Main Flushing	0	●	
Target Achieved		Y	
Wastewater			
Number of Non-Compliances	0	●	
Actual Result		0	
Number of Bypasses	0	●	
Actual Result		0	
Number of Sanitary Sewer Back-ups	0	●	
Actual Result		0	
Sanitary Collection System Flushing	0	●	
Target Achieved		Y	
Preventive Maintenance			
Work Orders Completed	>95%	●	
Target Achieved		Y	

SECTION 2 – FACILITY LISTING

Water Treatment & Distribution

Facility	Type
5971 - Casselman Water Treatment Plant	1 WTP (Actiflo Process)
1553 - Casselman Water Distribution System	1 Water Storage Tower + Water Distribution System

Wastewater Treatment & Collection

Facility	Type
1501 - Casselman Wastewater Treatment Plant	3 Facultative Lagoon Cells 1 MBBR (Moving Bed Biofilm Reactor)
5976 - Casselman Wastewater Collection System	6 Sewage Pumping Stations + Wastewater Collection System

SECTION 3 – COMPLIANCE

One AWQI was reported for Casselman's Drinking Water System. The monthly filter performance criteria of <0.3 NTU 95% of the time was not achieved for the month of December 2024. Please see the AWQI notification submitted to MECP, attached in Appendix D.

The most recent MECP inspections are listed below:

Location	Inspector	Inspection Rating (%)	Date
Casselman Water	Jean-Francois Durocher	100%	February 2, 2024
Casselman Sewage	Jean-Francois Durocher	Awaiting Report	November 19, 2024

There are no outstanding actions required from any recent MECP inspections.

SECTION 4 – FACILITY PERFORMANCE

Please see the Water & Wastewater Performance Assessment Reports attached in Appendix A.

SECTION 5 – DRINKING WATER QUALITY MANAGEMENT SYSTEM (DWQMS)

OCWA was re-accredited as the Operating Authority for Casselman's Drinking Water System on January 24, 2023.

SECTION 6 - MAINTENANCE / CAPITAL / ADDED VALUE

Water Treatment & Distribution

- Responded to five after-hours call-in alarms

Wastewater Treatment & Collection

- Responded to two after-hours call-in alarms
- Lagoon discharge continued through December

Preventive Maintenance Plan (PMP) Work Order Summary

All required work orders were completed. Please refer to the summary reports attached in Appendix B.

SECTION 7 – COMPLAINTS

Facility	Date	Description
None to report		

SECTION 8 – RECOMMENDATIONS / GENERAL COMMENTS

General

- 10 locates were completed in December.

Water Treatment & Distribution

- Capital/Major Maintenance projects approved for 2024 were completed.
- Operations staff continued to work with Dr. Dallala and EVB on behalf of the Municipality.

Wastewater Treatment & Collection

- Capital/Major Maintenance projects approved for 2024 were completed.
- OCWA is experiencing ongoing issues with communication at the SPS's through Flygt Cloud. Redundancy through the use of OCWA's Outpost panels and/or installation of Falcon alarm dialers at these stations should be considered.

Appendix A

Performance Assessment Reports

ONTARIO CLEAN WATER AGENCY
PERFORMANCE ASSESSMENT REPORT

MUNICIPALITY: MUNICIPALITY OF CASSELMAN
PROJECT: CASSELMAN DRINKING WATER SYSTEM
DESCRIPTION: SURFACE WATER TREATMENT PLANT
CHEMICALLY ASSISTED FILTRATION

YEAR: 2024
WATER SOURCE: NATION RIVER
DESIGN CAPACITY: 3182 m3/d
WORKS NUM.: 210001219

MONTH	SYSTEM FLOWS (TREATED)			TREATED		DISTRIBUTION		RAW					TREATED							DISTRIBUTION		
	Total Flow (m^3)	Avg. Flow (m^3)	Max Day Flow (m^3)	Min. Free Cl_2 Resid. (mg/L)	Max Free Cl_2 Resid. (mg/L)	Min Combined Cl2 Resid. (mg/L)	Max Combined Cl2 Resid. (mg/L)	Dissolved Organic Carbon (mg/L)	Total Organic Carbon (mg/L)	Total Hardness (mg/L)	Average Manganese (mg/L)	Max Manganese (mg/L)	IH Avg. Turbidity (NTU)	IH Max. Turbidity (NTU)	Dissolved Organic Carbon (mg/L)	Total Organic Carbon (mg/L)	Total Hardness (mg/L)	Average Manganese (mg/L)	Max Manganese (mg/L)	THM (µg/L) quaterly	HAA (µg/L) quaterly	NDMA (µg/L) quaterly
JAN	33,460	1079	1400	1.26	2.35	0.36	2.41	8.30	8.30	279	0.07	0.10	0.25	0.36	3.80	3.80	277	0.05	0.07	41.0	25.7	< 0.0009
FEB	31,549	1088	1356	1.25	2.00	1.11	2.28	6.30	6.30	339	0.09	0.12	0.26	0.36	3.30	3.30	327	0.05	0.07	-	-	-
MAR	33,671	1086	1269	1.20	1.93	1.15	2.26	7.10	8.10	243	0.11	0.21	0.33	0.97	4.00	4.10	226	0.05	0.09	-	-	-
APR	33,539	1118	1458	1.25	2.10	1.27	2.39	6.50	6.50	304	0.15	0.27	0.40	0.65	4.60	4.60	294	0.06	0.08	74.0	40.0	0.001
MAY	37887	1222	1679	0.65	2.30	0.63	2.48	8.20	9.80	266	0.09	0.13	0.48	0.65	1.60	3.30	268	0.04	0.07	-	-	-
JUN	39161	1305	1607	0.76	2.18	0.93	2.20	7.70	7.80	296	0.08	0.16	0.46	0.62	3.60	3.60	292	0.03	0.04	-	-	-
JUL	41919	1352	1708	0.67	2.50	0.60	2.32	8.70	8.80	283	0.08	0.11	0.35	0.48	3.80	3.80	256	0.04	0.06	120.00	75.30	2.000
AUG	43772	1412	2046	0.60	2.65	0.58	2.11	8.60	8.60	319	0.17	0.40	0.38	0.51	4.00	4.10	315	0.04	0.05	-	-	-
SEP	40851	1362	1616	0.63	2.40	0.62	1.80	9.80	10.20	297	0.11	0.15	0.39	0.42	4.90	5.10	292	0.03	0.04	-	-	-
OCT	41983	1354	1754	0.77	2.26	0.84	2.15	7.40	7.20	296	0.10	0.22	0.43	0.54	3.70	3.70	294	0.04	0.05	119.00	90.30	0.0009
NOV	39090	1303	1530	0.85	2.50	1.06	1.96	6.60	9.00	282	0.08	0.11	0.41	0.47	3.50	5.90	277	0.04	0.06	-	-	-
DEC	38236	38236	1482	1.13	2.25	1.26	2.05	6.50	7.10	307	0.07	0.10	0.38	0.63	4.20	4.90	285	0.08	0.37	-	-	-
TOTAL	455,118																					
AVG		4,327						7.64	8.14	293	0.10		0.38		3.75	4.18	284	0.05		88.5	57.8	0.0010
MAX			2,046		2.65		2.48					0.40		0.97					0.37			
MIN				0.60		0.36																
CRITERIA			**3,182**	**CT**		**0.25**	**3.00**													**<100**	**<80**	**<0.009**

MONTH	SYSTEM FLOWS (RAW)				ACTIFLO FILTER #1		ACTIFLO FILTER #2		Efficiency		TANK		TREATED				*E. coli* / Total Coliform / HPC (Number of Samples Collected)				RAW WATER	
	Total Flow (m^3)	Avg. Day Flow (m^3)	Max. Flow (m^3)	Max. Flow Rate (L/min)	Avg. Turbidity (NTU)	Max. Turbidity (NTU)	Avg. Turbidity (NTU)	Max. Turbidity (NTU)	Turbidity % < 0.3 NTU Filter #1	Turbidity % < 0.3 NTU Filter #2	Backwash TSS (mg/L)	Supernatant TSS (mg/L)	OL Avg. Turbidity (NTU)	OL Max. Turbidity (NTU)	Min UV Intensity (mJ/cm^2)	Min UVT* (%)	Safe		Adverse		Coliform	*E.coli*
																	Treated	Distribution	Treated	Distribution	Max. Count	Max. Count
JAN	41,605	1342	1659	1950.0	0.12	0.70	0.12	0.31	99.88	99.99	7	3	0.36	1.45	63	79	5	15	0	0	16,000	32
FEB	40,331	1391	1725	2204.6	0.18	0.65	0.11	0.26	99.63	100.00	33	6	0.47	2.00	53	80	4	12	0	0	19,800	88
MAR	40,408	1303	1910	2102.0	0.24	0.51	0.12	0.39	98.26	99.54	3	6	0.18	1.55	63	80	4	12	0	0	39,000	67
APR	40,854	1362	2006	2260.0	0.16	0.62	0.15	0.39	98.79	99.46	8	7	0.18	0.32	72	74	5	15	0	0	31,000	57
MAY	44,572	1438	1889	2144	0.17	0.74	0.17	0.68	97.42	98.77	50	7	0.22	0.60	72	70	4	12	0	0	2,800	140
JUN	44,971	1499	1939	2134	0.16	0.59	0.16	0.68	98.52	98.52	8	3	0.28	2.28	78	70	4	12	0	0	8,000	290
JUL	47,034	1517	1809	1910	0.15	0.42	0.15	0.36	99.96	99.73	3	4	0.26	1.50	65	66	5	15	0	0	8,000	56
AUG	50,633	1633	2443	1911	0.16	0.77	0.15	0.59	99.44	99.45	4	4	0.30	1.48	65	66	4	12	0	0	9,000	86
SEP	47,620	1587	1910	1701	0.19	0.51	0.19	0.74	97.61	97.43	35	7	0.31	1.20	50	60	4	12	0	0	7,200	132
OCT	48,375	1560	1986	2195	0.22	0.47	0.22	0.57	94.90	97.80	8	8	0.33	1.01	66	43	5	15	0	0	370	34
NOV	47,442	1581	1912	2148	0.24	0.93	0.24	0.64	90.00	91.48	24	9	0.32	0.92	68	59	4	12	0	0	1,900	16
DEC	46,080	1486	1877	2185	0.18	0.74	0.19	0.73	76.37	78.42	27	3	0.21	0.73	80	44	5	15	0	0	60,000	136
TOTAL	539,925																53	159	0	0		
AVG		1,475			0.18		0.16		95.90	96.72	18	6	0.29									
MAX			2,443	2,260		0.93		0.74			50	9		2.28							60,000	290
MIN															50	43						
CRITERIA			**3,182**	**2,205**		**<1**		**<1**	**>95%**	**>95%**	**<25**	**<25**		**<5**	**>40**							

COMMENTS:

*UVT - No Flow to UVT analyzer from 11:35 pm on February 10th to 10:55 am on February 12th.

ONTARIO CLEAN WATER AGENCY
PERFORMANCE ASSESSMENT REPORT

OWNER: MUNICIPALITY OF CASSELMAN
PROJECT: CASSELMAN WASTEWATER TREATMENT SYSTEM
ECA NUM.: 8160-BAHPRF
DESCRIPTION: MOVING BED BIOLOGICAL REACTOR (MBBR) TREATMENT LAGOON

YEAR: 2024
WATER COURSE: NATION RIVER
DESIGN CAPACITY: 2,110 m^3/d
FACILITY WORKS#: 110002201

MONTH	RAW								EFFLUENT										
	Total Flow m^3	Avg Day Flow m^3	Max Day Flow m^3/d	Avg Alum Dosage (mg/L)	Avg Raw BOD5 (mg/L)	Avg Raw TSS (mg/L)	Avg. Raw TKN (mg/L)	Avg Raw TP (mg/L)	Effluent Flow m^3	Effluent Avg Flow m^3	Effluent Max Flow m^3/d	Avg CBOD5 (mg/L)	Avg TSS (mg/L)	Avg TAN (mg/L)	Avg TP (mg/L)	Avg TKN (mg/L)	Avg Nitrate (mg/L)	Avg Nitrite (mg/L)	E. coli (cfu/100 mL)
JAN	45,794	1,477	1,923	128.14	347	360	55.4	6.21	59,408	1,916	1,966	3.4	7.0	1.85	0.10	3.5	5.5	0.12	6
FEB	45,995	1,586	1,805	112.90	219	366	38.0	4.71	64,482	2,224	2,926	3.8	7.0	7.71	0.20	10.8	6.7	0.05	4
MAR	60,051	1,937	2,293	86.81	361	650	43.8	5.45	110,786	3,574	3,904	3.8	9.0	4.78	0.21	7.5	13.1	0.30	6
APR	58,249	1,942	2,235	70.3	292	516	49.0	6.52	132,579	4,419	4,752	4.2	11.4	0.14	0.18	2.1	13.8	0.06	6
MAY	51,003	1,645	1,860	57.16	180	420	58.7	7.40	59,851	4,604	4,752	3.0	3.5	0.10	0.40	1.6	9.8	0.05	4
JUN	47,282	1,576	1,805	53.23	213	225	57.1	5.86											
JUL	57,725	1,862	2,198	58.61	215	260	51.7	5.74											
AUG	55,615	1,794	2,085	64.94	187	355	48.2	5.65											
SEPT	39,841	1,328	1,510	77.10	153	220	51.2	6.34											
OCT	38,194	1,232	1,394	77.56	152	330	55.5	4.92	35,229	2,072	2,111	<3	8.3	0.44	0.20	2.97	4.21	0.05	7
NOV	34,762	1,159	1,294	78.21	206	290	50.5	5.70	61,257	2,042	2,111	<3	6.8	0.20	0.18	2.55	5.79	0.48	3
DEC	42,153	1,360	1,652	81	282	310	58.1	6.18	73,600	2,374	2,404	3.0	5.8	2.77	0.26	5.38	5.33	1.07	
TOTAL	576,664								597,192										
AVG		1,575		79	234	359	51.4	5.89		2,903		3.5	7.3	2.2	0.22	4.5	8.0	0.27	5
MAX			2,293		361	650	58.7	7.40			4,752	4.2	11.4	7.7	0.40	10.8	13.8	1.07	7
CRITERIA						**Fall Discharge**			**267,650**	**2,909**									
						Winter/Spring Dircharge			**502,500**	**3,722**	**5,000**								
COMPLIANCE											**YES**								

MONTH	FALSE				DOWNSTREAM*			
	Avg CBOD5 (mg/L)	Avg TSS (mg/L)	Avg TAN (mg/L)	Avg PHOS. (mg/L)	Avg CBOD5 (mg/L)	Avg TSS (mg/L)	Avg TAN (mg/L)	Avg PHOS. (mg/L)
JAN	3.0	8.0	0.05	0.07	3.0	5.0	0.05	0.05
FEB	-	-	-	-	-	-	-	-
MAR	3.0	15.5	0.08	0.08	3.0	18.0	0.07	0.09
APR	3.0	17.3	0.10	0.07	3.00	20.3	0.08	0.07
MAY	3.0	6.0	0.05	0.06	3.0	49.5	0.12	0.14
JUN								
JUL								
AUG								
SEPT								
OCT	3.0	9.3	0.09	0.08	3.0	6.667	0.067	0.063
NOV	3.0	5.8	0.20	0.08	3.0	13.25	0.08	0.08
DEC	3.0	7.8	0.09	0.07	3.0	7.0	0.08	0.06
TOTAL								
AVG	3.0	9.9	0.09	0.07	3.0	17.1	0.08	0.08
MAX	3.0	17.3	0.20	0.08	3.0	49.5	0.12	0.14
CRITERIA								

Comments:

*No Upstream/Downstream Samples required to be collected when downstream sampling is not feasible due to ice cover on the Nation River. (January 9, 16, 23, 30 & February 2024)

Appendix B

Work Order Summary Reports

Monthly Work Order Summary – December 2024
Casselman Drinking Water System

Description	Status	Work Type
Analyzer Total Chlorine Inspection/Service (1m) 5971	COMP	PM
Analyzer pH Inspection/Service (1m) 5971	COMP	PM
Analyzer Spectrophotometer Insp/Service (1m) - 5971	COMP	PM
Analyzer Turbidity Inspection/Service (1m) 5971	COMP	PM
Blower Centrifugal Inspection/Service (1m) 5971	COMP	PM
Air Compressor Inspection/Service (1m) 5971	COMP	PM
Dryer Air Service (1m) - 5971	COMP	PM
Generator Inspection (1m) 5971	COMP	PM
Mixer Chemical Inspection (3m) 5971	COMP	PM
PANEL ALARM/DIALER TEST (1m) - 5971	COMP	PM
Relief Valve UV Room Inspection (3m) 5971	COMP	OPER
UV Light Bank Insp/Service (1m) - 5971	COMP	PM
Workplace Inspection - DS Silica- 1m - 5971	COMP	OPER
Monthly H&S Equipment Check (1m) - 5971	COMP	PM
Client Reports (1m) - Casselman 5971	APPR	PM
UVT Sensor Checks/Calibration (1m) - 5971	COMP	PM
Pump Diaphragm Coagulant Route Inspection/Service (1m) 5971	COMP	PM
Pump Diaphragm Polymer Route Inspection/Service (1m) 5971	COMP	PM
Pump Diaphragm Sodium Hydroxide Route Inspection/Service (1m) 5971	COMP	PM
Pump Diaphragm Ammonium Sulphate Route Inspection/Service (1m) 5971	COMP	PM
Pump Diaphragm Potassium Permanganate Route Inspection/Service (1m) 5971	COMP	PM
WISKI Monthly Review(1m) 5971	COMP	PM
Overtime - Casselman - 5971 - WTP - Fix PAX XL-1900 Coagulation for Filter 95%	COMP	CORR
UV Sensor Reference Check/Calibration (1m) - 5971	COMP	PM
Spare burglary alarm	COMP	CALL
Power Failure Casselman WWTP WTP	COMP	CALL
5971-WTCA-F - Zone 19 and 20 spare alarm	COMP	CALL
High Actiflow water level alarm Casselman WTP	COMP	CALL
Air backwash alarms	COMP	CALL

Monthly Work Order Summary – December 2024
Casselman Wastewater Treatment & Collection System

Description	Status	Work Type
Generator Inspection (1m) SPS #1 1501	COMP	PM
Generator Inspection (1m) SPS #2 1501	COMP	PM
Generator Inspection (1m) SPS #3 1501	COMP	PM
Generator Inspection (1m) SPS #5 1501	COMP	PM
Generator Inspection (1m) SPS #6 1501	COMP	PM
Generator Inspection (1m) 1501	COMP	PM
Analyzer Turbidity Inspection/Service (1m) 1501	COMP	PM
PANEL ALARM/DIALER TEST SPS#4 (1m) 1501	COMP	PM
Monthly H&S Equipment Check (1m) - 1501	COMP	PM
Blower Inspection/Service (1m/1y) 1501	COMP	PM
Blower Inspection/Service (1m/1y) 1501	COMP	PM
Blower Inspection/Service (1m/1y) 1501	COMP	PM
Blower Inspection/Service (1m/1y) 1501	COMP	PM
Blower Inspection/Service (1m/1y) 1501	COMP	PM
Bar Screen Inspection (1m) 1501	COMP	PM
PANEL ALARM/DIALER TEST (1m) - 1501	COMP	PM
PANEL ALARM/DIALER TEST SPS#6 (1m) - 1501	COMP	PM
PANEL ALARM/DIALER TEST SPS#3 (1m) - 1501	COMP	PM
PANEL ALARM/DIALER TEST SPS#2 (1m) - 1501	COMP	PM
PANEL ALARM/DIALER TEST SPS#5 (1m) - 1501	COMP	PM
PANEL ALARM/DIALER TEST SPS#1 (1m) - 1501	COMP	PM
PANEL ALARM/DIALER TEST LAGOON (1m) - 1501	COMP	PM
Workplace Inspection (1m) - 1501	COMP	OPER

WISKI Monthly Review(1m) 1501	COMP	PM
1501-05 Casselman Sewage WWTP Blower Parts and Maintenance-MM Ordered parts	COMP	CAP
SPS call in, Communication error	COMP	CALL
2024-2025 MECP Inspection - Casselman WWT	COMP	OPER
1501-06 Casselman Sewage Building and Grounds-MM- Washer and Dryer	COMP	CAP
1501-WWCA - All Stations Comunication Cloud Loss	COMP	CALL

Appendix C

Locate Summary

Casselman Monthly Locate Summary – December 2024

Description	Status	Work Type
Locate Casselman WDS 1553 - 20244716914 - Brisson St	COMP	OPER
Locate Casselman WDS 1553 - 2024489320 - Richer Crescent	COMP	OPER
Locate Casselman WDS 1553 - 2024498320 - Laurier end	COMP	OPER
Locate Casselman WDS 1553 - 20244812232 - Boreholes Racine	COMP	OPER
Locate Casselman WDS 1553 - 2024497252 - Fillion Hydrants	COMP	OPER
Locate Casselman WDS 1553 - 2024497233 - 650 St Joseph	COMP	OPER
Locate Casselman WDS 1553 - 2024504714 - 769 St Jean	COMP	OPER
Locate Casselman WDS 1553 - 2024507354 - Richer Crescent 2	COMP	OPER
Locate Casselman WDS 1553 - 2024512241 - HWY 417	COMP	OPER
Locate Casselman WDS 1553 - 2024504060 - Richer Crescent 3	COMP	OPER
Total	10	

Appendix D

AWQI Notification to MECP

Ontario

Ministry of the Environment, Conservation and Parks

Notices of Adverse Test Results and Issue Resolution (Schedule 16)

Drinking Water Systems Regulation (O. Reg. 170/03)

Instructions

These Notice forms apply to drinking water system owners and operators (Owners/Operators) and Ministry of the Environment, Conservation and Parks (MECP) licensed laboratories (Licensed Laboratories) regulated by Drinking Water Systems Regulation, Ontario Regulation 170/03 (O. Reg. 170/03).

Immediate Report of Adverse Results

Section 16-3(3) of Schedule 16 of O. Reg. 170/03 sets out the requirements for Owners/Operators and Licensed Laboratories to make an immediate report of adverse test results under O. Reg. 170/03 by speaking in person or by telephone to the MECP's Spills Action Centre (SAC), at 1-800-268-6060 or 416-325-3000, the local Medical Officer of Health/Health Unit (Health Unit) and the Owner/Operator (Immediate Report).
[Adverse test results for trihalomethanes (THMs) or haloacetic acids (HAAs) do not require an Immediate Report; see section below.]

Written Notice within 24 hours of the Immediate Report

Within 24 hours of an Immediate Report, Section 16-7(3) of Schedule 16 requires that Owners/Operators and Licensed Laboratories also provide written notice to the MECP and the Health Unit, by fax or e-mail. Licensed Laboratories must complete and submit Sections 1 and 3 of this Notice. Owners/Operators must complete and submit Section 2A of this Notice. **Note:** Section 3 is not required to be completed for operational parameter incidents which have no correlating adverse results.

Notice Within 7 Days of Issue Resolution

Within 7 days after the issue has been resolved, Section 16-9(1) of Schedule 16 requires that Owners/Operators must provide a written notice, Section 2B of this Notice, to SAC and the Health Unit, summarizing the actions taken and the results achieved. This written notice must also be sent to the interested authority for any designated facility (if applicable) within 30 days.

Owners and Operators must follow any additional corrective actions required by the Health Unit.

Total Trihalomethanes (THMs) and Haloacetic Acids (HAAs)

As of January 2016 for THMs and January 2020 for HAAs, Sections 16-6 and 16-7 of Schedule 16 require that Owners/Operators and Licensed Laboratories calculate the running annual average (RAA) for THMs and HAAs and report any adverse test result in writing to the MECP and the Health Unit within 7 calendar days of the end of the calendar quarter that produced the adverse test result. The written notice is to be submitted using Section 2C of this Notice. RAA calculation is outlined in Schedule 13-6 of O. Reg. 170/03.

Immediate oral notification is no longer required for these parameters.

Licensed Laboratories that upload all the THM and HAA test results into the ministry's data system and provide the results to Owners/Operators within 48 hours of the test result being authorized at the laboratory, may be exempt from the RAA reporting requirements noted above.

Note: Small municipal residential systems and non-municipal year-round residential systems that serve designated facilities also must notify the operator of each designated facility served by their system.

The 'Trihalomethane and Haloacetic Acid Sampling and Reporting Requirements Technical Bulletin' provides full details on the changes to the reporting requirements and provides examples for calculating quarterly and running annual averages. The Technical Bulletin is available on the ministry's web page via the following link:
https://www.ontario.ca/page/total-trihalomethane-thm-reporting-requirements-technical-bulletin

Fields marked with an asterisk (*) are mandatory.

SAC fax: 1-800-268-6061 or 416-325-3011
SAC e-mail: AWQI.Reporting@ontario.ca

Provincial standards for water quality are set out in:

Safe Drinking Water Act, 2002

Ontario Regulation 169/03 (Water Quality Standards)

Ontario Regulation 170/03 (Drinking Water Systems)

Failure to notify these parties in accordance with the Regulation constitutes an offence under the *Safe Drinking Water Act*. A copy of this form may be acquired through the MECP public website (www.ontario.ca/drinkingwater) or by contacting any MECP office.

Collection of information on this form is done in accordance with the Safe Drinking Water Act, 2002 and its Regulations. Information gathered herein, including personal information, is governed by the *Freedom of Information and Protection of Privacy Act* (FIPPA) and may be disclosed to other government agencies (including municipal health unit employees) pursuant to 'Section 42' of the FIPPA for the consistent purpose of administering any Act or program that pertains to drinking water safety. For questions and concerns, please contact the MECP at 1-866-793-2588.

Are you a *

☐ Licensed Laboratory ☑ DWS

Which Section(s) of the Form do you need today?

☐ Section 1 - Written Notice By Licensed Laboratory
☑ Section 2A - Written Notice By Drinking Water System
☑ Section 2B - Notice Of Issues Resolution
☐ Section 2C - Written Notice By Drinking Water System Owner - Reporting RAA for THMs and HAAs
☐ Section 3 - Adverse Analytical Results

Ontario

Ministry of the Environment, Conservation and Parks

Notices of Adverse Test Results and Issue Resolution (Schedule 16)

Drinking Water Systems Regulation (O. Reg. 170/03)

Fields marked with an asterisk (*) are mandatory.

Section 2A – Written Notice By Drinking Water System (DWS) Owner (For THM and HAA reporting see Section 2C)

Indicators of Adverse Water Quality

AWQI Number *
167154

Is this a resample? *
☐ Yes ☑ No ☐ Unknown If Yes, then provide initial AWQI number

Indicator of Adverse Results

☐ Microbiological * ☐ Chemical * ☐ Radiological * ☑ Operational * ☐ Licence/Order/Certificate Authority *

☐ Observations of Improperly disinfected water directed to water users

☐ Low Distribution Chlorine _____ mg/L

☐ High Turbidity _____ NTU

☑ Other Filter effluent Turbidity < 0.3 NTU 95%

Details of Adverse Result *

The monthly filter performance criteria (i.e. filter effluent turbidity < 0.3 NTU 95%) was exceeded for the month of December 2024. Filter #1 effluent turbidity was below 0.3 NTU for 76.37%, and Filter #2 effluent turbidity was below 0.3 NTU for 78.42% of the month.

DWS Information

DWS Name *	DWS Number *
Casselman Drinking Water System	210001219

Last Name *	First Name *
Payne	Brandon

Position *
Operator

Email Address	Telephone Number (including area code)
bpayne@ocwa.com	343-575-4944 ext.

Additional Comments

Oral Notification to Health Unit - Person Contacted

Public Health Unit Name *
Eastern Ontario Health Unit

Last Name *	First Name *
Isidoro	Fatima

Position *
Public Health Inspector

Telephone Number (including area code) *	Fax Number (including area code)	Date (yyyy/mm/dd) *	Time (hh:mm) *
800-267-7120 ext.	613-933-7930	2025/01/03	2:50 PM

DWS Person Providing Oral Notification *	Email Address
Brandon Payne	bpayne@ocwa.com

Corrective Actions to be Taken by Owner/Operator

Corrective Actions	Required *	Completed	Comments
Resample and Test (including upstream, downstream and at AWQI location)	☐ Yes ☑ No	☐ Yes ☐ No ☑ N/A	
Disinfection Restored / Increased	☐ Yes ☑ No	☐ Yes ☐ No ☑ N/A	
Mains / Pipes Flushed	☐ Yes ☑ No	☐ Yes ☐ No ☑ N/A	
Signs Posted (Do Not Drink Water)	☐ Yes ☑ No	☐ Yes ☐ No ☑ N/A	
Users Advised to Boil Water / Seek Alternate Source	☐ Yes ☑ No	☐ Yes ☐ No ☑ N/A	

Other (Include any other Health Unit directions and any additional attachments)

Other:	☐ Yes ☑ No	☐ Yes ☐ No ☑ N/A	

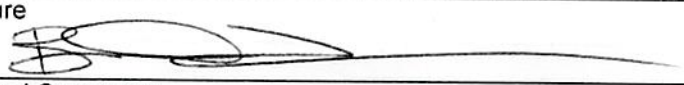
Oral Notification to Spills Action Centre (SAC) - Person Contacted

Last Name *	First Name *
Campos	Edhilvia

Position *
Environmental Officer

DWS Person Providing Oral Notifying *	Date (yyyy/mm/dd) *	Time (hh:mm)*
Brandon Payne	2024/11/04	3:00 PM

Initial DWS Notification Prepared by *
Brandon Payne

Signature	Date (yyyy/mm/dd) *
	2025/01/03

Additional Comments

Do you have another adverse to report? * ☐ Yes ☑ No

Ontario

Ministry of the Environment, Conservation and Parks

Notices of Adverse Test Results and Issue Resolution (Schedule 16)

Drinking Water Systems Regulation (O. Reg. 170/03)

Fields marked with an asterisk (*) are mandatory.

Section 2B – Notice of Issue Resolution – Section 16-9 (O. Reg. 170/03)

DWS Information

DWS Name *	DWS Number *
Casselman Drinking Water System	210001219

DWS Contact Name

Last Name *	First Name *
Payne	Brandon

Telephone Number (including area code) *	Fax Number (including area code)	Email Address
343-575-4944 ext.		bpayne@ocwa.com

Initial AWQI Number[1] *	Date Resolved (yyyy/mm/dd) *	Date Resolution Notice Provided (yyyy/mm/dd) *
167154		2025/01/03

Are there previous resample AWQI numbers? *

☐ Yes ☑ No

If known, please provide All Other Resample AWQI numbers[2]

Summary of action taken and results achieved (include test results showing water quality is no longer adverse) *

Issue with changing water conditions and chemical dosages had to be changed

adjusted chemical dosages to meet requirements of water intake.

Turbidity below 0.3 NTU on filtered side

Was an advisory issued by the Health Unit? *	Advisory Type	Date Issued (yyyy/mm/dd)
☐ Yes ☑ No ☐ Self Imposed Advisory		

If rescinded, please select date the advisory was rescinded

Date Rescinded (yyyy/mm/dd)

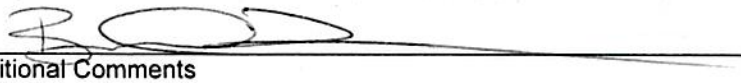
Other (Include Health Unit directions and any additional attachments)

Attached File Name	Created	Modified	Size (MB)	Remove Selected File
				☐
		Number of attachments	0	

Notification/Report Provided By

Last Name *	First Name *
Brandon	Payne

Position *
Operator

Signature	Date (yyyy/mm/dd) *
	2025/01/03

Additional Comments

Do you have another adverse to report? ☐ Yes ☑ No

[1] The original adverse test result.

[2] When resolving an AWQI state all resample AWQI numbers associated with the initial AWQI. For example, an adverse test result of total coliform requires the corrective action of resampling. If any of the resamples come back adverse, then you must continue resampling until the test results for two consecutive sets of samples taken 24 to 48 hours apart are clear or as directed by the Health Unit. Submit the AWQI form and include all related AWQI numbers (Initial AWQI number and any Resample AWQI number) on the same Section 2B. This eliminates the requirement to submit a Section 2B form for every adverse test result associated with one incident. If the first resample test result is clear then this section does not apply. For THMs and HAAs drinking water system owners/operators are not required to take resamples as part of the prescribed corrective actions; unless directed by the Health Unit.