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Ministry of the Environment and Climate Change

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 and Climate Change (MOECC) 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 MOECC'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) 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 must also provide written notice to the MOECC 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: Owners/Operators must complete and submit Section 3 of this Notice for any adverse result of an operational parameter.

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)

As of January 2016, Sections 16-8 and 16-7 of Schedule 16 requires that Owners/Operators calculate the running annual average (RAA) for THMs and report any adverse test result in writing to the MOECC 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 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 this parameter.

As of January 2016, Licensed Laboratories that upload THM test results into the Ministry's data system and report the results to Owners/Operators within 48 hours of the test result being authorized at the laboratory, are exempt from reporting the RAA. If the data is not uploaded, the RAA must be calculated by the laboratory and the laboratory must complete and submit the written notice form and the analytical results (Section 1 and Section 3).

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

SAC fax: 1 800 268-6061 or 416 325-3011

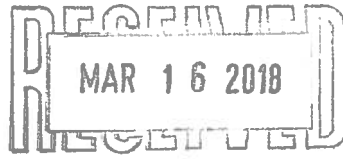
SAC e-mail: moe.sac.moe@ontario.ca

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)



- File Incoming Other
Mayor Council CA
CAO Building Finance Ec Dev Parks & Rec Planning Public Wks PPP Social Services OCWA-BIND

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 MOECC public web site (www.ontario.ca/drinkingwater) or by contacting any MOECC 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 Ministry of Environment and Climate Change at 1 866 793-2588.



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Fields marked with an asterisk (*) are mandatory.

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

Indicators of Adverse Water Quality

AWQI Number
138928

Is this a re-sample? *

Yes No Unknown If Yes, then provide Initial AWQI number

Microbiological * Physical/Chemical * Radiological * Licence/Order/Certificate Authority *

Indicator of Adverse Results

Other Observations (Improperly disinfected water directed to water users, etc)

Details of Adverse Result (parameter of concern and amount) *

Loss of coagulant chemical addition for the Temagami South WTP on every second "cycle" of water plant. MP-9 was accidentally "paused" and did not run when called for by PLC. Duration of loss of coagulant is from March 14th, 2018 at 11:30 to March 16th, 2018 at 14:30.

DWS Information

DWS Name *

Temagami South Drinking Water System

DWS Number *

220000424

Last Name *

Dubois

First Name *

Joshua

Position *

Operator/Mechanic

Additional Comments

Oral Notification To Local Medical Officer Of Health - Person Contacted

Public Health Unit Name *

Timiskaming Health Unit

Last Name *

McLain

First Name *

Maria

Position *

PHI

Telephone Number (including area code) *

705 647-4305

Fax Number (including area code)

705 647-5779

Date (yyyy/mm/dd) *

2018/03/16

Time (hh:mm) *

4:09 PM

DWS Person Providing Oral Notification *

Joshua Dubois

Email Address

jdubois@ocwa.com

Corrective Actions to be Taken by Owner/Operator

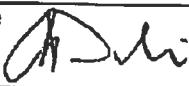
Corrective Actions	Required *	Completed	Comments
Resample and Test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Courtesy sampling of distribution system
Disinfection Restored / Increased	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Mains / Pipes Flushed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Signs Posted	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	

Fields marked with an asterisk (*) are mandatory.

Section 2A continued.

Corrective Actions	Required *	Completed	Comments
Users Advised to Boil Water / Seek Alternate Source	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Other (Include any other Health Unit Directions and any additional attachments)	Required	Completed	Comments
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

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

Last Name *		First Name *	
Harris		Mark	
Position *			
Senior Provincial Officer			
DWS Person Providing Oral Notifying *		Date (yyyy/mm/dd) *	Time (hh:mm) *
Joshua Dubois		2018/03/16	4:16 PM
Initial DWS Notification Prepared by *			
Joshua Dubois			
Signature		Date (yyyy/mm/dd) *	
		2018/03/16	

Additional Comments

Coagulant pump MP-9 was accidentally placed in "pause" mode on March 14th, 2018 at approximately 11:30. The coagulant addition is dosed between two chemical pumps, MP-9 and MP-10, which alternate as LEAD pump on every water plant start up. Therefore every second water plant start up, coagulation was not achieved. The loss of coagulation was noticed due to operating parameters starting to differ from the normal limits. At no point in time did the parameters reach CT triggers. Upon investigation, MP-9 was found to be non-operational and was then put back into operation and the chlorine dosage was increased to compensate for any potential loss of disinfection. As an additional step, distribution samples are being taken and tested.

Fields marked with an asterisk (*) are mandatory.

Section 2A continued.

Do you have another adverse to report? * Yes No