



OPTIONAL ANNUAL REPORT TEMPLATE

<i>Drinking-Water System Number:</i>	260025259
<i>Drinking-Water System Name:</i>	Easter Seals Camp Woodeden
<i>Drinking-Water System Owner:</i>	Easter Seals Ontario
<i>Drinking-Water System Category:</i>	Small Non-Municipal Non residential
<i>Period being reported:</i>	January 1 2018 to December 31 2018

<p><u>Complete if your Category is Large Municipal Residential or Small Municipal Residential</u></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; margin-top: 10px;"> <p>Easter Seals Woodeden Camp – Site Manager’s office and on line at www.eastersealscamps.org</p> </div>	<p><u>Complete for all other Categories.</u></p> <p>Number of Designated Facilities served: <input style="width: 50px; text-align: center;" type="text" value="1"/></p> <p>Did you provide a copy of your annual report to all Designated Facilities you serve? Yes [X] No []</p> <p>Number of Interested Authorities you report to: <input style="width: 50px; text-align: center;" type="text" value="1"/></p> <p>Did you provide a copy of your annual report to all Interested Authorities you report to for each Designated Facility? Yes [X] 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
Easter Seals Camp Woodeden	260025259

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 [X] 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
- Report available at Camp Woodeden Site Manager's office

Describe your Drinking-Water System

Water supplied by a GUDI well located on the Camp property. Primary disinfection process is Ultraviolet Irradiation with Chlorine as a secondary disinfection. Water is softened and filtered before disinfection.

List all water treatment chemicals used over this reporting period

Chlorine and water softening salt

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

Cleaned UV sensors. Replaced both UV lights and tubes. Changed all sediment filters. Replaced controller for pumps at Pump house. Replaced well pump/motor/piping/check valve in well.

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

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	6	0-0	0-0	0	
Treated					
Distribution	6	0-0	0-0	0	

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 #)	Unit of Measure
Turbidity	78	.05 - .11	
Chlorine	78	.78 – 2.50	
Fluoride (If the DWS provides fluoridation)			

NOTE: For continuous monitors use 8760 as the number of samples.

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	May 20 2016	0.21	Ug/L	
Arsenic	May 20 2016	0.3	Ug/L	
Barium	May 20 2016	5.77	Ug/L	
Boron	May 20 2016	102	Ug/L	
Cadmium	May 20 2016	0.008	Ug/L	



Chromium	May 20 2016	0.55	Ug/L	
*Lead	March 14 2018	0.50	Ug/L	
Mercury	May 20 2016	0.01	Ug/L	
Selenium	May 20 2016	0.60	Ug/L	
Sodium	June 30 2016	12.5	Mg/L	
Uranium	May 20 2016	0.5	Ug/L	
Fluoride	May 24 2016	0.16	Mg/L	
Nitrite	October 2 2018	6.09	Mg/L	
Nitrate	October 2 2018	6.09	Mg/L	

*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 #)	Unit of Measure	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	May 20 2016	0.02	Ug/L	
Atrazine + N-dealkylated metabolites	May 20 2016	0.01	Ug/L	
Atrazine	May 20 2016	0.01	Ug/L	
Desethyl atrazine	May 20 2016	0.01	Ug/L	
Azinphos-methyl	May 20 2016	0.05	Ug/L	
Carbaryl	May 20 2016	0.05	Ug/L	
Carbofuran	May 20 2016	0.01	Ug/L	
Chlorpyrifos	May 20 2016	0.02	Ug/L	
Diazinon	May 20 2016	0.02	Ug/L	
Dimethoate	May 20 2016	0.03	Ug/L	
Diuron	May 20 2016	0.03	Ug/L	
Malathion	May 20 2016	0.02	Ug/L	
Metolachlor	May 20 2016	0.01	Ug/L	
Metribuzin	May 20 2016	0.02	Ug/L	
Phorate	May 20 2016	0.01	Ug/L	
Prometryne	May 20 2016	0.03	Ug/L	
Simazine	May 20 2016	0.01	Ug/L	

Terbufos	May 20 2016	0.01	Ug/L	
Triallate	May 20 2016	0.01	Ug/L	
Trifluralin	May 20 2016	0.02	Ug/L	
2,4-dichlorophenoxyacetic acid	May 24 2016	0.19	Ug/L	
Bromoxynil	May 24 2016	0.33	Ug/L	
Dicamba	May 24 2016	0.20	Ug/L	
Diclofop-methyl	May 24 2016	0.40	Ug/L	
MCPA	May 24 2016	0.00012	Mg/L	
Picloram	May 24 2016	1	Ug/L	
2,4-dichlorophenol	May 24 2016	0.15	Ug/L	
2,4,6-trichlorophenol	May 24 2016	0.25	Ug/L	
2,3,4,6-tetrachlorophenol	May 24 2016	0.2	Ug/L	
Pentachlorophenol	May 24 2016	0.15	Ug/L	
Benzene	May 27 2016	0.32	Ug/L	
Carbon tetrachloride	May 27 2016	0.16	Ug/L	
1,2-Dichlorobenzene	May 27 2016	0.41	Ug/L	
1,4-Dichlorobenzene	May 27 2016	0.36	Ug/L	
1,1 vinylidene chloride	May 27 2016	0.33	Ug/L	
1,2-Dichloroethane	May 27 2016	0.35	Ug/L	
Dichloromethane	May 27 2016	0.35	Ug/L	
Monochlorobenzene	May 27 2016	0.30	Ug/L	
Perchloroethylene	May 27 2016	0.35	Ug/L	
Trichloroethylene	May 27 2016	0.44	Ug/L	
Vinyl Chloride	May 27 2016	0.17	Ug/L	
Diquat	May 27 2016	1	Ug/L	
Paraquat	May 27 2016	1	Ug/L	



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Glyphosate	May 27 2016	1	Ug/L	
Polychlorinated Biphenyls (PCBs)	May 27 2016	0.04	Ug/L	
Benzo(a)pyrene	May 27 2016	0.004	Ug/L	

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