

Optional Annual Report Template

Drinking-Water System Number:
 Drinking-Water System Name:
 Drinking-Water System Owner:
 Drinking-Water System Category:
 Period being reported:

Merrywood Easter Seal Chapwells
260025857
Easter Seal Ontario
Residential, seasonal, Non-Municipal
2018

Complete if your Category is Large Municipal Residential or Small Municipal Residential

Does your Drinking-Water System serve more than 10,000 people? Yes [] No

Is your annual report available to the public at no charge on a web site on the Internet? Yes No []

Location where Summary Report required under O. Reg. 170/03 Schedule 22 will be available for inspection.

shop office Easter seal web page

Complete for all other Categories.

Number of Designated Facilities served:

1

Did you provide a copy of your annual report to all Designated Facilities you serve?

Yes No []

Number of Interested Authorities you report to:

1

Did you provide a copy of your annual report to all Interested Authorities you report to for each Designated Facility?

Yes No []

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
Merrywood Easter Seal Chap	260025857

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 _____

Describe your Drinking-Water System

Drilled well, artizine, GUDI water softner, Filtered, UV & chlorination

List all water treatment chemicals used over this reporting period

UV & chlorination

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

[Empty box for description and breakdown of expenses]

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	3	0 - 0	0 - 0		
Treated	25	0 - 0	0 - 0	25	110 - 60
Distribution					

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	27	0.08 - 0.35
Chlorine	69	0.15 - 0.83
Fluoride (If the DWS provides fluoridation)		

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

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				
Arsenic				
Barium				
Boron				
Cadmium				
Chromium				
Lead	July 11/18	0.0016	mg/L	
Mercury				
Selenium				
Sodium				
Uranium				
Fluoride				
Nitrite	July 30/18	20.1	mg/L	
Nitrate	July 30/18	20.1	mg/L	

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				
Aldicarb				

