

**Part III Form 2
Section 11. ANNUAL REPORT.**

Drinking-Water System Number:	260047125
Drinking-Water System Name:	Camp Everton (Ranger's House) Well Supply
Drinking-Water System Owner:	Scout Canada, Camp Everton
Drinking-Water System Category:	Small, Non Municipal, Non Residential
Period being reported:	April 1, 2017 -March 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;"> <p>http://northwaterloo.scouter.ca/index.php/nw-camping Camp Everton, 5283 7th Line, Guelph-Eramosa Twsp</p> </div>	<p><u>Complete for all other Categories.</u></p> <p>Number of Designated Facilities served: <div style="border: 1px solid black; width: 50px; text-align: center; margin: 5px;">1</div> </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: <div style="border: 1px solid black; width: 50px; text-align: center; margin: 5px;">0</div></p> <p>Did you provide a copy of your annual report to all Interested Authorities you report to for each Designated Facility? Yes [] No [x]</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 [**X**] No []

Indicate how you notified system users that your annual report is available, and is free of charge.
 [**X**] 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, U/V treated water supply for youth and adult campers from source at Ranger's house

List all water treatment chemicals used over this reporting period

None

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

Replace ballast, sensor, sleeve, lamp, filters replace sample tap ~ \$ 600.

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
July 12/17	TC	47		Service equipment, resampled	July 13/18

Microbiological testing done under the Schedule 10, 11 or 12 of Regulation 170/03, during this reporting period.

	Number of	Range of E.Coli Or Fecal	Range of Total Coliform	Number of HPC	Range of HPC Results

Drinking-Water Systems Regulation O. Reg. 170/03

	Samples	Results (min #)-(max #)	Results (min #)-(max #)	Samples	(min #)-(max #)
Raw	12*	0-0	0-12		
Treated					
Distribution	12*	0-0	0-0		

- Dec courier was a full day late at the lab- not processed. March courier was late UAL

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	0	
Chlorine	0	
Fluoride (If the DWS provides fluoridation)	0	

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	11/12/15	.014	ug/L	
Arsenic	11/12/15	1	ug/L	
Barium	11/12/15	69.2	ug/L	
Boron	11/12/15	15.3	ug/L	
Cadmium	11/12/15	.097	ug/L	
Chromium	11/12/15	<.03	ug/L	
Lead	19/12/17	0.11	ug/L	
Mercury	11/12/15	0.01	ug/L	
Selenium	11/12/15	1	ug/L	
Sodium	19/12/17	5.98	mg/L	
Uranium	11/12/15	.002	ug/L	
Fluoride	19/12/17	0.09	mg/L	
Nitrite	13/04/17	0.004	mg/L	
	13/07/17	<0.003	mg/L	
	20/10/17	<0.003	mg/L	
	24/01/18	<0.003	mg/L	

Nitrate	13/04/17	0.067	mg/L	
	13/07/17	0.087	mg/L	
	20/10/17	0.104	mg/L	
	24/01/18	0.039	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	11/12/15	<0.02	ug/L	
Aldicarb	11/12/15	.01	ug/L	
Aldrin	11/12/15	0.01	ug/L	
Aldrin + Dieldrin	11/12/15	<0.01	ug/L	
Atrazine + N-dealkylated metabolites	11/12/15	<0.01	ug/L	
Atrazine	11/12/15	0.01	Ug/l	
Dialdrin	11/12/15	.01	Ug/L	
Azinphos-methyl	11/12/15	<0.02	ug/L	
Bendiocarb	11/12/15	<0.1	ug/L	
Benzene	11/12/15	<0.32	ug/L	
Benzo(a)pyrene	11/12/15	<0.04	ug/L	
Bromoxynil	11/12/15	<0.33	ug/L	
Carbaryl	11/12/15	<0.01	ug/L	
Carbofuran	11/12/15	<0.01	ug/L	
Carbon Tetrachloride	11/12/15	<0.41	ug/L	
Chlordane (Total)	11/12/15	<0.01	ug/L	
A-Chlordane	11/12/15	0.01	ug/L	
G-Chlordane	11/12/15	0.01	ug/L	
Oxychlordane	11/12/15	0.01	ug/L	
Chlorpyrifos	11/12/15	<0.02	ug/L	
Cyanazine	11/12/15	<0.18	ug/L	
Desethyl Atrazine	11/12/15	0.03	ug/L	
Diazinon	11/12/15	<0.02	ug/L	
Dicamba	11/12/15	<0.2	ug/L	
1,2-Dichlorobenzene	11/12/15	<0.41	ug/L	
1,4-Dichlorobenzene	11/12/15	<0.36	ug/L	
Dichlorodiphenyltrichloroethane (DDT) + metabolites	11/12/15	<0.01	ug/L	
Op-DDT	11/12/15	0.01	ug/L	
1,2-Dichloroethane	11/12/15	<0.43	ug/L	
1,1-Dichloroethylene (vinylidene chloride)	11/12/15	<0.41	ug/L	
Dichloromethane	11/12/15	<0.35	ug/L	
2-4 Dichlorophenol	11/12/15	<0.15	ug/L	
2,4-Dichlorophenoxy acetic acid (2,4-D)	11/12/15	<.019	ug/L	
Diclofop-methyl	11/12/15	<0.4	ug/L	
Dimethoate	11/12/15	<0.03	ug/L	
Dinoseb	11/12/15	<0.36	ug/L	

Diquat	11/12/15	1	ug/L	
Diuron	11/12/15	.03	ug/L	
Glyphosate	11/12/15	1	ug/L	
Heptachlor + Heptachlor Epoxide	11/12/15	0.01	ug/L	
Heptachlor	11/12/15	0.01	Ug/l	
Heptachlor epoxide	11/12/15	0.01	Ug/l	
Lindane (Total)	11/12/15	<0.01	ug/L	
Malathion	11/12/15	<0.02	ug/L	
Methoxychlor	11/12/15	<0.01	ug/L	
Metolachlor	11/12/15	<0.01	ug/L	
Metribuzin	11/12/15	<0.02	ug/L	
Monochlorobenzene	11/12/15	<0.30	ug/L	
pp-DDD	11/12/15	0.01	ug/L	
pp-DDE	11/12/15	0.01	ug/L	
pp-DDT	11/12/15	0.01	ug/L	
Paraquat	11/12/15	1	ug/L	
Parathion	11/12/15	.02	ug/L	
Pentachlorophenol	11/12/15	<0.15	ug/L	
Phorate	11/12/15	<0.01	ug/L	
Picloram	11/12/15	1	ug/L	
Polychlorinated Biphenyls(PCB)	11/12/15	<0.04	ug/L	
Prometryne	11/12/15	<0.03	ug/L	
Simazine	11/12/15	<0.1	ug/L	
THM (NOTE: show latest annual average)				
Temephos	11/12/15	<0.01	ug/L	
Terbufos	11/12/15	<0.01	ug/L	
Tetrachloroethylene	11/12/15	<0.35	ug/L	
2,3,4,6-Tetrachlorophenol	11/12/15	<0.14	ug/L	
Triallate	11/12/15	<0.01	ug/L	
Trichloroethylene	11/12/15	<0.44	ug/L	
2,4,6-Trichlorophenol	11/12/15	<0.25	ug/L	
2,4,5-Trichlorophenoxy acetic acid (2,4,5-T)	11/12/15	.22	ug/L	
Trifluralin	11/12/15	<0.02	ug/L	
Vinyl Chloride	11/12/15	<0.17	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

(Only if DWS category is large municipal residential, small municipal residential, large municipal non residential, non municipal year round residential, large non municipal non residential)