

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

<b>Drinking-Water System Number:</b>	260047125
<b>Drinking-Water System Name:</b>	Camp Everton (Ranger's House) Well Supply
<b>Drinking-Water System Owner:</b>	Scout Canada, Camp Everton
<b>Drinking-Water System Category:</b>	Small, Non Municipal, Non Residential
<b>Period being reported:</b>	April 1, 2019 -March 31, 2020

<p><b><u>Complete if your Category is Large Municipal Residential or Small Municipal Residential</u></b></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><a href="http://nwproperties.scouter.ca/pdf/water-report-april-2019-march-2020-ranger.pdf">http://nwproperties.scouter.ca/pdf/water-report-april-2019-march-2020-ranger.pdf</a></p> <p>or Camp Everton 5283 7<sup>th</sup> Line, Guelph-Eramosa Twsp</p> </div>	<p><b><u>Complete for all other Categories.</u></b></p> <p>Number of Designated Facilities served:  <div style="border: 1px solid black; width: 100px; text-align: center; padding: 2px;">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: 100px; text-align: center; padding: 2px;">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>
--	---

**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.

- 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 solenoid valve ~ \$ 1000.

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 13/17

**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	11*	0-0	0-68		
Treated					
Distribution	11*	0-0	0-0		

- Sept 19 courier was a full day late at the lab- not processed.

**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	16/04/19	.009	ug/L	
Arsenic	16/04/19	1	ug/L	
Barium	16/04/19	92.7	ug/L	
Boron	16/04/19	9	ug/L	
Cadmium	16/04/19	.067	ug/L	
Chromium	16/04/19	<.083	ug/L	
Lead	19/12/17	0.11	ug/L	
Mercury	16/04/19	0.01	ug/L	
Selenium	16/04/19	.04	ug/L	
Sodium	19/12/17	5.98	mg/L	
Uranium	16/04/19	.002	ug/L	
Fluoride	19/12/17	0.09	mg/L	

<b>Nitrite</b>	18/04/19	0.003	mg/L	
	26/07/19	<0.003	mg/L	
	25/10/19	<0.003	mg/L	
	23/01/20	<0.003	mg/L	
<b>Nitrate</b>	18/04/19	0.047	mg/L	
	26/07/19	0.079	mg/L	
	25/10/19	0.098	mg/L	
	23/01/20	0.060	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	16/04/19	<0.02	ug/L	
Atrazine + N-dealkylated metabolites	16/04/19	<0.01	ug/L	
Atrazine	16/04/19	0.01	Ug/l	
Azinphos-methyl	16/04/19	<0.05	ug/L	
Benzene	16/04/19	<0.32	ug/L	
Benzo(a)pyrene	16/04/19	<0.004	ug/L	
Bromoxynil	16/04/19	<0.33	ug/L	
Carbaryl	16/04/19	<0.05	ug/L	
Carbofuran	16/04/19	<0.01	ug/L	
Carbon Tetrachloride	16/04/19	<0.41	ug/L	
Chlorpyrifos	16/04/19	<0.02	ug/L	
Desethyl Atrazine	16/04/19	0.01	ug/L	
Diazinon	16/04/19	<0.02	ug/L	
Dicamba	16/04/19	<0.2	ug/L	
1,2-Dichlorobenzene	16/04/19	<0.41	ug/L	
1,4-Dichlorobenzene	16/04/19	<0.36	ug/L	
1,2-Dichloroethane	16/04/19	<0.35	ug/L	
1,1-Dichloroethylene (vinylidene chloride)	16/04/19	<0.35	ug/L	
Dichloromethane	16/04/19	<0.35	ug/L	
2-4 Dichlorophenol	16/04/19	<0.15	ug/L	
2,4-Dichlorophenoxy acetic acid (2,4-D)	16/04/19	<.019	ug/L	
Diclofop-methyl	16/04/19	<0.4	ug/L	
Dimethoate	16/04/19	<0.06	ug/L	
Diquat	16/04/19	1	ug/L	
Diuron	16/04/19	.03	ug/L	
Glyphosate	16/04/19	1	ug/L	
Malathion	16/04/19	<0.02	ug/L	
Metolachlor	16/04/19	<0.01	ug/L	
Metribuzin	16/04/19	<0.02	ug/L	
Monochlorobenzene	16/04/19	<0.30	ug/L	

<b>Paraquat</b>	16/04/19	<b>1</b>	ug/L	
<b>Pentachlorophenol</b>	16/04/19	<b>&lt;0.15</b>	<b>ug/L</b>	
<b>Phorate</b>	16/04/19	<b>&lt;0.01</b>	<b>ug/L</b>	
<b>Picloram</b>	16/04/19	<b>1</b>	<b>ug/L</b>	
<b>Polychlorinated Biphenyls(PCB)</b>	16/04/19	<b>&lt;0.04</b>	<b>ug/L</b>	
<b>Prometryne</b>	16/04/19	<b>&lt;0.03</b>	<b>ug/L</b>	
<b>Simazine</b>	16/04/19	<b>&lt;0.01</b>	ug/L	
<b>Terbufos</b>	16/04/19	<b>&lt;0.01</b>	ug/L	
<b>Tetrachloroethylene</b>	16/04/19	<b>&lt;0.35</b>	ug/L	
<b>2,3,4,6-Tetrachlorophenol</b>	16/04/19	<b>&lt;0.2</b>	<b>ug/L</b>	
<b>Triallate</b>	16/04/19	<b>&lt;0.01</b>	<b>ug/L</b>	
Trichloroethylene	16/04/19	<0.44	ug/L	
<b>2,4,6-Trichlorophenol</b>	16/04/19	<b>&lt;0.15</b>	<b>ug/L</b>	
<b>Trifluralin</b>	16/04/19	<b>&lt;0.02</b>	<b>ug/L</b>	
<b>Vinyl Chloride</b>	16/04/19	<b>&lt;0.17</b>	<b>ug/L</b>	
<b>MCPA</b>	16/04/19	<b>.00012</b>	<b>ug/L</b>	

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)**