



OPTIONAL ANNUAL REPORT TEMPLATE

Drinking-Water System Number:	260047723
Drinking-Water System Name:	Camp Huronda
Drinking-Water System Owner:	Canadian Diabetes Association
Drinking-Water System Category:	Small non-municipal non-residential
Period being reported:	Jan 2011 Dec 2011

<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 [] No [x]</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; min-height: 100px;"> <p>Camp Huronda Maintenance and Facilities Office 125</p> </div>	<p><u>Complete for all other Categories.</u></p> <p>Number of Designated Facilities served:</p> <div style="border: 1px solid black; width: 100px; text-align: center; margin: 5px;">1</div> <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:</p> <div style="border: 1px solid black; width: 100px; text-align: center; margin: 5px;">2</div> <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
Camp Huronda	260047723

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 [x]



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

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

Two drilled wells. Four stage water treatment. Poly aluminum Chloride injection into the water for slight turbidity. Zeolite filters with auto back wash. Two parallel Micro filters then primary disifection ultra violet treatment with seconday disinfection with chlorine injection.

List all water treatment chemicals used over this reporting period

Chlorine 12% NSF
Soda ash
Poly Aluminum Chloride

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

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		
Treated	12	0	2	12	less 10
Distribution	12	0	0	12	less 10

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			
Chlorine	62	.07 1.08	Mg L
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				
Arsenic				
Barium				
Boron				
Cadmium				
Chromium				
*Lead	june 13 2011	.00069	MG L	
Mercury				
Selenium				
Sodium				
Uranium				
Fluoride				