



**OPTIONAL ANNUAL REPORT TEMPLATE**

<b>Drinking-Water System Number:</b>	<b>260092300</b>
<b>Drinking-Water System Name:</b>	<b>Varency Group Home Cistern System</b>
<b>Drinking-Water System Owner:</b>	<b>St-Leonard's Community Services</b>
<b>Drinking-Water System Category:</b>	<b>Small Non Municipal Non Residential</b>
<b>Period being reported:</b>	<b>April 1 2010 ----May 31 2011</b>

<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 [ ]</p> <p>Is your annual report available to the public at no charge on a web site on the Internet? Yes [ ] 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; height: 100px; width: 100%;"></div>	<p><b><u>Complete for all other Categories.</u></b></p> <p>Number of Designated Facilities served:</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> <p>Did you provide a copy of your annual report to all Designated Facilities you serve? Yes [ ] No [ ]</p> <p>Number of Interested Authorities you report to:</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 MCYS</div> <p>Did you provide a copy of your annual report to all Interested Authorities you report to for each Designated Facility? Yes [ <b>X</b> ] 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
<b>Haldimand County Nanticoke Treatment Facility</b>	

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**

**Water is delivered weekly and stored in our 3000 gal cistern which is then pumped into our facility. Installed before distribution is a WEDECO DRL UV system. Water is tested daily for Chlorine residual and annually for Lead**

**List all water treatment chemicals used over this reporting period**

**N/A**

**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**

**Replaced Uv Bulb..2011 \$130.00**  
**Lab Testing ...time and cost approx \$375.00**  
**Yrly UV System cleaning/Maintainance...approx \$500.00**

**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					
Treated					
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		
Chlorine	365	
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				



<b>Chromium</b>				
<b>*Lead</b>	May 30 2011	<1.0	Ug/L	
<b>Mercury</b>				
<b>Selenium</b>				
<b>Sodium</b>				
<b>Uranium</b>				
<b>Fluoride</b>				
<b>Nitrite</b>				
<b>Nitrate</b>				

\*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)

<b>Location Type</b>	<b>Number of Samples</b>	<b>Range of Lead Results (min#) – (max #)</b>	<b>Number of Exceedances</b>
<b>Plumbing</b>			
<b>Distribution</b>			

**Summary of Organic parameters sampled during this reporting period or the most recent sample results**

<b>Parameter</b>	<b>Sample Date</b>	<b>Result Value</b>	<b>Unit of Measure</b>	<b>Exceedance</b>
Alachlor				
Aldicarb				
Aldrin + Dieldrin				
Atrazine + N-dealkylated metabolites				
Azinphos-methyl				
Bendiocarb				
Benzene				
Benzo(a)pyrene				
Bromoxynil				
Carbaryl				
Carbofuran				
Carbon Tetrachloride				
Chlordane (Total)				
Chlorpyrifos				
Cyanazine				
Diazinon				
Dicamba				
1,2-Dichlorobenzene				



1,4-Dichlorobenzene				
Dichlorodiphenyltrichloroethane (DDT) + metabolites				
1,2-Dichloroethane				
1,1-Dichloroethylene (vinylidene chloride)				
Dichloromethane				
2-4 Dichlorophenol				
2,4-Dichlorophenoxy acetic acid (2,4-D)				
Diclofop-methyl				
Dimethoate				
Dinoseb				
Diquat				
Diuron				
Glyphosate				
Heptachlor + Heptachlor Epoxide				
Lindane (Total)				
Malathion				
Methoxychlor				
Metolachlor				
Metribuzin				
Monochlorobenzene				
Paraquat				
Parathion				
Pentachlorophenol				
Phorate				
Picloram				
Polychlorinated Biphenyls(PCB)				
Prometryne				
Simazine				
THM (NOTE: show latest annual average)				
Temephos				
Terbufos				
Tetrachloroethylene				
2,3,4,6-Tetrachlorophenol				
Triallate				
Trichloroethylene				
2,4,6-Trichlorophenol				
2,4,5-Trichlorophenoxy acetic acid (2,4,5-T)				
Trifluralin				
Vinyl Chloride				



**List any Inorganic or Organic parameter(s) that exceeded half the standard prescribed in Schedule 2 of Ontario Drinking Water Quality Standards.**

<b>Parameter</b>	<b>Result Value</b>	<b>Unit of Measure</b>	<b>Date of Sample</b>