

#### **OPTIONAL ANNUAL REPORT TEMPLATE**

Drinking Water System Number:	220008783
Drinking Water System Name:	Arbourjade Trailer Park Well Supply
Drinking Water System Owner:	2784939 Ontario Inc.
<b>Drinking Water System Category:</b>	Non Municipal Year Round
Period being reported:	January 1, 2021 to December 31, 2021

Complete if your Category is Large	Complete for all other Categories
Municipal Residential or Small Municipal	
<u>Residential</u>	
	Number of Designated Facilities served:
<b>Does your Drinking Water System serve</b>	
more than 10,000 people? Yes [] No [x]	
	Did you provide a copy of your annual
Is your annual report available to the public	report to all Designated Facilities you
at no charge on a web site on the Internet?	serve? Yes[] No[]
Yes [ ] No [ x ]	
	Number of Interested Authorities you
<b>Location where Summary Report required</b>	report to:
under O. Reg. 170/03 Schedule 22 will be	·
available for inspection.	Did you provide a copy of your annual
·	report to all Interested Authorities you
	report to for each Designated Facility?
Www.arbourjadepark.com	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 their drinking water from your system:

Drinking Water System Name	Drinking Water System Number	
NONE	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 drinking water? Yes  $[\ ]$  No  $[\ x\ ]$ 

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charge	).	notified system users	•	r annual re	eport is available ar	nd is free of
[] [] [] []	Public according Public Pub	ess/notice via Govern ess/notice via a news  ess/notice via Public I ess/notice via a Public ess/notice via other m	ment Offi paper Request c Library		he public mailbox	
De	scribe your	Drinking Water Syste	em			
Drille	ed well pum	ping to a holding tank fo	or chlorina	ation and di	stribution by dual jet	pumps.
Lis	t all water t	reatment chemicals u	sed over	this report	ting period	
_	orine on Resin					
We	[ ] Install r [ ] Repair	nificant expenses incurequired equipment required equipment e required equipment	rred to?			
Ple	ase provid	e a brief description a	nd a brea	akdown of	monetary expenses	s incurred
Sat		s on the notices subn Water Act or section				• •
	ncident	Parameter	Result	Unit of	Corrective Action	Corrective

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Date			Measure		Action Date
02/02/202 1	Microbiological due to suspected leak and discolouration of water reported by tenant	Well: Abse nt  Distri butio n:  Abse nt  HPC (1) Abse nt  HPC( 0) Abse nt	p/a/ 100mL CFU/ mL p/a/ 100mL	Retesting of Microbiological for well and distribution at source of complaint and furthest point in the distribution system  BOA (Boil Water Advisory) issued to tenants while sample was sent to ALS labs.  Subsequent results show no further action required	02/04/2021
03/04/202	Sodium exceedance	21.5	mg/l	Retestings and issuing of sodium exceedance notice to tenants	

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 Results (min #)-(max #)	Range of Total Coliform Results (min #)-(max #)	Number of HPC Samples	Range of HPC Results (min #)-(max #)
Raw	12	Not detected	Not detected	27	Not detected
Treated					
Distribution	27	Not detected	Not detected		Not detected

Operational testing done under Schedule 7, 8 or 9 of Regulation 170/03 during the period covered by this Annual Report.

	Number of	Range of	Unit of
	Grab Samples	Results	Measure
	_	(min #)-(max #)	
Turbidity	365	0.11 - 0.44	NTU
Chlorine	365	0.29 - 1.8	Mg/L
Fluoride (If the DWS provides fluoridation)			

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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	5/25/20	<0.60	ug/L	NO
Arsenic	5/25/20	<1.0	ug/L	NO
Barium	5/25/20	42	ug/L	NO
Boron	5/25/20	<50	ug/L	NO
Cadmium	5/25/20	<0.10	ug/L	NO
Chromium	5/25/20	<1.0	ug/L	NO
*Lead				
Mercury	5/25/20	<0.10	ug/L	NO
Selenium	5/25/20	<5.0	ug/L	NO
Sodium				
Uranium	5/25/20	<5.0	ug/L	No
Fluoride	5/22/20	0.107	mg/L	NO
Nitrite	11/30/21	<0.010	mg/L	NO
Nitrate	11/30/21	1.72	mg/L	NO

<sup>\*</sup>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)

Location Type	Number of Samples	Range of Lead Results (min#) – (max #)	Unit of Measure	Number of Exceedances
Plumbing				
Distribution				

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

Parameter	Sample	Result	Unit of	Exceedance
	Date	Value	Measure	
Alachlor	6/1/20	<0.10	ug/L	NO
Atrazine + N-dealkylated metobolites	6/1/20	<0.20	ug/L	NO
Azinphos-methyl	6/1/20	<0.10	ug/L	NO

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Benzene	5/26/20	< 0.50	ug/L	NO
Benzo(a)pyrene	6/1/20	<0.005	ug/L	NO
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Bromoxynil	5/25/20	<0.20	ug/L	NO
Carbaryl	6/1/20	<0.20	ug/L	NO
Carbofuran	6/1/20	<0.20	ug/L	NO
Carbon Tetrachloride	5/26/20	<0.20	ug/L	NO
Chlorpyrifos	6/1/20	< 0.10	ug/L	NO
Diazinon	6/1/20	< 0.10	ug/L	NO
Dicamba	5/25/20	< 0.20	ug/L	NO
1,2-Dichlorobenzene	5/26/20	< 0.50	ug/L	NO
1,4-Dichlorobenzene	5/26/20	< 0.50	ug/L	NO
1,2-Dichloroethane	5/26/20	< 0.50	ug/L	NO
1,1-Dichloroethylene	5/26/20	< 0.50	ug/L	NO
(vinylidene chloride)	-100100			3.70
Dichloromethane	5/26/20	<5.0	ug/L	NO
2-4 Dichlorophenol	6/25/20	<0.30	ug/L	NO
2,4-Dichlorophenoxy acetic acid (2,4-D)	5/25/20	103	%	NO
Diclofop-methyl	6/1/20	<0.20	ug/L	NO
Dimethoate	6/1/20	<0.10	ug/L	NO
Diquat	5/22/20	<1.0	ug/L	NO
Diuron	5/22/20	<1.0	ug/L	NO
Glyphosate	5/27/20	<5.0	ug/L	NO
HAAs (Note: show latest running annual average)	11/30/202	<2.2	ug/L	NO
Lindane (Total)	6/1/20	< 0.10	ug/L	NO
Malathion	6/1/20	< 0.10	ug/L	NO
Metolachlor	6/1/20	< 0.10	ug/L	NO
Metribuzin	6/1/20	< 0.10	ug/L	NO
Monochlorobenzene	5/26/20	< 0.50	ug/L	NO
Paraquat	5/22/20	<1.0	ug/L	NO
Pentachlorophenol	6/25/20	< 0.50	ug/L	NO
Phorate	6/1/20	< 0.10	ug/L	NO
Picloram	5/25/20	<0.20	ug/L	NO
Polychlorinated Biphenyls(PCB)	6/2/20	< 0.035	ug/L	NO
Prometryne	6/1/20	<0.10	ug/L	NO
Simazine	6/1/20	<0.10	ug/L	NO
Terbufos	6/1/20	<0.20	ug/L	NO
Tetrachloroethylene (perchloroethylene)	5/26/20	<0.50	ug/L	NO
2,3,4,6-Tetrachlorophenol	6/25/20	<0.50	ug/L	NO
THMs (Note: show latest running annual average)	11/26/202 1	<4.0	ug/L	NO
Triallate	6/1/20	<0.10	ug/L	NO
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Trichloroethylene	5/26/20	<0.50	ug/L	NO
2,4,6-Trichlorophenol	6/25/20	<0.50	ug/L	NO
Trifluralin	6/1/20	<0.10	ug/L	NO
Vinyl Chloride	5/26/20	<0.20	ug/L	NO

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

Notes: Sodium sample was not performed by the previous owner. Therefore MoE water inspector (Carolyn Lacroix) directed the new owner to use results from 2015 and to make a note that 2020 results were missed.