

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

Part III Form 2

Section 11. ANNUAL REPORT.

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|--|-----------------------------------|
| Drinking-Water System Number: | 260094770 |
| Drinking-Water System Name: | Hilltop Water |
| Drinking-Water System Owner: | Community Living for South Simcoe |
| Drinking-Water System Category: | SNMYR |
| Period being reported: | April 1, to March 31, 2016/17 |

| | |
|---|--|
| <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 <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Is your annual report available to the public at no charge on a web site on the Internet? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></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>125 Dufferin Street South Alliston, Ontario L9R 1E9</p> </div> | <p><u>Complete for all other Categories.</u></p> <p>Number of Designated Facilities served: <div style="border: 1px solid black; display: inline-block; width: 50px; text-align: center;">1</div></p> <p>Did you provide a copy of your annual report to all Designated Facilities you serve? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Number of Interested Authorities you report to: <div style="border: 1px solid black; display: inline-block; width: 50px; text-align: center;">3</div></p> <p>Did you provide a copy of your annual report to all Interested Authorities you report to for each Designated Facility? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></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 |
|-------------------------------|------------------------------|
| Hilltop Residence Well Supply | 260094770 |

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

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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 email

Describe your Drinking-Water System

Drilled well, Water supply to house, UV light, 5 micron filter, Water softner, filter system at drinking water

List all water treatment chemicals used over this reporting period

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 UV lamp, replace filters,

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 |
|---------------|-----------|--------|-----------------|-------------------|------------------------|
| | | | mg/L | | |
| | | | mg/L | | |

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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 | 12 | 0>0 | 0>0 | | |
| Treated | 26 | 0>0 | 0>0 | | |
| Distribution | 26 | 0 - 0 | 0 - 0 | | |

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 | | |
| 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 | | | | |
| Chromium | | | | |
| Lead | | | | |
| Mercury | | | | |
| Selenium | | | | |
| Sodium | | | | |
| Uranium | | | | |
| Fluoride | | | | |

| | | | | |
|---------|--|--|--|--|
| Nitrite | | | | |
| Nitrate | | | | |

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 | | | | |
| 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.

| 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)