



**OPTIONAL ANNUAL REPORT TEMPLATE**

<b>Drinking-Water System Number:</b>	260034918
<b>Drinking-Water System Name:</b>	RKY Camp Well Supply
<b>Drinking-Water System Owner:</b>	RKY Camp
<b>Drinking-Water System Category:</b>	Small Non-Municipal Non-Residential
<b>Period being reported:</b>	01/01/2020 – 12/31/2020
	NOTE: RKY was closed to the public from March until December 2020

<p><b><u>Complete if your Category is Large Municipal Residential or Small Municipal Residential</u></b></p> <p><b>Does your Drinking-Water System serve more than 10,000 people? Yes [ ] No [x]</b></p> <p><b>Is your annual report available to the public at no charge on a web site on the Internet? Yes [x] No [ ]</b></p> <p><b>Location where Summary Report required under O. Reg. 170/03 Schedule 22 will be available for inspection.</b></p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <p><a href="https://www.rkycamp.org/health-safety">https://www.rkycamp.org/health-safety</a></p> </div>	<p><b><u>Complete for all other Categories.</u></b></p> <p><b>Number of Designated Facilities served:</b></p> <div style="border: 1px solid black; width: 100px; text-align: center; margin: 5px 0;">0</div> <p><b>Did you provide a copy of your annual report to all Designated Facilities you serve? Yes [ ] No [ x ]</b></p> <p><b>Number of Interested Authorities you report to:</b></p> <div style="border: 1px solid black; width: 100px; text-align: center; margin: 5px 0;">0</div> <p><b>Did you provide a copy of your annual report to all Interested Authorities you report to for each Designated Facility? Yes [ ] No [ x ]</b></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:**

<b>Drinking Water System Name</b>	<b>Drinking Water System Number</b>
RKY Camp Well Supply	260034918

**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 ]**

**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**

See Appendices

These locations are:

- The RKY Camp Homestead (Year Round)
  - o Kitchen
  - o Bathrooms
  - o Showers
- Abenaki (Director's Private Residence) (Year Round)
- Composters – Hand Washing (Spring, Summer, Fall)
- Camper Showers (Spring, Summer, Fall)
- Camper Hand washing Station/Trough - (Spring, Summer, Fall)
- Two Drinking Fountains
  - o Archery Area - (Spring, Summer, Fall)
  - o Nature Shed - (Spring, Summer, Fall)
- Wellness Centre/Cottage - (Spring, Summer, Fall)

Wastewater is then diverted to the RKY Camp septic systems which are located:

- Homestead/Poti Law Bed
- Archery Field Bed
- Wellness Centre Bed



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

- Javex 12

**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**

AWQI #	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 #)
<b>Raw: RKY Camp Well #1</b>					
	5	0	0	5	0-6
<b>Distribution: Trough (Did not open in 2020)</b>					
<b>Distribution: Kitchen</b>					
	5	0	0	5	0
<b>Distribution: Wellness Centre (Did not open to public in 2020)</b>					
	1	0	0	1	0
<b>Distribution: Compoosters (Did not open in 2020)</b>					
<b>Treated: Post UV</b>					
	3	N02/N03 - <0.10 - 0.18			



**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
<b>Turbidity</b>	N/A	See EER -2014	Pg 7/8
<b>Chlorine Residual Distribution System (Kitchen)</b>	<b>Records unavailable for this time period</b>		mg/L
<b>Chlorine Treated Water System (Trough - Seasonal)</b>			mg/L
<b>Chlorine Treated Water (Compoosters – Seasonal)</b>			mg/L

*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**

**TREATED WATER – RKY KITCHEN**

Parameter	Sample Date	Result Value	Unit of Measure	Exceedance
<b>Antimony</b>	09/18/2018	See attached appendices for all results	mg/L	No
<b>Arsenic</b>	09/18/2018		mg/L	No
<b>Barium</b>	09/18/2018		mg/L	No
<b>Boron</b>	09/18/2018		mg/L	No
<b>Cadmium</b>	09/18/2018		mg/L	No
<b>Chromium</b>	09/18/2018		mg/L	No
<b>*Lead</b>	09/18/2018		mg/L	No
<b>Mercury</b>	09/18/2018		mg/L	No
<b>Selenium</b>	09/18/2018		mg/L	No
<b>Sodium</b>	10/10/2018		mg/L	<b>Yes</b>

Uranium	09/18/2018		mg/L	No
Fluoride	09/18/2018		mg/L	No
Nitrite	09/18/2018		mg/L	No
Nitrate	09/18/2018		mg/L	No

\*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	1	<0.001	mg/L	None
Distribution	1	<0.001	mg/L	None

### 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	09/18/2018		ug/L	No
Aldicarb	09/18/2018		ug/L	No
Aldrin + Dieldrin	09/18/2018		ug/L	No
Atrazine + N-dealkylated metabolites	09/18/2018		ug/L	No
Azinphos-methyl	09/18/2018		ug/L	No
Bendiocarb	09/18/2018		ug/L	No
Benzene	09/18/2018		ug/L	No
Benzo(a)pyrene	09/18/2018		ug/L	No
Bromoxynil	09/18/2018		ug/L	No
Carbaryl	09/18/2018		ug/L	No
Carbofuran	09/18/2018		ug/L	No
Carbon Tetrachloride	09/18/2018		ug/L	No
Chlordane (Total)	09/18/2018		ug/L	No
Chlorpyrifos	09/18/2018		ug/L	No
Cyanazine	09/18/2018		ug/L	No
Diazinon	09/18/2018		ug/L	No
Dicamba	09/18/2018		ug/L	No
1,2-Dichlorobenzene	09/18/2018		ug/L	No
1,4-Dichlorobenzene	09/18/2018		ug/L	No
Dichlorodiphenyltrichloroethane (DDT) + metabolites	09/18/2018		ug/L	No
1,2-Dichloroethane	09/18/2018		ug/L	No
1,1-Dichloroethylene (vinylidene chloride)	09/18/2018		ug/L	No
Dichloromethane	09/18/2018		ug/L	No

2-4 Dichlorophenol	09/18/2018		ug/L	No
2,4-Dichlorophenoxy acetic acid (2,4-D)	09/18/2018		ug/L	No
Diclofop-methyl	09/18/2018		ug/L	No
Dimethoate	09/18/2018		ug/L	No
Dinoseb	09/18/2018		ug/L	No
Diquat	09/18/2018		ug/L	No
Diuron	09/18/2018		ug/L	No
Glyphosate	09/18/2018		ug/L	No
Heptachlor + Heptachlor Epoxide	09/18/2018		ug/L	No
Lindane (Total)	09/18/2018		ug/L	No
Malathion	09/18/2018		ug/L	No
Methoxychlor	09/18/2018		ug/L	No
Metolachlor	09/18/2018		ug/L	No
Metribuzin	09/18/2018		ug/L	No
Monochlorobenzene	09/18/2018		ug/L	No
Paraquat	09/18/2018		ug/L	No
Parathion	09/18/2018		ug/L	No
Pentachlorophenol	09/18/2018		ug/L	No
Phorate	09/18/2018		ug/L	No
Picloram	09/18/2018		ug/L	No
Polychlorinated Biphenyls(PCB)	09/18/2018		ug/L	No
Prometryne	09/18/2018		ug/L	No
Simazine	09/18/2018		ug/L	No
THM (NOTE: show latest annual average)	09/18/2018		-	-
Temephos	09/18/2018		ug/L	No
Terbufos	09/18/2018		ug/L	No
Tetrachloroethylene	09/18/2018		ug/L	No
2,3,4,6-Tetrachlorophenol	09/18/2018		ug/L	No
Triallate	09/18/2018		ug/L	No
Trichloroethylene	09/18/2018		ug/L	No
2,4,6-Trichlorophenol	09/18/2018		ug/L	No
2,4,5-Trichlorophenoxy acetic acid (2,4,5-T)	09/18/2018		ug/L	No
Trifluralin	09/18/2018		ug/L	No
Vinyl Chloride	09/18/2018		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
N/A in 2018			
N/A in 2018			