



**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>	01/01/2021 – 12/31/2021
	NOTE: RKY was closed to the public from January until July 2021. RKY operated a hosted family camping experience on site in July and August. RKY operated an overnight retreat for 15-16 year olds between August 22 <sup>nd</sup> – Sept 3 <sup>rd</sup> . RKY was closed to the public from September 4 <sup>th</sup> until December 31 <sup>st</sup> .

<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 [x]</p> <p>Is your annual report available to the public at no charge on a web site on the Internet? Yes [x] 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; padding: 5px;"> <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>Number of Designated Facilities served:</p> <div style="border: 1px solid black; width: 100px; text-align: center; margin: 5px;">0</div> <p>Did you provide a copy of your annual report to all Designated Facilities you serve? Yes [ ] No [ x ]</p> <p>Number of Interested Authorities you report to:</p> <div style="border: 1px solid black; width: 100px; text-align: center; margin: 5px;">0</div> <p>Did you provide a copy of your annual report to all Interested Authorities you report to for each Designated Facility? Yes [ ] No [ x ]</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
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
- Abenaki (Director's Private Residence) (Year Round)
- Outdoor Centre (Staff only water access – Staff showers and bathrooms)
- 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 #)
Raw: RKY Camp Well #1					
	4		0	5	0-61
Distribution: Trough					
	3				0-89
Distribution: Kitchen					
	4	0	0	5	0-190
Distribution: Wellness Centre (Did not open to public in 2020)					
	3	0	0	1	0-501
Distribution: Compoosters (Did not open in 2020)					
	3	0	0		0-45
Treated: Post UV					
	1	N02/N03 - <0.10			

**0-45**



**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>	<b>N/A</b>	<b>See EER -2014</b>	<b>Pg 7/8</b>
<b>Chlorine Residual Distribution System (Kitchen)</b>		<b>Data unavailable due to missing log sheets from this time period</b>	<b>mg/L</b>

*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
Antimony	09/18/2018	See attached appendices for all results	mg/L	No
Arsenic	09/18/2018		mg/L	No
Barium	09/18/2018		mg/L	No
Boron	09/18/2018		mg/L	No
Cadmium	09/18/2018		mg/L	No
Chromium	09/18/2018		mg/L	No
*Lead	09/18/2018		mg/L	No
Mercury	09/18/2018		mg/L	No
Selenium	09/18/2018		mg/L	No
Sodium	10/10/2018		mg/L	Yes
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

### 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



<b>Triallate</b>	09/18/2018		<b>ug/L</b>	<b>No</b>
<b>Trichloroethylene</b>	09/18/2018		<b>ug/L</b>	<b>No</b>
<b>2,4,6-Trichlorophenol</b>	09/18/2018		<b>ug/L</b>	<b>No</b>
<b>2,4,5-Trichlorophenoxy acetic acid (2,4,5-T)</b>	09/18/2018		<b>ug/L</b>	<b>No</b>
<b>Trifluralin</b>	09/18/2018		<b>ug/L</b>	<b>No</b>
<b>Vinyl Chloride</b>	09/18/2018		<b>ug/L</b>	<b>No</b>

**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>