



**Ontario Clean Water Agency**  
**Agence Ontarienne Des Eaux**

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**LORETTO HEIGHTS  
WELL SUPPLY SYSTEM**

**ONTARIO REGULATION 170/03**

**Section 11**

**ANNUAL REPORT**

**For the Period of**

**May 4, 2009 to December 31, 2009**

Prepared for The Corporation of the Township of Adjala-Tosorontio

By the Ontario Clean Water Agency



**OPTIONAL ANNUAL REPORT TEMPLATE**

<b>Drinking-Water System Number:</b>	<b>220005045</b>
<b>Drinking-Water System Name:</b>	Loretto Heights Well Supply System
<b>Drinking-Water System Owner:</b>	The Corporation of the Township of Adjala-Tosorontio
<b>Drinking-Water System Category:</b>	Small Municipal Residential
<b>Period being reported:</b>	May 4, 2009 to December 31, 2009

<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; margin-top: 10px;"> <p>Summary Report is available for inspection at the Township of Adjala-Tosorontio Municipal Office located at 7855 Sideroad 30, Alliston, ON</p> </div>	<p><b><u>Complete for all other Categories.</u></b></p> <p>Number of Designated Facilities served:  <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> </p> <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: <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div></p> <p>Did you provide a copy of your annual report to all Interested Authorities you report to for each Designated Facility? Yes [ ] 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
Not applicable	Not applicable

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 [ NA ]



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**

The Loretto Heights water system is classified as a Small Municipal Residential water system that currently serves approximately 26 homes. Water is supplied via one municipal well and pumphouse. Inspections and maintenance duties are conducted by Ontario Clean Water Agency staff on a regular basis to maintain compliance with Ontario Regulation 170/03 to ensure that Loretto’s water supply is safe to drink.

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

Sodium Hypochlorite 12% Solution NSF, Disinfection

**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**

Expenses incurred which were in addition to normal operating costs:

1. Drinking Water Quality Management System Multi-Facility Operational Plan
2. Community Lead Testing Program
3. Data Logger
4. Well Level Indicator

**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
July 8, 2009 (AWQI# 89159)	Low Free Chlorine Residual on Treated Water (Due to plugged hypo line)	<0.20	mg/L	Oral and Written Notification and Disinfection Restored	July 8, 2009



October 6, 2009 (AWQI# 91683)	Low Free Chlorine Residual on Treated Water (Due to Equipment Problem)	<0.20	mg/L	Oral and Written Notification and Disinfection Restored	October 6, 2009
December 2, 2009 (AWQI# 92598)	Low System Pressure (Due to Equipment Problem)			Oral and Written Notification and Pressure Restored	December 2, 2009

**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	8	0 - 0	0 - 0		
Distribution	18	0 - 0	0 - 0	18	0 - 6

**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 #)
Raw Turbidity	7	0.10 – 0.64 NTU
Treated Turbidity	8760	0.00 – 3.07 NTU
Treated Free Chlorine Residual	8760	0.00 * – 5.01 mg/L
Distribution Free Chlorine Residual	76	0.32 – 2.70 mg/L
Fluoride (If the DWS provides fluoridation)	N/A	

*NOTE: For continuous monitors use 8760 as the number of samples.*

\* Treated Free Chlorine Residual of 0.00 and 5.01 (due to power failure or calibration of analyzer/probes).

*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
No Additional Testing and or Sampling Required				

**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	2009/07/21	<0.005	mg/L	No
Nitrite	2009/10/06	<0.005	mg/L	No
Nitrate	2009/07/21	<0.013	mg/L	No
Nitrate	2009/10/06	<0.013	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 #)	Number of Exceedances
Plumbing	2	0.43 – 0.92 ug/L	0
Distribution	1	0.56 ug/L	0

**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				



<b>Bendiocarb</b>				
<b>Benzene</b>				
<b>Benzo(a)pyrene</b>				
<b>Bromoxynil</b>				
<b>Carbaryl</b>				
<b>Carbofuran</b>				
<b>Carbon Tetrachloride</b>				
<b>Chlordane (Total)</b>				
<b>Chlorpyrifos</b>				
<b>Cyanazine</b>				
<b>Diazinon</b>				
<b>Dicamba</b>				
<b>1,2-Dichlorobenzene</b>				
<b>1,4-Dichlorobenzene</b>				
<b>Dichlorodiphenyltrichloroethane (DDT) + metabolites</b>				
<b>1,2-Dichloroethane</b>				
<b>1,1-Dichloroethylene (vinylidene chloride)</b>				
<b>Dichloromethane</b>				
<b>2,4 Dichlorophenol</b>				
<b>2,4-Dichlorophenoxy acetic acid (2,4-D)</b>				
<b>Diclofop-methyl</b>				
<b>Dimethoate</b>				
<b>Dinoseb</b>				
<b>Diquat</b>				
<b>Diuron</b>				
<b>Glyphosate</b>				
<b>Heptachlor + Heptachlor Epoxide</b>				
<b>Lindane (Total)</b>				
<b>Malathion</b>				
<b>Methoxychlor</b>				
<b>Metolachlor</b>				
<b>Metribuzin</b>				
<b>Monochlorobenzene</b>				
<b>Paraquat</b>				
<b>Parathion</b>				
<b>Pentachlorophenol</b>				
<b>Phorate</b>				
<b>Picloram</b>				
<b>Polychlorinated Biphenyls(PCB)</b>				
<b>Prometryne</b>				
<b>Simazine</b>				



<b>THM</b> (NOTE: shows latest annual average which includes Feb and April results sampled by Township of Adjala-Tosorontio Staff)	2009	58.4*	ug/L	No
<b>Temephos</b>				
<b>Terbufos</b>				
<b>Tetrachloroethylene</b>				
<b>2,3,4,6-Tetrachlorophenol</b>				
<b>Triallate</b>				
<b>Trichloroethylene</b>				
<b>2,4,6-Trichlorophenol</b>				
<b>2,4,5-Trichlorophenoxy acetic acid (2,4,5-T)</b>				
<b>Trifluralin</b>				
<b>Vinyl Chloride</b>				

**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
No Parameters exceeded half the standard prescribed in Schedule 2 for the Loretto Heights Well Supply System.			