



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

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**RAINBOW ESTATES  
WELL SUPPLY SYSTEM**

**ONTARIO REGULATION 170/03**

**Section 11**

**ANNUAL REPORT**

**For the Period of**

**April 17, 2009 to November 23, 2009**

Prepared for Owner  
c/o The Corporation of the Township of Essa

By the Ontario Clean Water Agency



**OPTIONAL ANNUAL REPORT TEMPLATE**

<b>Drinking-Water System Number:</b>	<b>260024232</b>
<b>Drinking-Water System Name:</b>	Rainbow Estates Well Supply System
<b>Drinking-Water System Owner:</b>	Unknown c/o The Corporation of the Township of Essa
<b>Drinking-Water System Category:</b>	Non-Municipal Year Round Residential
<b>Period being reported:</b>	April 17, 2009 to November 23, 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 [ ]</p> <p>Is your annual report available to the public at no charge on a web site on the Internet? Yes [ ] 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; height: 100px; width: 100%;"></div>	<p><b><u>Complete for all other Categories.</u></b></p> <p>Number of Designated Facilities served:  <div style="border: 1px solid black; padding: 2px; display: inline-block;">NA</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; padding: 2px; display: inline-block;">NA</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 Rainbow Estates Well Supply System is classified as a Non-Municipal Year Round Residential water system. Water is supplied from one flowing artesian, drilled well source located at 62 Brentwood Road in Lot 19, Concession 1 in the Township of Essa. There is no treatment (disinfection) for the well supply. Drinking water is discharged by the well at system pressure to the distribution (plumbing) system. Sampling duties are conducted by Ontario Clean Water Agency staff on a regular basis to maintain compliance with Ontario Regulation 170/03 to ensure that the water supply is safe to use.

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

There is no treatment (disinfection) used in this water system.

**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**

No significant expenses incurred in this reporting period.

**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
NA					



**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	18	0 - 0	0 - 0		
Distribution	31	0 - 0	0 - 0	31	0 - 78

**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	NA	
Treated Turbidity	NA	
Treated Free Chlorine Residual	NA	
Distribution Free Chlorine Residual	NA	
Fluoride (If the DWS provides fluoridation)	NA	

*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
N/A				

**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				



<b>Chromium</b>				
<b>*Lead</b>				
<b>Mercury</b>				
<b>Selenium</b>				
<b>Sodium</b>				
<b>Uranium</b>				
<b>Fluoride</b>				
<b>Nitrite</b>	2009/05/05	0.022	mg/L	No
<b>Nitrite</b>	2009/07/28	<0.005	mg/L	No
<b>Nitrite</b>	2009/10/06	<0.005	mg/L	No
<b>Nitrate</b>	2009/05/05	0.082	mg/L	No
<b>Nitrate</b>	2009/07/28	0.025	mg/L	No
<b>Nitrate</b>	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)

<b>Location Type</b>	<b>Number of Samples</b>	<b>Range of Lead Results (min#) – (max #)</b>	<b>Number of Exceedances</b>
<b>Plumbing</b>	Relief from Regulatory Requirements Certificate of Approval #PB260024232RR-01		
<b>Distribution</b>			

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

<b>Parameter</b>	<b>Sample Date</b>	<b>Result Value</b>	<b>Unit of Measure</b>	<b>Exceedance</b>
<b>Alachlor</b>				
<b>Aldicarb</b>				
<b>Aldrin + Dieldrin</b>				
<b>Atrazine + N-dealkylated metabolites</b>				
<b>Azinphos-methyl</b>				
<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 January 2009 result sampled by Thompson Rosemont Group)	2009	<0.36*	ug/L	No
<b>Temephos</b>				
<b>Terbufos</b>				
<b>Tetrachloroethylene</b>				
<b>2,3,4,6-Tetrachlorophenol</b>				
<b>Triallate</b>				



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
N/A			