

**Part III Form 2**

**Section 11. ANNUAL REPORT.**

<b>Drinking-Water System Number:</b>	250002207
<b>Drinking-Water System</b>	Skead Heritage Homes Inc. System
<b>Drinking-Water System Owner:</b>	Skead Heritage Homes Inc.
<b>Drinking-Water System Category:</b>	Non-Municipal Year Round Residential
<b>Period being reported:</b>	From 2008-01-01 To 2008-12-31

<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 <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>www.greatersudbury.ca TDS-Engineering Department</p> </div>	<p><b><u>Complete for all other Categories.</u></b></p> <p>Number of Designated Facilities served: <input type="text" value="0"/></p> <p>Did you provide a copy of your annual report to all Designated Facilities you serve? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Number of Interested Authorities you report to: <input type="text" value="0"/></p> <p>Did you provide a copy of your annual report to all Interested Authorities you report to for each Designated Facility? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></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

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

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/Citizen Service Centre
- Public access/notice via other method

**Describe your Drinking-Water System**

In June 2006, by Provincial order, the City of Greater Sudbury was required to provide service for a municipal drinking-water system to the fourteen (14) residences of Skead Heritage Homes Inc. The drinking-water system consists of a 4.57m deep groundwater production well. The water is disinfected with sodium hypochlorite at the pumphouse before it enters the distribution system. The distribution system is comprised of two (2) fifty millimeter (50mm) watermain servicing the fourteen (14) homes.

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

Sodium Hypochlorite

**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**

New Well System - Preliminary Design & Site Investigation - \$37,000

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

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: SKEAD WELL #1</b>					
	66	0 to 1	0 to 261		
<b>Treated: PUMP HOUSE</b>					
	63	0 to 0	0 to 0	63	0 to 1500
<b>Distribution</b>					
	114	0 to 0	0 to 0	113	0 to 40

**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 #)
Chlorine Residual Distribution System	105	0.20 - 1.49 mg/L

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

**PUMP HOUSE**

Turbidity	365	0.08 - 0.30 NTU
Chlorine	365	0.53 - 2.68 mg/L
Fluoride (If the DWS provides fluoridation)		

*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 or 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 most recent sample results**

Parameter	Sample Date	Result Value	Unit of Measure	Exceedance
Lead	2008/12/22	0.001	mg/L	No

**PUMP HOUSE**

Parameter	Sample Date	Result Value	Unit of Measure	Exceedance
Antimony	2006/07/12	0.0005	mg/L	No
Arsenic	2006/07/12	0.001	mg/L	No
Barium	2006/07/12	0.0044	mg/L	No
Boron	2006/07/12	0.0054	mg/L	No
Cadmium	2006/07/12	0.0001	mg/L	No
Chromium	2006/07/12	0.001	mg/L	No
Mercury	2006/07/12	0.0001	mg/L	No
Selenium	2006/07/12	0.001	mg/L	No
Uranium	2006/07/12	0.001	mg/L	No
Fluoride	2006/07/12	0.01	mg/L	No
Nitrate	2008/01/14	0.10	mg/L	No
	2008/03/26	0.10	mg/L	No
	2008/08/11	0.10	mg/L	No
	2008/10/19	0.10	mg/L	No
	2008/12/22	0.10	mg/L	No
Nitrite	2008/01/14	0.05	mg/L	No
	2008/03/26	0.05	mg/L	No
	2008/08/11	0.05	mg/L	No
	2008/10/19	0.05	mg/L	No
	2008/12/22	0.05	mg/L	No
Sodium	2006/07/12	5.07	mg/L	No

**Summary of lead testing under Schedule 15.1 during this reporting period.**

Location Type	Number of Samples	Range of Lead Results (min#) - (max#)	Number of Exceedances
Plumbing	5	0.001 - 0.0024 mg/L	0
Distribution	2	0.001 - 0.001 mg/L	0

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

Parameter	Sample Date	Result Value	Unit of Measure	Exceedance
THM (NOTE: show latest annual average)	2008	0.0011	mg/L	No

**PUMP HOUSE**

Parameter	Sample Date	Result Value	Unit of Measure	Exceedance
Alachlor	2006/07/12	0.0005	mg/L	No
Aldicarb	2006/07/12	0.0005	mg/L	No
Aldrin + Dieldrin	2006/07/12	0.000004	mg/L	No
Atrazine + N-dealkylated metabolites	2006/07/12	0.0009	mg/L	No
Azinphos-methyl	2006/07/12	0.001	mg/L	No
Bendiocarb	2006/07/12	0.002	mg/L	No

Benzene	2006/07/12	0.00025	mg/L	No
Benzo(a)pyrene	2006/07/12	0.000009	mg/L	No
Bromoxynil	2006/07/12	0.0005	mg/L	No
Carbaryl	2006/07/12	0.005	mg/L	No
Carbofuran	2006/07/12	0.005	mg/L	No
Carbon Tetrachloride	2006/07/12	0.00025	mg/L	No
Chlordane (Total)	2006/07/12	0.000004	mg/L	No
Chlorpyrifos	2006/07/12	0.001	mg/L	No
Cyanazine	2006/07/12	0.001	mg/L	No
Diazinon	2006/07/12	0.001	mg/L	No
Dicamba	2006/07/12	0.001	mg/L	No
1,2-Dichlorobenzene	2006/07/12	0.00025	mg/L	No
1,4-Dichlorobenzene	2006/07/12	0.00025	mg/L	No
(DDT) + metabolites	2006/07/12	0.000005	mg/L	No
1,2-Dichloroethane	2006/07/12	0.00025	mg/L	No
1,1-Dichloroethylene (vinylidene chloride)	2006/07/12	0.00025	mg/L	No
Dichloromethane	2006/07/12	0.00025	mg/L	No
2-4 Dichlorophenol	2006/07/12	0.001	mg/L	No
2,4-Dichlorophenoxy acetic acid (2,4-D)	2006/07/12	0.001	mg/L	No
Diclofop-methyl	2006/07/12	0.0009	mg/L	No
Dimethoate	2006/07/12	0.0025	mg/L	No
Dinoseb	2006/07/12	0.001	mg/L	No
Diquat	2006/07/12	0.007	mg/L	No
Diuron	2006/07/12	0.01	mg/L	No
Glyphosate	2006/07/12	0.01	mg/L	No
Heptachlor + Heptachlor Epoxide	2006/07/12	0.000004	mg/L	No
Linadane (Total)	2006/07/12	0.0000015	mg/L	No
Malathion	2006/07/12	0.001	mg/L	No
Methoxychlor	2006/07/12	0.0000041	mg/L	No
Metolachlor	2006/07/12	0.0005	mg/L	No
Metribuzin	2006/07/12	0.005	mg/L	No
Monochlorobenzene	2006/07/12	0.00025	mg/L	No
Paraquat	2006/07/12	0.01	mg/L	No
Parathion	2006/07/12	0.001	mg/L	No
Pentachlorophenol	2006/07/12	0.0005	mg/L	No
Phorate	2006/07/12	0.0005	mg/L	No
Picloram	2006/07/12	0.005	mg/L	No
Polychlorinated Biphenyls(PCB)	2006/07/12	0.00025	mg/L	No
Prometryne	2006/07/12	0.00025	mg/L	No
Simazine	2006/07/12	0.001	mg/L	No
Temephos	2006/07/12	0.01	mg/L	No
Terbufos	2006/07/12	0.0007	mg/L	No
Tetrachloroethylene	2006/07/12	0.00025	mg/L	No
2,3,4,6-Tetrachlorophenol	2006/07/12	0.0005	mg/L	No
Triallate	2006/07/12	0.001	mg/L	No
Trichloroethylene	2006/07/12	0.00025	mg/L	No
2,4,6-Trichlorophenol	2006/07/12	0.0005	mg/L	No
2,4,5-Trichlorophenoxy acetic acid (2,4,5-T)	2006/07/12	0.001	mg/L	No
Trifluralin	2006/07/12	0.001	mg/L	No
Vinyl Chloride	2006/07/12	0.00025	mg/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

**(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)**