



## THE YORK CENTRE ANNUAL DRINKING WATER REPORT

<b>Drinking-Water System Number:</b>	260008684
<b>Drinking-Water System Name:</b>	The York Centre Well Supply
<b>Drinking-Water System Owner:</b>	The York Centre for Children/Youth and Families
<b>Drinking-Water System Category:</b>	Small Non-Municipal Non-Residential
<b>Period being reported:</b>	-March 2017- March 2018

<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; padding: 5px;"> <p>The York Centre 11225 Leslie St Richmond Hill Ont L4S 1N5</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: 50px; text-align: center; margin: 5px;">1</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: 50px; text-align: center; margin: 5px;">1</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
The York Centre	260008684

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
- Public access/notice via other method      Posted

**Describe your Drinking-Water System**

- Chlorine assisted Greensand iron filter, “ 12 x 52”
- Duplex 5 micron cartridge sediment filtration
- Duplex NFS ultraviolet disinfection units with UV intensity monitors and safety solenoid valves.
- 60,000 grain water softener for hot water only

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

Chlorine assisted manganese greensand

**Were any significant expenses incurred to?**

- Install required equipment    NO
- Repair required equipment    yes
- Replace required equipment    yes

**Please provide a brief description and a breakdown of monetary expenses incurred**

Approximately \$5500 spent on water testing and regular maintenance completed by Neotec Water Treatment. There was additional repairs to determine cause of discolor of water which resulted in removal of old chlorine pump and replace. Total approximately \$2700

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
N/A					



**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	12	0	0	12	0
Treated	12	0	0	12	0-360
Distribution					

**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 #)
Turbidity	N/A	
Chlorine	12	0.10-1.85

*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.**

None required




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	July 30 2014	MAC 1000	MDL 0.2	
	July 30 2014	MAC 5000	MDL 0.2	
<b>Cadmium</b>	July 30 2014	MAC 5	MDL 0.003	

<b>4 SAMPL</b>				MDL
<b>Nitrite</b>				
<b>Nitrate</b>	MAC 10	5	1	0.013
<b>Nitrate + Nitrite</b>	MAC 10	5	1	0.013

\*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**

\* Lead test completed May 23<sup>rd</sup> 2017

<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>	<b>1</b>	<b>Mac 10 MDL 0.01</b>	
<b>Distribution</b>			