

**OPTIONAL ANNUAL REPORT TEMPLATE**

<b>Drinking-Water System Number:</b>	<b>260023465</b>
<b>Drinking-Water System Name:</b>	Lyn Valley Mobile Home Well Supply
<b>Drinking-Water System Owner:</b>	Mishar Holdings Inc.
<b>Drinking-Water System Category:</b>	Non-Municipal Year Round DWS
<b>Period being reported:</b>	January 1, 2016 – December 31, 2016

<p><i>Complete if your Category is Large Municipal Residential or Small Municipal Residential</i></p> <p><b>Does your Drinking-Water System serve more than 10,000 people? Yes [ ] No [ x ]</b></p> <p><b>Is your annual report available to the public at no charge on a web site on the Internet? Yes [ x ] No [ ]</b></p> <p><b>Location where Summary Report required under O. Reg. 170/03 Schedule 22 will be available for inspection.</b></p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><u><a href="http://www.thepropertymanagement.ca">www.thepropertymanagement.ca</a></u></p> </div>	<p><b><u>Complete for all other Categories.</u></b></p> <p><b>Number of Designated Facilities served:</b></p> <div style="border: 1px solid black; padding: 2px; margin: 5px 0;"> <p><u>N/A</u></p> </div> <p><b>Did you provide a copy of your annual report to all Designated Facilities you serve? Yes [ ] No [ ]</b></p> <p><b>Number of Interested Authorities you report to:</b></p> <div style="border: 1px solid black; padding: 2px; margin: 5px 0;"> <p><u>N/A</u></p> </div> <p><b>Did you provide a copy of your annual report to all Interested Authorities you report to for each Designated Facility? Yes [ ] No [ ]</b></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

**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 [ ] N/A

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**

<b>Primary disinfection methods:</b>
<b>Chlorination</b>
<b>Ultraviolet Irradiation</b>

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

<b>Chlorine / NaOC12 (12%), water softening salt</b>
--

**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**

Incident Date	Parameter	Result	Unit of Measure	Corrective Action	Corrective Action Date
2016/10/26	Total Coliforms	1	TC	Re-Test	2016/10/27

--	--	--	--	--	--

**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</b>	12	0	0		
<b>Treated</b>					
<b>Distribution</b>	26	0	0	26	<10

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>NOTE:</b> For continuous monitors use 8760 as the number of samples.
<b>Turbidity</b>	12	0.18 - 0.32	NTU's	
<b>Chlorine</b>	104	.31 - 1.94	Mg/L	
<b>Fluoride</b> (If the DWS provides fluoridation)				

**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
2016/10/26	Total Coliforms	2016/10/27	0	TC

**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				
Nitrate				

\*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
Plumbing				
Distribution				

#### **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: show latest annual average)	11/14/16	4.2	Ug/L	
<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.**

<b>Parameter</b>	<b>Result Value</b>	<b>Unit of Measure</b>	<b>Date of Sample</b>