Drinking-Water Systems Regulation O. Reg. 170/03

OPTIONAL ANNUAL REPORT TEMPLATE

Drinking-Water System Number:260003279Drinking-Water System Name:City of St. Catharines Distribution SystemDrinking-Water System Owner:Corporation of the City of St. CatharinesDrinking-Water System Category:Large Municipal Residential (pop. 130,000)Period being reported:January 01 – December 31, 2007

Complete if your Category is Large Municipal Residential or Small Municipal Residential	Complete for all other Categories.
Does your Drinking-Water System serve more than 10,000 people? Yes [X] No []	Number of Designated Facilities served:
Is your annual report available to the public at no charge on a web site on the Internet? Yes [X] No [] Location where Summary Report required	Did you provide a copy of your annual report to all Designated Facilities you serve? Yes [] No []
under O. Reg. 170/03 Schedule 22 will be available for inspection.	Number of Interested Authorities you report to:
Lake Street Service Center 383 Lake Street, St. Cath. ON L2N 4H5 or City Hall 50 Church Street, St. Cath. ON L2R 7C2	Did you provide a copy of your annual report to all Interested Authorities you report to for each Designated Facility? Yes [] No []

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:

Ī	Drinking Water System Name	Drinking Water System Number
	n/a	

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 [X] No []



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Drinking-Water Systems Regulation O. Reg. 170/03

of charge. [X] Public ac	you notified syste cess/notice via the cess/notice via Go	e web		al report is availal	ble, and is free
	cess/notice via a n		iicc		
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				ions in Waton Dille	
[A] Fublic ac	cess/notice via oti	ier method	Nouncat	ions in Water Bills	<u> </u>
Describe you	r Drinking-Water	r System			
The City's D The City reco Water Treat from Lake E	rinking Water Systeives its drinking went Plant. Wate	stem is a Wat water from the er supplied to d Canal. The	e Regiona the distrib distributi	ntion Subsystem C I Municipality of N oution system is sur on system is maint	Niagara Decew rface water
List all water	· treatment chemi	cals used over	r this repo	rting period	
[] Install [] Repai [X] Repla	nificant expenses I required equipme r required equipme nce required equipr	nt ent ment			
Please provid	le a brief descript	ion and a bre	<u>akdown of</u>	monetary expense	es incurred
				cam was \$7.28 mill of new watermains	
	iter Act or section			e with subsection 1 O.Reg.170/03 and	` '

Jan. 19

Total Coliform

1

CFU/

Flushed,

Jan. 20



Ministry of the Ministère de

Drinking-Water Systems Regulation O. Reg. 170/03

			100 mL	resampled	
Feb. 19	Total Coliform	1	CFU/ 100 mL	Flushed, resampled	Feb. 20
Feb. 21	Total Coliform	1	CFU/	Flushed,	Feb. 22
			100 mL	resampled	
April 24	Total Coliform	2	CFU/	Flushed,	Apr. 25
			100 mL	resampled	
June 11	Total Coliform	1	CFU/	Flushed,	June 12
			100 mL	resampled	
July 17	Total Coliform	1	CFU/	Flushed,	July 18
-			100 mL	resampled	-

Microbiological testing done under the Schedule 10, 11 or 12 of Regulation 170/03, during this reporting period.

Range of HPC Number Range of E.Coli Range of Total Number of Or Fecal Coliform of HPC Results **Samples** Results Results **Samples** (min #)-(max #) (min #)-(max #)

(min #)-(max #) Raw **Treated** Distribution 1809 725 0 0 - 20 - 290

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		
Chlorine	3301	0.05 - 1.40
Fluoride (If the		
DWS provides		
fluoridation)		

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



Drinking-Water Systems Regulation O. Reg. 170/03

Summary of Inorganic parameters tested during this reporting period or the most

Parameter	Sample Date	Result Value	Unit of Measure	Exceedance
Antimony				
Arsenic				
Barium				
Boron				
Cadmium				
Chromium				
Lead	Feb. 2007 –	<0.001 -	mg/L	5
	Dec. 2007	0.023		
Mercury				
Selenium				
Sodium				
Uranium				
Fluoride				
Nitrite				
Nitrate				

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

Parameter	Sample	Result	Unit of	Exceedance
	Date	Value	Measure	
Alachlor				
Aldicarb				
Aldrin + Dieldrin				
Atrazine + N-dealkylated metobolites				
Azinphos-methyl				
Bendiocarb				
Benzene				
Benzo(a)pyrene				
Bromoxynil				
Carbaryl				
Carbofuran				
Carbon Tetrachloride				
Chlordane (Total)				
Chlorpyrifos				
Cyanazine				
Diazinon				
Dicamba				
1,2-Dichlorobenzene				
1,4-Dichlorobenzene				



Ministry of the Environment l'Environnement

Drinking-Water Systems Regulation O. Reg. 170/03

	1			
Dichlorodiphenyltrichloroethane (DDT) + metabolites				
1,2-Dichloroethane				
1,1-Dichloroethylene (vinylidene chloride)				
Dichloromethane				
2-4 Dichlorophenol				
2,4-Dichlorophenoxy acetic acid (2,4-D)				
Diclofop-methyl				
Dimethoate				
Dinoseb				
Diquat				
Diuron				
Glyphosate				
Heptachlor + Heptachlor Epoxide				
Lindane (Total)				
Malathion				
Methoxychlor Metolachlor				
Metribuzin				
Monochlorobenzene				
Paraquat Parathion				
Pentachlorophenol				
Phorate				
Picloram				
Polychlorinated Biphenyls(PCB)				
Prometryne				
Simazine				
THM (NOTE: show latest annual average)	Jan.2007 – Dec. 2007	0.035	mg/L	no
Temephos				
Terbufos				
Tetrachloroethylene				
2,3,4,6-Tetrachlorophenol				
Triallate				
Trichloroethylene				
2,4,6-Trichlorophenol				
2,4,5-Trichlorophenoxy acetic acid (2,4,5-T)				
Trifluralin				
Vinyl Chloride				



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Drinking-Water Systems Regulation O. Reg. 170/03

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