



OPTIONAL ANNUAL REPORT TEMPLATE

<b>Drinking-Water System Number:</b>	260001380
<b>Drinking-Water System Name:</b>	Niagara-on-the-Lake Distribution System
<b>Drinking-Water System Owner:</b>	Town of Niagara-on-the-Lake
<b>Drinking-Water System Category:</b>	Large Municipal Residential
<b>Period being reported:</b>	January 1 – December 31, 2010

<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 checked="" type="checkbox"/> No <input 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;">       Town of Niagara-on-the-Lake        Public Works Department        3 Lorraine Street        Virgil, Ontario        L0S 1T0     </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; width: 100px; text-align: center;">NA</div> </p> <p>Did you provide a copy of your annual report to all Designated Facilities you serve?        Yes <input type="checkbox"/> No <input type="checkbox"/> NA<input checked="" type="checkbox"/> </p> <p>Number of Interested Authorities you report to:  <div style="border: 1px solid black; padding: 2px; width: 100px; text-align: center;">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 <input type="checkbox"/> No <input type="checkbox"/> NA<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
N/A – not applicable	N/A – 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 Region of Niagara at its DeCew Falls and Niagara Falls water treatment plants produce treated water for the Town of Niagara-on-the-Lake. The treated water is carried by a series of transmission mains and storage facilities to the Town. In turn, water is distributed to approximately 5658 customers in Niagara-on-the-Lake via more than 188 km of Town distribution mains. There are approximately 1177 fire hydrants and 1144 valves on the distribution systems.

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

N/A – This is a distribution system only. Information on the treatment of water supply would need to be obtained from the Region of Niagara

**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**

The cost for maintenance, operation, administration and water procurement of all Niagara-on-the-Lake's water distribution system, including Bevan Heights, was approximately \$3,146,483 in 2010. Capital costs for the replacement of approximately 500 m of watermains was \$310,000 in 2010.



**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
08/17/2010	Total Coliform	1	cfu/100 ml	Resample/Retest	08/19/2010
09/14/2010	Total Coliform	1	cfu/100 ml	Resample/Retest	09/16/2010
09/16/2010	Total Coliform	1	cfu/100 ml	Flush & Resample	09/18/2010
09/16/2010	Total Coliform	5	cfu/100 ml	Flush & Resample	09/18/2010
10/05/2010	Total Coliform	2	cfu/100 ml	Resample/Retest	10/07/2010
10/05/2010	Total Coliform	2	cfu/100 ml	Resample/Retest	10/07/2010
10/05/2010	Total Coliform	6	cfu/100 ml	Resample/Retest	10/07/2010
11/02/2010	Total Coliform	1	cfu/100 ml	Resample/Retest	11/04/2010
11/05/2010	Total Coliform	3	cfu/100 ml	Resample/Retest	11/07/2010
11/10/2010	Total Coliform	1	cfu/100 ml	Resample/Retest	11/11/2010

**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>					
<b>Treated</b>					
<b>Distribution</b>	521	0	0 - 6	521	0 - 400

**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 #)
<b>Turbidity</b>		
<b>Chlorine</b>	1043	0.06 – 1.90
<b>Fluoride</b> (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

**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 #)	Number of Exceedances
Plumbing	0*	NA	NA
Distribution	0*	NA	NA

*\*This Drinking Water System has met the requirements of Subsection 15.1 – 5(9) of Schedule 15.1 of O. Reg 170/03 and therefore was not required to test for lead in 2010.*



**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>
Alachlor				
Aldicarb				
Aldrin + Dieldrin				
Atrazine + N-dealkylated metabolites				
Azinphos-methyl				
Bendiocarb				
Benzene				
Benzo(a)pyrene				
Bromoxynil				
Carbaryl				
Carbofuran				
Carbon Tetrachloride				
Chlordane (Total)				
Chlorpyrifos				
Cyanazine				
Diazinon				
Dicamba				
1,2-Dichlorobenzene				
1,4-Dichlorobenzene				
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)	March 9, June 8, Sept 14 & Dec 8, 2010	29.75	µg/L	NA
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				

**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