



**OPTIONAL ANNUAL REPORT TEMPLATE**

<b>Drinking-Water System Number:</b>	<b>260003279</b>
<b>Drinking-Water System Name:</b>	St. Catharines Distribution System
<b>Drinking-Water System Owner:</b>	Corporation of the City of St. Catharines
<b>Drinking-Water System Category:</b>	Large Municipal Residential (pop. 130,000)
<b>Period being reported:</b>	January 01 – December 31, 2008

<p><b><u>Complete if your Category is Large Municipal Residential or Small Municipal Residential</u></b></p> <p><b>Does your Drinking-Water System serve more than 10,000 people? Yes [ X ] No [ ]</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> <table border="1" style="width: 100%;"> <tr> <td>                 Lake Street Service Center                  383 Lake Street, St. Cath, ON L2N 4H5                  or                  City Hall                  50 Church Street, St. Cath, ON L2R 7C2             </td> </tr> </table>	Lake Street Service Center 383 Lake Street, St. Cath, ON L2N 4H5 or City Hall 50 Church Street, St. Cath, ON L2R 7C2	<p><b><u>Complete for all other Categories.</u></b></p> <p><b>Number of Designated Facilities served:</b></p> <table border="1" style="width: 100%;"> <tr> <td style="height: 20px;"></td> </tr> </table> <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> <table border="1" style="width: 100%;"> <tr> <td style="width: 100px; height: 20px;"></td> </tr> </table> <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>		
Lake Street Service Center 383 Lake Street, St. Cath, ON L2N 4H5 or City Hall 50 Church Street, St. Cath, ON L2R 7C2				

**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	

**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 [ ]**



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 \_\_\_\_\_ Notification in Water Bills \_\_\_\_\_

**Describe your Drinking-Water System**

The City's Drinking Water System is a Water Distribution Subsystem Class 2. The City receives its drinking water from the Regional Municipality of Niagara Decew Water Treatment Plant. Water supplied to the distribution system is surface water from Lake Erie via the Welland Canal. The distribution system is maintained by the City of St. Catharines, serving a population of 130,000.

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

n/a

**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**

2008 Annual budget for watermain replacement program was \$5.5 million. Over 5 km of watermains were replaced and 1.47 km of new watermains were added.

**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
Jan 22/ 2008	Total Coliforms	1	CFU/ 100 mL	Flushed/ resampled	Jan 23



Nov 3/ 2008	Total Coliforms	1	CFU/ 100 mL	Flushed/ resampled	Nov 4 /2008
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**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					
Treated					
Distribution	1542	0	0 - 1	701	0 - 49

**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	2689	0.05 – 1.52
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

**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	Apr 16 - Jun 14 & Oct 16 – Dec 14	<0.001 – 0.065	mg/L	1
Mercury				



Selenium				
Sodium				
Uranium				
Fluoride				
Nitrite				
Nitrate				

\* Summary of lead plumbing test results from samples taken outside the 2008 reporting periods.

**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	510	<0.001 – 0.067	19
Distribution	42	<0.001 – 0.003	0

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

Parameter	Sample Date	Result Value	Unit of Measure	Exceedance
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)	Jan 2008 – Dec 2008	0.038	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				

**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