

The Corporation of the Municipality of Port Hope



Alex Carruthers Memorial Park

2004 Annual Report

February 21, 2005

Municipality of Port Hope
P.O. Box 117
56 Queen Street
Port Hope, ON
L1A 3V9

Attention: Mr. Peter Angelo, P. Eng., Director of Municipal Engineering Services

Dear Mr. Angelo:

RE: 2004 Annual Report – Alex Carruthers Memorial Park

We are pleased to provide the *2004 Annual Report for the Alex Carruthers Memorial Park* as outlined in Ontario Regulation 170/03, Section 11 made under the Safe Drinking Water Act.

Sincerely,

Rick Trumper

Rick Trumper
Water Treatment Supervisor
Municipality of Port Hope

Part III Form 2
Section 11. ANNUAL REPORT.

Drinking-Water System Number:	260037180
Drinking-Water System Name:	Alex Carruthers Park
Drinking-Water System Owner:	Municipality of Port Hope
Drinking-Water System Category:	Small Municipal Non-Residential
Period being reported:	January 1, 2004 – December 31, 2004

<p><u>Complete if your Category is Large Municipal Residential or Small Municipal Residential</u></p> <p>Does your Drinking-Water System serve more than 10,000 people? Yes [] No [X]</p> <p>Is your annual report available to the public at no charge on a web site on the Internet? Yes [X] 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;"> Municipality of Port Hope Town Hall, Public Works Office, Canton Municipal Office and Ward 2 Library </div>	<p><u>Complete for all other Categories.</u></p> <p>Number of Designated Facilities served: <input style="width: 100px; height: 20px;" type="text"/></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: <input style="width: 100px; height: 20px;" type="text"/></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

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 _____

Describe your Drinking-Water System

General

This is a seasonal small Municipal Non-Residential system that obtains its water from a single ground water source. This system serves a canteen building at a flow rate of <2.5 Litres per second. This system is used infrequently.

1. Source

This Facility uses a drilled ground water well that has been studied for the influence of surface water.

2. Treatment

This Facility uses an Ultra Violet Disinfection system to disinfect the raw water. There are no other treatment systems used at this location.

3. Equipment

Pumping equipment consists of a single deep well pump and a 180-litre pressure tank that delivers the raw ground water from the well to the disinfection and plumbing systems.

List all water treatment chemicals used over this reporting period

There are no treatment chemicals used at this Facility.

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

i) Installed a new NSF UV system, total cost is \$1800.00.

ii) Drilled a new well, based on positive findings from the Ground Water under the Direct Influence study (GUDI) we have drilled a new well to insure we have a true supply of ground water to use at this facility. As soon as weather permits we will be connecting the systems at this location to the new well. Total cost for the well drilling work is \$9000.00.

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

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
08/27/04	HPC	>2400	Count	Flushed, chlorinate, resample	08/27/04
09/28/04	HPC	780	Count	Out of service for season	09/28/04

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	2	0 – 0	0 – 0	2	4 - >2400
Treated	17	0 – 0	0 – 0	17	0 - >2400
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	n/a	
Fluoride (If the DWS provides fluoridation)	n/a	

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	08/17/04	.005<MDL	mg/L	No
Nitrate	08/17/04	.013<MDL	mg/L	No

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)				
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

(Only if DWS category is large municipal residential, small municipal residential, large municipal non residential, non municipal year round residential, large non municipal non residential)