

# **The Corporation of the Municipality of Port Hope**



## **Garden Hill Library, Fire Hall**

### **2004 Annual Report**

February 22, 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 – Garden Hill Library, Fire Hall**

We are pleased to provide the *2004 Annual Report for the Garden Hill Library, Fire Hall* 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.

<b>Drinking-Water System Number:</b>	260037206
<b>Drinking-Water System Name:</b>	Garden Hill Library / Fire Hall
<b>Drinking-Water System Owner:</b>	Municipality of Port Hope
<b>Drinking-Water System Category:</b>	Small Municipal Non-Residential
<b>Period being reported:</b>	January 1, 2004 – December 31, 2004

<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 [ ] 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;"> <p>Municipality of Port Hope Town Hall, Public Works Office, Canton Municipal Office and Ward 2 Library</p> </div>	<p><b><u>Complete for all other Categories.</u></b></p> <p>Number of Designated Facilities served:  <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> </p> <p>Did you provide a copy of your annual report to all Designated Facilities you serve? Yes [ ] No [ X ]</p> <p>Number of Interested Authorities you report to: <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div></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
None	None

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 small Municipal Non-Residential system that obtains its water from a single ground water source. This system serves a Library/ Fire Hall building at a flow rate of <2.5 Litres per second. Both of these systems are 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 venturi style jet pump and a 135-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**

**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
Feb.6/04	HPC	1500	Count	Chlorinate system and resample	Feb. 6/04
Feb. 18/04	Chromium	64	ug/L	Flush and resample	Feb. 18/04
Apr.7/04	HPC	1240	Count	Flush, resample chlorinate,	Apr.7/04
Apr. 8/04	Total Coliform	1	Count	Flush, resample chlorinate,	Apr.8/04
Apr. 9/04	HPC	1100	Count	Flush, resample chlorinate,	Apr.9/04
Apr. 9/04	HPC	>2400	Count	Flush, resample chlorinate,	Apr.9/04
Oct. 28/04	Total Coliform	2	Count	Flush, resample chlorinate,	Oct. 28/04
Nov. 12/04	HPC	599	Count	Flush, resample chlorinate,	Nov. 12/04
Nov. 19/04	HPC	980	Count	Flush, resample chlorinate, new UV bulb and filter	Nov. 19/04

**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	12	0 – 0	0 – 27	n/a	n/a
Treated	75	0 – 2	0 – 1	75	0 - >2400
Distribution	n/a				

**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>	n/a	n/a
<b>Chlorine</b>	n/a	n/a
<b>Fluoride</b> (If the DWS provides fluoridation)	n/a	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
<b>SGS Lakefield Research</b>	<b>UV Transmittance</b>	<b>02/10/04</b>	<b>70.2</b>	Percent (%)

**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	02/10/04	.0006	mg/L	no
Arsenic	02/10/04	.002	mg/L	no
Barium	02/10/04	.095	mg/L	no
Boron	02/10/04	.008	mg/L	no
Cadmium	02/10/04	.0001	mg/L	no
Chromium	02/10/04	.064	mg/L	Yes
Lead	02/10/04	0076	mg/L	no
Mercury	02/10/04	.0001	mg/L	no
Selenium	02/10/04	.003	mg/L	no
Sodium	02/10/04		mg/L	
Uranium	02/10/04	.00563	mg/L	no
Fluoride	02/10/04	.07	mg/L	no
Nitrite	02/17/04	.005<MDL	mg/L	no
	05/10/04	.005<MDL		
	08/17/04	.005<MDL		
	11/23/04	.005<MDL		
Nitrate	02/17/04	.075	mg/L	no
	05/10/04	.013<MDL		
	08/17/04	.013<MDL		
	11/23/04	.096		

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

Parameter	Sample Date	Result Value	Unit of Measure	Exceedance
Aalachlor	02/10/04	.00011	mg/L	no
Aldicarb	02/10/04	.0003	mg/L	no
Aldrin + Dieldrin	02/10/04	.000067	mg/L	no
Atrazine + N-dealkylated metabolites	02/10/04	.00012	mg/L	no
Azinphos-methyl	02/10/04	.00021	mg/L	no
Bendiocarb	02/10/04	.00013	mg/L	no
Benzene	02/10/04	.00036	mg/L	no
Benzo(a)pyrene	02/10/04	.000004	mg/L	no
Bromoxynil	02/10/04	.000094	mg/L	no
Carbaryl	02/10/04	.00016	mg/L	no
Carbofuran	02/10/04	.00037	mg/L	no
Carbon Tetrachloride	02/10/04	.00034	mg/L	no
Chlordane (Total)	02/10/04	.00011	mg/L	no
Chlorpyrifos	02/10/04	.00018	mg/L	no
Cyanazine	02/10/04	.00018	mg/L	no
Diazinon	02/10/04	.000081	mg/L	no
Dicamba	02/10/04	.00017	mg/L	no
1,2-Dichlorobenzene	02/10/04	.00056	mg/L	no
1,4-Dichlorobenzene	02/10/04	.00025	mg/L	no
Dichlorodiphenyltrichloroethane (DDT) + metabolites	02/10/04	.00014	mg/L	no
1,2-Dichloroethane	02/10/04	.00032	mg/L	no
1,1-Dichloroethylene (vinylidene chloride)	02/10/04	.00052	mg/L	no
Dichloromethane	02/10/04	.00117	mg/L	no
2-4 Dichlorophenol	02/10/04	.00015	mg/L	no
2,4-Dichlorophenoxy acetic acid (2,4-D)	02/10/04	.00011	mg/L	no
Diclofop-methyl	02/10/04	.00013	mg/L	no
Dimethoate	02/10/04	.00012	mg/L	no
Dinoseb	02/10/04	.000084	mg/L	no
Diquat	02/10/04	.001	mg/L	no
Diuron	02/10/04	.000087	mg/L	no
Glyphosate	02/10/04	.006	mg/L	no
Heptachlor + Heptachlor Epoxide	02/10/04	.00011	mg/L	no
Lindane (Total)	02/10/04	.000056	mg/L	no
Malathion	02/10/04	.000091	mg/L	no
Methoxychlor	02/10/04	.00014	mg/L	no
Metolachlor	02/10/04	.000092	mg/L	no
Metribuzin	02/10/04	.00012	mg/L	no
Monochlorobenzene	02/10/04	.00046	mg/L	no
Paraquat	02/10/04	.001	mg/L	no

Parathion	02/10/04	<b>.00018</b>	mg/L	no
Pentachlorophenol	02/10/04	<b>.00015</b>	mg/L	no
Phorate	02/10/04	<b>.00011</b>	mg/L	no
Picloram	02/10/04	<b>.00020</b>	mg/L	no
Polychlorinated Biphenyls(PCB)	02/10/04	<b>.00004</b>	mg/L	no
Prometryne	02/10/04	<b>.00023</b>	mg/L	no
Simazine	02/10/04	<b>.00015</b>	mg/L	no
THM (NOTE: show latest annual average)	02/10/04	<b>n/a</b>	mg/L	N/A
Temephos	02/10/04	<b>.00031</b>	mg/L	no
Terbufos	02/10/04	<b>.00012</b>	mg/L	no
Tetrachloroethylene	02/10/04	<b>.00048</b>	mg/L	no
2,3,4,6-Tetrachlorophenol	02/10/04	<b>.00014</b>	mg/L	no
Triallate	02/10/04	<b>.00010</b>	mg/L	no
Trichloroethylene	02/10/04	<b>.00010</b>	mg/L	no
2,4,6-Trichlorophenol	02/10/04	<b>.00025</b>	mg/L	no
2,4,5-Trichlorophenoxy acetic acid (2,4,5-T)	02/10/04	<b>.00014</b>	mg/L	no
Trifluralin	02/10/04	<b>.00012</b>	mg/L	no
Vinyl Chloride	02/10/04	<b>.00008</b>	mg/L	no

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)**