

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



## **Welcome Park**

### **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 – Welcome Ball Park**

We are pleased to provide the *2004 Annual Report for the Welcome Ball 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.**

<b>Drinking-Water System Number:</b>	260037219
<b>Drinking-Water System Name:</b>	Welcome Ball Park
<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;">                 Municipality of Port Hope Town Hall, Public Works Office, Canton Municipal Office and Ward 2 Library             </div>	<p><b><u>Complete for all other Categories.</u></b></p> <p>Number of Designated Facilities served: <input 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 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 and washroom building at a flow rate of <2.5 Litres per second. This system is used infrequently.

**1. Source**

This Facility uses a bored ground water well that has been identified as under 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**

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

**ii) Based on the type of well construction used and water sample analysis we will be installing a potable water storage tank to insure we have a true potable water supply to use at this facility. As soon as weather permits we will be installing the required equipment at this location.**

## 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
08/26/04	Total Coliform E. Coli HPC	86 3 660	Counts	Chlorinated, flushed, resampled	08/26/04

**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	0 - 0
Treated	16	0 – 3	0 – 86	16	0 - 660
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	4.63	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)**