#### OPTIONAL ANNUAL REPORT TEMPLATE

Drinking-Water System Number: Drinking-Water System Name: Drinking-Water System Owner: Drinking-Water System Category: Period being reported:

Complete if your Category is Large Municipal Residential or Small Municipal Residential	Complete for all other Categories.
Does your Drinking-Water System serve more than 10,000 people? Yes [x] No []	Number of Designated Facilities served:
Is your annual report available to the public	Did you provide a copy of your annual
at no charge on a web site on the Internet?	report to all Designated Facilities you
Yes [x] No []	serve?
100[11]	Yes [   No [ ]
<b>Location where Summary Report required</b>	
under O. Reg. 170/03 Schedule 22 will be available for inspection.	Number of Interested Authorities you report to:
Copies of all reports are available at City Hall, 66 Charlotte Street, Port Colborne and the Public Works office, 11 King Street, Port Colborne.	Did you provide a copy of your annual report to all Interested Authorities you report to for each Designated Facility?  Yes [ ] No [ ]

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	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 [ ] No [ ] N/A

Indicate how you notified system users that your annual report is available, and is free of charge.

[ x ] Public access/notice via the web
[x] Public access/notice via Government Office
[ ] Public access/notice via a newspaper
[ x ] 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 City of Port Colborne water supply is the Welland Canal. The water is treated at the Port Colborne Water Treatment Plant which is operated by the Regional Municipality of Niagara, Public Works Dept, Water & Wastewater Division. The City purchases the water from the Region of Niagara on a volume basis and distributes it through the City operated distribution system. The distribution is a Class 1 system. Details of the distribution system are available from the City of Port Colborne Operational Services Public Works Department.

	L	ist	all	water	treatment	chemicals	used	over thi	is reporting	g period
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Sodium Hypochlorite (-12%)	

#### Were any significant expenses incurred to?

	Install required equipment
	Repair required equipment
$\mathbf{x}$	Replace required equipment

#### Please provide a brief description and a breakdown of monetary expenses incurred

Please see Appendix 1.		

## 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	Parameter	Result	Unit of	Corrective Action	Corrective
Date			Measure		Action Date
Jan 24/08	Total Coliform	5	CFU/100mL	Re-Sample and Test	Jan 24/08
May 8/08	Total Coliform	1	CFU/100mL	Re-Sample and Test	May 8/08
July 31/08	Total Coliform	2	CFU/100mL	Re-Sample and Test	July 31/08
Aug 6/08	Total Coliform	1	CFU/100mL	Re-Sample and Test	Aug 6/08
Aug 6/08	Total Coliform	1	CFU/100mL	Re-Sample and Test	Aug 6/08
Aug 6/08	Total Coliform	3	CFU/100mL	Users Advised to	Aug 6/08
				Seek Alternate,	
				Resample and Test	
Aug 28/08	Total Coliform	1	CFU/100mL	Flush and Re-Sample	Aug 28/08
Aug 28/08	E. Coli	1	CFU/100mL	Flush and Re-Sample	Aug 28/08

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	N/A	N/A	N/A	N/A	N/A
Treated	N/A	N/A	N/A	N/A	N/A
Distribution	636	0 - 1	0 - 5	159	0 – 12

Operational testing done under Schedule 7, 8 or 9 of Regulation 170/03 during the period covered by this Annual Report.

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	Number of	Range of Results			
	Grab	(min #)-(max #)			
	Samples				
Turbidity	848	0.09 - 1.30			
Chlorine	848	0.05 - 1.35			
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				
Mercury				
Selenium				
Sodium				
Uranium				
Fluoride				

Nitrite		
Nitrate		

<sup>\*</sup>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 vear-round residential systems)

L	ocation Type	Number of Samples	Range of Lead Results (min#) – (max #)	Number of Exceedances
Plumb	ing	270	0.00002 - 0.0237  mg/L	2
Distrib	oution	36	0.00002 – 0.00179 mg/L	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 metobolites				
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)				

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

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)	2008 Average	0.026	mg/L	None
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

# Appendix 1 Capital Expenses 2008 DWS#260001643 Port Colborne Distribution System

	Water	Equi	pment	Rep	lacement
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	Total	\$108,360
Lease of Equipment (Backhoe)		6,480
Purchase of Water Service Van		\$101,880

### Watermain Rehabilitation Program

Knoll/Omer-Woodside Watermain	\$107,364
Clarence St. Watermain	241,570
Elm/Charlotte-Clarence Watermain	60,161
Fielden Ave Watermain South	115,367
Ost Ave Watermain	153,076
Fielden Ave Watermain North	93,062
Tot	tal \$770,600

Total capital expenses incurred in 2008 \$878,960