

OPTIONAL ANNUAL REPORT TEMPLATE

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| Drinking-Water System Number: | 260001604 |
| Drinking-Water System Name: | Pelham Distribution System |
| Drinking-Water System Owner: | Corporation of the Town of Pelham |
| Drinking-Water System Category: | Large Municipal |
| Period being reported: | January 1, 2007 – December 31, 2007 |

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| <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 [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>]</p> <p>Is your annual report available to the public at no charge on a web site on the Internet? Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>]</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;"> Pelham Municipal Building 20 Pelham Town Square Fonthill, Ontario </div> | <p><u>Complete for all other Categories.</u></p> <p>Number of Designated Facilities served: <input style="width: 50px;" type="text" value="19"/></p> <p>Did you provide a copy of your annual report to all Designated Facilities you serve? Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]</p> <p>Number of Interested Authorities you report to: <input style="width: 50px;" type="text" value="0"/></p> <p>Did you provide a copy of your annual report to all Interested Authorities you report to for each Designated Facility? Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]</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 |
|----------------------------|------------------------------|
| Not applicable | Not applicable |

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

The Town of Pelham operates a water distribution system which is supplied with treated water by the Regional Municipality of Niagara from the Welland Water Treatment Plant located at #4 Cross Street in Welland. The source of water for the plant is the Welland Recreational Waterway.

The treated water is transported to the Town by way of a 750mm diameter watermain to the Shoalts Drive Reservoir located at #5 Shoalts Drive in Fonthill from where it is distributed by way of a series of watermains to lands within the designated service areas. The water distribution system is comprised of approximately 75 kilometers of watermains varying in size from 50mm to 400mm diameter.

List all water treatment chemicals used over this reporting period

Not applicable

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

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. 13/07 | Total Coliforms | > 200 | CFU/100ml | Flushed and resampled | Feb. 15/07 |
| | | | | | |

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 | 621 | 0-0 | 0- > 200 | 621 | 0- > 500 |

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 | 986 | 0.14 – 1.56 |
| 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 | Sept. 18, 2007 | 0.00026 | Mg/l | |
| Mercury | | | | |
| Selenium | | | | |
| Sodium | | | | |
| Uranium | | | | |
| Fluoride | | | | |
| Nitrite | | | | |
| Nitrate | | | | |

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) | Average | 36.171 | Ug/l | |
| 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 |
|-----------|--------------|-----------------|----------------|
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