

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

**Part III Form 2**  
**Section 11. ANNUAL REPORT.**

<b>Drinking-Water System Number:</b>	220001307
<b>Drinking-Water System Name:</b>	Smiths Falls Water Treatment Plant
<b>Drinking-Water System Owner:</b>	Corp. of the Town of Smiths Falls
<b>Drinking-Water System Category:</b>	Large Municipal Drinking Water System
<b>Period being reported:</b>	January 1 <sup>st</sup> 2005 to December 31 <sup>st</sup> , 2005

<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 [ * ]</p> <p>Is your annual report available to the public at no charge on a web site on the Internet? Yes [ * ] 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; margin-top: 5px;"> <ul style="list-style-type: none"> <li>Smiths Falls Town Hall</li> <li>Water Treatment Plant</li> <li>Water Pollution Control Plant</li> <li>Montague Township Complex.</li> </ul> </div>	<p><b><u>Complete for all other Categories.</u></b></p> <p>Number of Designated Facilities served: <input style="width: 80px;" 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: 80px;" 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
Part of Montage Township	260006828

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 [ ]

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

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 Water Treatment Plant is a Surface Water Treatment Plant receiving its water by gravity from the Rideau River. It is a subsystem Class III surface water treatment plant with mixing, coagulation, flocculation settling, filtration disinfection by gas Cl2 and fluoridation.

The distribution system is a Subsystem Class I and consists of 62.23 Kl of mains, 791 valves, and 298 hydrants. With a 160 foot water tower that contains 945.75 m3 of storage.

**List all water treatment chemicals used over this reporting period**

Chlorine Gas, Pass C coagulant, Hydrofluosilicic Acid (HFS)

**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**

Valve repairs, Electrical Switch Gear inspection and repair, 600v Transformer inspection, 2<sup>nd</sup> emergency low lift pump overhaul. Installation of a Hach C17 Cl2 analyzer.

Combined costs = approx \$25,000.00

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
Aug.18/05	THM's	183	Ug/l	Reduce pre Cl2	Aug.18/05

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

**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 #)
<b>Raw</b>	52	<2 to 18	4 to 650	NA	NA
<b>Treated</b>	52	0	0	52	<10 to 30
<b>Distribution</b>	339	0	0	338	<10 to 230

**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>	<b>8760</b>	<b>0.06 to 0.39 FTU</b>
<b>Free Chlorine</b>	<b>8760</b>	<b>0.59 to 2.70 mg/l</b>
<b>Fluoride (If the DWS provides fluoridation)</b>	<b>311</b>	<b>Average 0.61 mg/l</b>

*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	Quarterly Rolling Averages	Unit of Measure
<b>Jan. 14/2004 4851-5cskfe</b>	<b>THM's</b>	<b>Jan</b>	<b>46.3</b>		Ug/l
		<b>Feb</b>	<b>46.3</b>		
		<b>Mar</b>	<b>83.4</b>	89.5	
		<b>Apr</b>	<b>76.1</b>		
		<b>May</b>	<b>99.9</b>		
		<b>Jun</b>	<b>164</b>	96.5	
		<b>Jul</b>	<b>183</b>		
		<b>Aug</b>	<b>85</b>		
		<b>Aug</b>	<b>80</b>		
		<b>Sept</b>	<b>65.8</b>	93.3	
		<b>Oct</b>	<b>57.3</b>		
		<b>Nov</b>	<b>123.0</b>		
<b>Nov</b>	<b>88.2</b>				
<b>Dec</b>	<b>67.3</b>	89.9			

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

### 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	Nov. 16/05	.001	mg/l	
Arsenic	Nov. 16/05	.001	mg/l	
Barium	Nov. 16/05	.028	mg/l	
Boron	Nov. 16/05	.015	mg/l	
Cadmium	Nov. 16/05	.0001	mg/l	
Chromium	Nov. 16/05	.002	mg/l	
Lead	Nov. 16/05	.002	mg/l	
Mercury	Nov. 16/05	.00006	mg/l	
Selenium	Nov. 16/05	.001	mg/l	
Sodium	Nov. 16/05	11.9	mg/l	
Uranium	Nov. 16/05	.001	mg/l	
Fluoride	Nov. 16/05	.5	mg/l	
Nitrite	Nov. 16/05	<0.1	mg/l	
Nitrate	Nov. 16/05	0.1	mg/l	

### 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	Nov.16/05	0.3	Ug/l	
Aldicarb	Nov.16/05	<3.0	Ug/l	
Aldrin + Dieldrin	Nov.16/05	.02	Ug/l	
Atrazine + N-dealkylated metabolites	Nov.16/05	<1	Ug/l	
Azinphos-methyl	Nov.16/05	<3	Ug/l	
Bendiocarb	Nov.16/05	<5	Ug/l	
Benzene	Nov.16/05	<.005	Ug/l	
Benzo(a)pyrene	Nov.16/05	<0.3	Ug/l	
Bromoxynil	Nov.16/05	<3	Ug/l	
Carbaryl	Nov.16/05	<1	Ug/l	
Carbofuran	Nov.16/05	<0.2	Ug/l	
Carbon Tetrachloride	Nov.16/05	.,04	Ug/l	
Chlordane (Total)	Nov.16/05	<.04	Ug/l	
Chlorpyrifos	Nov.16/05	<.5	Ug/l	
Cyanazine	Nov.16/05	<.5	Ug/l	
Diazinon	Nov.16/05	<1	Ug/l	
Dicamba	Nov.16/05	<5	Ug/l	
1,2-Dichlorobenzene	Nov.16/05	<0.1	Ug/l	
1,4-Dichlorobenzene	Nov.16/05	<0.2	Ug/l	
Dichlorodiphenyltrichloroethane (DDT) + metabolites	Nov.16/05	<0.1	Ug/l	
1,2-Dichloroethane	Nov.16/05	<0.1	Ug/l	

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

1,1-Dichloroethylene (vinylidene chloride)	Nov.16/05	<0.1	Ug/l	
Dichloromethane	Nov.16/05	<0.3	Ug/l	
2-4 Dichlorophenol	Nov.16/05	<0.1	Ug/l	
2,4-Dichlorophenoxy acetic acid (2,4-D)	Nov.16/05	<5	Ug/l	
Diclofop-methyl	Nov.16/05	<0.4	Ug/l	
Dimethoate	Nov.16/05	<1	Ug/l	
Dinoseb	Nov.16/05	<0.5	Ug/l	
Diquat	Nov.16/05	<5	Ug/l	
Diuron	Nov.16/05	<5	Ug/l	
Glyphosate	Nov.16/05	<25	Ug/l	
Heptachlor + Heptachlor Epoxide	Nov.16/05	<0.1	Ug/l	
Lindane (Total)	Nov.16/05	<0.1	Ug/l	
Malathion	Nov.16/05	<5	Ug/l	
Methoxychlor	Nov.16/05	<0.1	Ug/l	
Metolachlor	Nov.16/05	<3	Ug/l	
Metribuzin	Nov.16/05	<3	Ug/l	
Monochlorobenzene	Nov.16/05	<0.2	Ug/l	
Paraquat	Nov.16/05	<1	Ug/l	
Parathion	Nov.16/05	<3	Ug/l	
Pentachlorophenol	Nov.16/05	<0.1	Ug/l	
Phorate	Nov.16/05	<0.3	Ug/l	
Picloram	Nov.16/05	<5	Ug/l	
Polychlorinated Biphenyls(PCB)	Nov.16/05	<.05	Ug/l	
Prometryne	Nov.16/05	<0.1	Ug/l	
Simazine	Nov.16/05	<0.5	Ug/l	
THM (NOTE: show latest annual average)	Nov.16/05	90.5	Ug/l	
Temephos	Nov.16/05	<10	Ug/l	
Terbufos	Nov.16/05	<0.3	Ug/l	
Tetrachloroethylene	Nov.16/05	<0.2	Ug/l	
2,3,4,6-Tetrachlorophenol	Nov.16/05	<0.1	Ug/l	
Triallate	Nov.16/05	<10	Ug/l	
Trichloroethylene	Nov.16/05	<0.1	Ug/l	
2,4,6-Trichlorophenol	Nov.16/05	<0.1	Ug/l	
2,4,5-Trichlorophenoxy acetic acid (2,4,5-T)	Nov.16/05	<10	Ug/l	
Trifluralin	Nov.16/05	<0.5	Ug/l	
Vinyl Chloride	Nov.16/05	<0.2	Ug/l	

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)**