

**Part III Form 2**

**Section 11. ANNUAL REPORT.**

|  |                               |
|--|-------------------------------|
| <b>Drinking-Water System Number:</b>   | 220003519                     |
| <b>Drinking-Water System</b>           | Onaping Wells                 |
| <b>Drinking-Water System Owner:</b>    | City of Greater Sudbury       |
| <b>Drinking-Water System Category:</b> | Large Municipal Residential   |
| <b>Period being reported:</b>          | From 2010-01-01 To 2010-03-09 |

|  |   |
|--|---|
| <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 <input type="checkbox"/> No <input checked="" 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;"> <p>www.greatersudbury.ca<br/>TDS-Engineering Department</p> </div> | <p><b><u>Complete for all other Categories.</u></b></p> <p>Number of Designated Facilities served: <input type="text" value="0"/></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 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> |
|--|---|

**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 |
|-----------------------------|------------------------------|
| Onaping Distribution System | 260006503                    |
| Levack Distribution System  | 260006490                    |

**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/Citizen Service Centre
- Public access/notice via other method \_\_\_\_\_

**Describe your Drinking-Water System**

The Onaping Wells system is no longer a standalone system acting as a separate donor supply but has been combined with the Onaping and Levack Distribution systems since November 2009. Due to a governmental disconnect, a separate Annual Report has to be completed for the period until the old Drinking Water System was end dated and therefore no longer recognized. End dating for the system was March 9, 2010. As such, this report includes all legislated requirements for the period January 1, 2010 until March 9, 2010.

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

Chlorine Gas UN#1017, Hydrofluosilicic Acid UN#1778, Polyphosphate

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

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 |
|---------------|-----------|--------|-----------------|-------------------|------------------------|
|               |           |        |                 |                   |                        |

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: WICKWAS WELL #3</b>       |                   |  |   |                       |                                      |
|                                   | 9                 | 0 to 0   | 0 to 11   |                       |                                      |
| <b>Raw: WICKWAS WELL #4</b>       |                   |  |   |                       |                                      |
|                                   | 9                 | 0 to 0   | 0 to 0  |                       |                                      |
| <b>Raw: WICKWAS WELL #5</b>       |                   |  |   |                       |                                      |
|                                   | 9                 | 0 to 0   | 0 to 0  |                       |                                      |
| <b>Treated: WICKWAS PUMPHOUSE</b> |                   |  |   |                       |                                      |
|                                   | 9                 | 0 to 0   | 0 to 0  | 9                     | 0 to 30                              |
| <b>Distribution</b>               |                   |  |   |                       |                                      |
|                                   | 0                 | 0 to 0   | 0 to 0  | 0                     |                                      |

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 #) |
|---------------------------------------|------------------------|------------------------------------|
| Chlorine Residual Distribution System |                        |                                    |

*NOTE: For continuous monitors use 8760 as the number of samples.*

**WICKWAS PUMPHOUSE**

|  |       |             |      |
|--|-------|-------------|------|
| <b>Turbidity</b>                                   | 8,760 | 0.03 - 10.0 | NTU  |
| <b>Chlorine</b>                                    | 8,760 | 0.45 - 2.75 | mg/L |
| <b>Fluoride</b> (If the DWS provides fluoridation) | 8,760 | 0.04 - 0.87 | mg/L |

*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 or order or other legal instrument.**

| Date of legal instrument issued | Parameter | Date Sampled | Result | Unit of Measure |
|---------------------------------|-----------|--------------|--------|-----------------|
| 2009/03/09                      | Sodium    | 2010/02/03   | 58.3   | mg/L            |
| 2009/03/09                      | Sodium    | 2010/02/03   | 76.4   | mg/L            |
| 2009/03/09                      | Sodium    | 2010/02/03   | 70.1   | mg/L            |
| 2009/03/09                      | Sodium    | 2010/03/01   | 55.9   | mg/L            |
| 2009/03/09                      | Sodium    | 2010/03/01   | 51.1   | mg/L            |
| 2009/03/09                      | Sodium    | 2010/03/01   | 49.2   | mg/L            |

**Summary of Inorganic parameters tested during this reporting period or most recent sample results**

| Parameter | Sample Date | Result Value | Unit of Measure | Exceedance |
|-----------|-------------|--------------|-----------------|------------|
| Lead      | 2010/12/13  | 0.001        | mg/L            | No         |

**WICKWAS PUMPHOUSE**

| Parameter | Sample Date | Result Value | Unit of Measure | Exceedance |
|-----------|-------------|--------------|-----------------|------------|
| Antimony  |             |              |                 |            |
| Arsenic   |             |              |                 |            |
| Barium    |             |              |                 |            |
| Boron     |             |              |                 |            |
| Cadmium   |             |              |                 |            |
| Chromium  |             |              |                 |            |
| Mercury   |             |              |                 |            |
| Selenium  |             |              |                 |            |
| Uranium   |             |              |                 |            |
| Nitrite   |             |              |                 |            |
| Nitrate   |             |              |                 |            |
| Sodium    |             |              |                 |            |

**Summary of lead testing under Schedule 15.1 during this reporting period.**

| Location Type | Number of Samples | Range of Lead Results (min#) - (max#) | Number of Exceedances |
|---------------|-------------------|---------------------------------------|-----------------------|
| Plumbing      |                   | mg/L                                  |                       |
| Distribution  |                   | mg/L                                  |                       |

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

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

| Parameter                                 | Sample Date | Result Value | Unit of Measure | Exceedance |
|---|-------------|--------------|-----------------|------------|
| THM<br>(NOTE: show latest annual average) | 2010        | 0.0010       | mg/L            | No         |

**WICKWAS PUMPHOUSE**

| 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                     |             |              |                 |            |
| Linadane (Total)                                    |             |              |                 |            |
| Malathion   |             |              |                 |            |
| Methoxychlor  |             |              |                 |            |
| Metolachlor   |             |              |                 |            |
| Metribuzin  |             |              |                 |            |
| Monochlorobenzene                                   |             |              |                 |            |
| Paraquat  |             |              |                 |            |
| Parathion   |             |              |                 |            |
| Pentachlorophenol                                   |             |              |                 |            |
| Phorate   |             |              |                 |            |
| Picloram  |             |              |                 |            |

|  |  |  |  |  |
|--|--|--|--|--|
| Polychlorinated Biphenyls(PCB)               |  |  |  |  |
| Prometryne                                   |  |  |  |  |
| Simazine                                     |  |  |  |  |
| 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)**