

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

Drinking-Water System Number:	260002304
Drinking-Water System Name:	Niagara Falls Distribution System
Drinking-Water System Owner:	Corporation of The City of Niagara Falls
Drinking-Water System Category:	Large Municipal
Period being reported:	Jan. 01/05 to Dec. 31/05

<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 [X] No []</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;"> City of Niagara Falls Municipal Service Centre 3200 Stanley Ave, Niagara Falls, Ontario (905-3546-1355) FAX (905-3546-6460) </div>	<p><u>Complete for all other Categories.</u></p> <p>Number of Designated Facilities served: <div style="border: 1px solid black; width: 100px; text-align: center; padding: 2px;">0</div> </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: <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div></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
Niagara Region	220002084

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 [X] 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 : Annual report is presented to City Staff and Council which is televised for residents to view. (Local Cable)

Describe your Drinking-Water System

The City of Niagara Falls purchases its water from the Regional Municipality of Niagara. Surface water from Lake Erie is treated at the Region's Niagara Falls Treatment Plant. Treatment consists of pre chlorination, conventional screening, coagulation, flocculation, and settling followed by filtration and post chlorination. Treated water is distributed by the City of Niagara Falls through approximately 340 Kilometers of water mains ranging in size from 50mm to 600mm

List all water treatment chemicals used over this reporting period

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
2005/04/11	Background	>200	Cfu/100ml	Flush mains and re-sample	2005/04/15
2005/04/11	Total Coliforms	5	Cfu/100ml	Flush mains and re-sample	2005/04/15
2005/04/11	Total Coliforms	1	Cfu/100ml	Flush mains and re-sample	2005/04/15
2005/04/26	Total Coliforms	12	Cfu/100ml	Flush mains and re-sample	2005/04/29

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

2005/05/09	Background	>200	Cfu/100ml	Flush mains and re-sample	2005/05/13
2005/05/09	Total Coliforms	4	Cfu/100ml	Flush mains and re-sample	2005/05/13
2005/07/18	Background	>200	Cfu/100ml	Flush mains and re-sample	2005/05/30
2005/07/25	Total Coliforms	4	Cfu/100ml	Flush mains and re-sample	2005/06/26
2005/07/25	Total Coliforms	3	Cfu/100ml	Flush mains and re-sample	2005/07/28
2005/08/22	Total Coliforms	1	Cfu/100ml	Flush mains and re-sample	2005/08/26
2005/09/26	Total Coliforms	1	Cfu/100ml	Flush mains and re-sample	2005/09/30
2005/10/31	Total Coliforms Background	5 >200	Cfu/100ml	Flush mains and re-sample	2005/11/04
2005/11/28	Background	>200	Cfu/100ml	Flush mains and re-sample	2005/12/05
2005/11/28 Duplicate	Background	>200	Cfu/100ml	Flush mains and re-sample	2005/12/05

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 or Background Colony Counts	Range of HPC Results or Background Colony Counts (min #)-(max #)
Raw					
Treated					
Distribution	2492	0	(0-12)	1246	6 >200

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	2026	0.05 – 1.32
Fluoride (If the DWS provides)		

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

fluoridation)		
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***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	2005/09/19	0.5	ug/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	18.945	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

(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)