

Part III Form 2
Section 11. ANNUAL REPORT.

Drinking-Water System Number:	220003369
Drinking-Water System Name:	Ridgetown Well Supply System
Drinking-Water System Owner:	Municipality of Chatham-Kent
Drinking-Water System Category:	Large Municipal Residential
Period being reported:	January-December 2007

<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 [] No [X]</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;"> Chatham-Kent PUC Office 325 Grand Ave E Box 1191 Chatham, ON N7M 5L8 </div>	<p><u>Complete for all other Categories.</u></p> <p>Number of Designated Facilities served:</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> <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; margin: 5px 0;"></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
None	

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 Ridgetown Well Supply consists of 6 wells. Three wells, No. 4, No. 5 and No. 6 are located at the Scane Road location, and the remaining three wells, Well 1A, Hitch Well and Harris Well, are encompassed by the Erie Street pumping system. Cascade aerators are used for methane gas treatment. Storage tanks at each site provide sodium hypochlorite for prechlorination and disinfection. Reservoirs are located on Scane Road and Erie Street.

List all water treatment chemicals used over this reporting period.

1. Sodium Hypochlorite

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.

Replaced 10hp well pump at the Harris Well.....\$2200.00
 Replaced 7.5hp well pump at the Hitch Well.....\$2000.00

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
Sept 24	Total Coliform	>200	Cfu/100 mL	Flushed & Resampled Sept 25 & 26	Sept 25

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	312	0-0	0-13		
Treated	104	0-0	0-0	104	<10-40
Distribution	170	0-0	0 - >200	58	<10-480

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 (raw before treatment)	72	0.083-0.865
Chlorine (free residual where intended CT completed)	8760	0.40-2.80
Fluoride (If the DWS provides fluoridation)	Not provided	

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	Well 1A	Hitch Well	Harris Well	Scane # 1	Scane #2	Scane #3	Unit of Measure
C of A 5508-5YGPL4 Raw from each well	Nitrite	Jan 9	<0.01	<0.01	<0.01	<0.01	<0.01	<0.01	mg/L
	Nitrate	Jan 9	<0.1	<0.1	<0.1	<0.1	<0.1		
	Nitrite	Apr 3	<0.01	<0.01	<0.01	<0.01	<0.01		
	Nitrate	Apr 3	<0.1	<0.1	<0.1	<0.1	<0.1		
	Nitrite	Jul 3	<0.01	<0.01	<0.01	<0.01	<0.01		
	Nitrate	Jul 3	<0.1	<0.1	<0.1	<0.1	<0.1		
	Nitrite	Oct 1	<0.01	<0.01	<0.01	<0.01	<0.01		
	Nitrate	Oct 1	<0.1	<0.1	<0.1	<0.1	<0.1		
June 26, 2003 letter from C-K Health Unit	Fluoride	Jan 9	Erie	Scane				mg/L	
			1.7	1.7					

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

Parameter	Sample Date	Result Value Erie	Result Value Scane	Unit of Measure	Exceedance
Antimony	Jan 9	<1	<1	ug/L	No
Arsenic	Jan 9	<1	<1	ug/L	No
Barium	Jan 9	110	190	ug/L	No
Boron	Jan 9	990	920	ug/L	No
Cadmium	Jan 9	<0.1	<0.1	ug/L	No
Chromium	Jan 9	<5	<5	ug/L	No
Lead	Jan 9 May 16 May 16	<0.5 <0.5 1.0	Distribution	ug/L	No
Mercury	Jan 9	<0.0001	<0.0001	ug/L	No
Selenium	Jan 9	<2	<2	ug/L	No
Sodium	25 Nov 04	75.3	76.4	ug/L	Reported Dec1, 2004
Uranium	Jan 9	<0.2	<0.2	ug/L	No
Fluoride	Jan 9	1.7	1.7	ug/L	Reported Feb7, 2005
Nitrite	Apr 3	<0.01	<0.01	ug/L	No
Nitrate	Apr 3	<0.1	<0.1	ug/L	No

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

Parameter	Sample Date	Result Value Erie	Result Value Scane	Unit of Mea sure	Excee dance
Alachlor	Jan 9	<0.50	<0.50	ug/L	No
Aldicarb	Jan 9	<5.0	<50	ug/L	No
Aldrin + Dieldrin	Jan 9	<0.012	<0.012	ug/L	No
Atrazine + N-dealkylated metabolites	Jan 9	<1	<1	ug/L	No
Azinphos-methyl	Jan 9	<2	<2	ug/L	No
Bendiocarb	Jan 9	<2.0	<2.0	ug/L	No
Benzene	Jan 9	<0.1	<0.1	ug/L	No
Benzo(a)pyrene	Jan 9	<0.0090	<0.0090	ug/L	No
Bromoxynil	Jan 9	<0.50	<0.50	ug/L	No
Carbaryl	Jan 9	<5.0	<5.0	ug/L	No
Carbofuran	Jan 9	<5.0	<5.0	ug/L	No
Carbon Tetrachloride	Jan 9	<0.1	<0.1	ug/L	No
Chlordane (Total)	Jan 9	<0.012	<0.012	ug/L	No

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Chlorpyrifos	Jan 9	<1	<1	ug/L	No
Cyanazine	Jan 9	<1	<1	ug/L	No
Diazinon	Jan 9	<1	<1	ug/L	No
Dicamba	Jan 9	<1	<1	ug/L	No
1,2-Dichlorobenzene	Jan 9	<0.2	<0.2	ug/L	No
1,4-Dichlorobenzene	Jan 9	<0.2	<0.2	ug/L	No
Dichlorodiphenyltrichloroethane (DDT) + metabolites	Jan 9	<0.024	<0.024	ug/L	No
1,2-Dichloroethane	Jan 9	<0.1	<0.1	ug/L	No
1,1-Dichloroethylene (vinylidene chloride)	Jan 9	<0.1	<0.1	ug/L	No
Dichloromethane	Jan 9	<0.5	<0.5	ug/L	No
2-4 Dichlorophenol	Jan 9	<0.50	<0.50	ug/L	No
2,4-Dichlorophenoxy acetic acid (2,4-D)	Jan 9	<1.0	<1.0	ug/L	No
Diclofop-methyl	Jan 9	<0.90	<0.90	ug/L	No
Dimethoate	Jan 9	<2.5	<2.5	ug/L	No
Dinoseb	Jan 9	<1.0	<1.0	ug/L	No
Diquat	Jan 9	<7	<7	ug/L	No
Diuron	Jan 9	<10	<10	ug/L	No
Glyphosate	Jan 9	<10	<10	ug/L	No
Heptachlor + Heptachlor Epoxide	Jan 9	<0.012	<0.012	ug/L	No
Lindane (Total)	Jan 9	<0.006	<0.006	ug/L	No
Malathion	Jan 9	<5.0	<5.0	ug/L	No
Methoxychlor	Jan 9	<0.024	<0.024	ug/L	No
Metolachlor	Jan 9	<0.50	<0.50	ug/L	No
Metribuzin	Jan 9	<5.0	<5.0	ug/L	No
Monochlorobenzene	Jan 9	<0.1	<0.1	ug/L	No
Paraquat	Jan 9	<1	<1	ug/L	No
Parathion	Jan 9	<1	<1	ug/L	No
Pentachlorophenol	Jan 9	<0.50	<0.50	ug/L	No
Phorate	Jan 9	<0.50	<0.50	ug/L	No
Picloram	Jan 9	<0.50	<0.50	ug/L	No
Polychlorinated Biphenyls(PCB)	Jan 9	<0.05	<0.05	ug/L	No
Prometryne	Jan 9	<0.25	<0.25	ug/L	No
Simazine	Jan 9	<1.0	<1.0	ug/L	No
THM (NOTE: show latest annual average)	Jan 9 Apr 3 Jul Oct Avg '07	33.3 25.9 33.8 35.3 32.1		ug/L	No
Temephos	Jan 9	<10	<10	ug/L	No
Terbufos	Jan 9	<0.70	<0.70	ug/L	No
Tetrachloroethylene	Jan 9	<0.1	<0.1	ug/L	No

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2,3,4,6-Tetrachlorophenol	Jan 9	<0.50	<0.50	ug/L	No
Triallate	Jan 9	<1	<1	ug/L	No
Trichloroethylene	Jan 9	<0.1	<0.1	ug/L	No
2,4,6-Trichlorophenol	Jan 9	<0.50	<0.50	ug/L	No
2,4,5-Trichlorophenoxy acetic acid (2,4,5-T)	Jan 9	<1.0	<1.0	ug/L	No
Trifluralin	Jan 9	<1.0	<1.0	ug/L	No
Vinyl Chloride	Jan 9	<0.2	<0.2	ug/L	No

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 Erie	Result Value Scane	Unit of Measure	Date of Sample
Fluoride	1.7	1.7	mg/L	Jan 9

(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)