



2015 ANNUAL REPORT - City of St. Catharines Distribution System

Drinking-Water System Number:	260003279
Drinking-Water System Name:	City of St. Catharines Distribution System
Drinking-Water System Owner:	Corporation of the City of St. Catharines
Drinking-Water System Category:	Large Municipal Residential (pop. 130,000)
Period being reported:	January 1 – December 31, 2015

<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> <table border="1" style="width: 100%;"> <tr> <td> <p>Lake Street Service Centre 383 Lake Street, St. Catharines, ON L2N 4H5 -and- City Hall 50 Church Street, St. Catharines, ON L2R 7C2</p> </td> </tr> </table>	<p>Lake Street Service Centre 383 Lake Street, St. Catharines, ON L2N 4H5 -and- City Hall 50 Church Street, St. Catharines, ON L2R 7C2</p>	<p><u>Complete for all other Categories.</u></p> <p>Number of Designated Facilities served: <input 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 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>
<p>Lake Street Service Centre 383 Lake Street, St. Catharines, ON L2N 4H5 -and- City Hall 50 Church Street, St. Catharines, ON L2R 7C2</p>		

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	

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 [] Not Applicable



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 Reports are available at various Public Education Displays

Describe your Drinking-Water System

The City of St. Catharines owns and operates a Class II stand-alone residential water distribution system. The City receives its drinking water from the Regional Municipality of Niagara’s Decew Water Treatment Plant. The source water is surface water from Lake Erie via an intake from the Welland Ship Canal. The distribution system consists of approximately 612 kilometres of watermain, approximately 3,500 hydrants and over 5,500 valves.

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

The 2015 water improvement program budget was \$5,500,000. This budget allowed for the replacement or upgrade of 5,055 m of existing watermain, the abandonment of 415 m of existing watermain and the installation of 270 m of new watermain.

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
August 13, 2015	Total Coliform	1	cfu/100mL	Flushed, resampled	August 14-16, 2015
September 17, 2015	Free Chlorine Residual	0.00	mg/L	Flushed, resampled	September 17, 2015
December 7, 2015	Total Coliform	1	cfu/100mL	Flushed, resampled	December 8-10, 2015



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	1774	0	0-1	773	0-280

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 #)	Unit of Measure
Turbidity			
Chlorine	3031	0.00-1.79	mg/L
Fluoride (If the DWS provides fluoridation)			

NOTE: For continuous monitors use 8760 as the number of

Summary of lead testing under Schedule 15.1 during this reporting period

(applicable to the following drinking water systems; large municipal residential systems, small municipal residential systems, and non-municipal year-round residential systems)

Location Type	Number of Samples	Range of Lead Results (min#) – (max #)	Unit of Measure	Number of Exceedances
Plumbing	112	<0.001-0.010	mg/L	0
Distribution	20	<0.001	mg/L	0

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

Parameter	Sample Date	Result Value	Unit of Measure	Exceedance
THM (NOTE: show latest annual average)	January – December, 2015	0.0452	mg/L	0



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
THM	0.0568	mg/L	July 14, 2015