ANNUAL REPORT

Drinking-Water System Number: Drinking-Water System Name: Drinking-Water System Owner: Drinking-Water System Category: Period being reported:

260003279
City of St. Catharines Distribution System
Corporation of the City of St. Catharines
Large Municipal Residential (pop. 130,000)
January 01 – December 31, 2010

Complete if your Category is Large Municipal Residential or Small Municipal Residential	Complete for all other Categories.
Does your Drinking-Water System serve more than 10,000 people? Yes [X] No []	Number of Designated Facilities served:
Is your annual report available to the public at no charge on a web site on the Internet? Yes [X] No [] Location where Summary Report required under O. Reg. 170/03 Schedule 22 will be available for inspection.	Did you provide a copy of your annual report to all Designated Facilities you serve? Yes [] No [] Number of Interested Authorities you report to:
Lake Street Service Center 383 Lake Street, St. Cath, ON L2N 4H5 or City Hall 50 Church Street, St. Cath, ON L2R 7C2	Did you provide a copy of your annual report to all Interested Authorities you report to for each Designated Facility? Yes [] No []

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
n/a	

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.

- [X] Public access/notice via the web
- [X] Public access/notice via Government Office
- [X] Public access/notice via a newspaper
- [X] Public access/notice via Public Request
- [] Public access/notice via a Public Library
- [X] Public access/notice via other method __Notification in Water Bills____

Describe your Drinking-Water System

The City's Drinking Water System is a Water Distribution Subsystem Class 2. The City receives its drinking water from the Regional Municipality of Niagara Decew Water Treatment Plant. Water supplied to the distribution system is surface water from Lake Erie via the Welland Canal. The distribution system is maintained by the City of St. Catharines, serving a population of 130,000.

List all water treatment chemicals used over this reporting period

	/
n	10
- 11	/a

Were any significant expenses incurred to?

- [] Install required equipment
- [] Repair required equipment
- [X] Replace required equipment

Please provide a brief description and a breakdown of monetary expenses incurred

The 2010 Water Budget was \$5,500,000. Additional funding available from other sources (Gas Tax & Municipal Rural Infrastructure Fund) brought total budgeted amount for water to \$6,022,000. The total budget allowed for the replacement of approximately 8.8 km of existing watermains and the installation of approximately 1.2 km of new watermains.

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
June 18	Potential contaminated trench during mainbreak repair	n/a	n/a	Followed standard procedure for follow-up watermain repair. Took chlorine residuals, flushed, micro samples	June 18
July 05	Total Coliforms	1	cfu/ 100mL	Flush, resample	July 06 & 07
August 10	Total Coliforms	2	cfu/ 100mL	Flush, resample	August 11 & 12
August 11	Total Coliforms	1	cfu/ 100mL	Flush, resample	August 12 & 13

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

September 21	Total Coliforms	6	cfu/ 100mL	Flush, resample	September 22 & 23
November 03	Total Coliforms	1	cfu/ 100mL	Flush, resample	November 4 & 5
November 11	Total Coliforms	56	cfu/ 100mL	Flush, resample	November 12 &13
November 19	Free Chlorine	0.03	mg/L	Home was tied into Regional transmission main, which had been temporarily shutdown for a study. City crews disconnected the service lines from the Regional line and reconnected to the City's distribution system. Flushed, resample	November 19 & 20

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	1578	0	0-56	882	0-310

Operational testing done under Schedule 7, 8 or 9 of Regulation 170/03 during the

period covered by this Annual Report.

	Number of	Range of Results
	Grab	(min #)-(max #)
	Samples	
Turbidity		
Chlorine	3119	0.03-2.20
Fluoride (If the		
DWS provides		
fluoridation)		

NOTE: Fluoride is not added to the water distribution system.

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
n/a				

Ontario 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				
Arsenic				
Barium				
Boron				
Cadmium				
Chromium				
*Lead	January – December	<0.001-0.0048	mg/L	0
Mercury				
Selenium				
Sodium				
Uranium				
Fluoride				
Nitrite				
Nitrate				

^{*}Summary of lead plumbing test results from samples taken outside of the Schedule 15.1.

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	165	< 0.001-0.027	2
Distribution	23	< 0.001-0.001	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	0.0412	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
n/a			