OPTIONAL ANNUAL REPORT TEMPLATE

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 1, 2014 – December 31, 2014

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 Centre 383 Lake Street, St. Catharines, ON L2N 4H5 -and- City Hall 50 Church Street, St. Catharines, 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 []

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			
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 [] No [] N/A

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
- [] 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-<u>Reports are available at various Public</u> 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 Decew Water Treatment Plant. The source water is surface water from Lake Erie via an intake from the Welland Canal.

List all water treatment chemicals used over this reporting period

	1.
n	/ล

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 2014 water improvement program budget was \$5,500,000. This budget allowed for the replacement or upgrade of 5,885 m of existing watermain and the installation of 485 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
March 6, 2014	Total Coliform	20	cfu/100mL	Flush, resample	March 7/8, 2014
July 8, 2014	Free Chlorine	0.01	mg/L	Flush, resample	July 8, 2014
July 28, 2014	Free Chlorine	0.02	mg/L	Flush, resample	July 28, 2014
September 9, 2014	Free Chlorine	0.00	mg/L	Flush, resample	September 9, 2014
October 9, 2014	Free Chlorine	0.03	mg/L	Flush, resample	October 9, 2014
October 15, 2014	Total Coliform	27	cfu/100mL	Flush, resample	October 16/17, 2014
November 3, 2014	Free Chlorine	0.00	mg/L	Flush, resample	November 3, 2014
November 14, 2014	Free Chlorine	0.00	mg/L	Flush, resample	November 14, 2014

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	1744	0	0-27	901	0-96

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	3014	0.00-2.05	mg/L
Fluoride (If the DWS			
provides fluoridation)			

NOTE: For continuous monitors use 8760 as the number of

Summary of additional testing and sampling carried out in accordance with the requirement of an approval, order or other legal instrument.

Date of legal inst	trument Parameter	Date Sampled	Result	Unit of Measure
issued				
n/a				

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				
Mercury				
Selenium				
Sodium				
Uranium				
Fluoride				
Nitrite				
Nitrate				

*only for drinking water systems testing under Schedule 15.2; this includes large municipal non-residential systems, small municipal non-residential systems, non-municipal seasonal residential systems, large non-municipal non-residential systems, and small non-municipal non-residential systems

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	135	< 0.001-0.045	mg/L	3
Distribution	19	< 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
Alachlor				
Aldicarb				
Aldrin + Dieldrin				
Atrazine + N-dealkylated metobolites				
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				
	1			

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

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)	January – December	0.0637	mg/L	0
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
THM	0.0543	mg/L	April 11, 2014
THM	0.0557	mg/L	April 11, 2014
THM	0.0515	mg/L	April 11, 2014
THM	0.0532	mg/L	April 11, 2014
THM	0.0504	mg/L	April 11, 2014
THM	0.0818	mg/L	July 4, 2014
THM	0.0719	mg/L	July 4, 2014
THM	0.0633	mg/L	July 4, 2014
THM	0.0658	mg/L	July 4, 2014

Intario	Drinking-Water Sy	stems Regulation	O. Reg. 170/03
THM	0.0635	mg/L	July 4, 2014
THM	0.0680	mg/L mg/L	July 4, 2014 July 4, 2014
THM	0.0654	mg/L	July 4, 2014
THM	0.0744	mg/L	July 4, 2014
THM	0.0596	mg/L	October 9, 2014
THM	0.0566	mg/L	October 9, 2014
THM	0.0527	mg/L	October 9, 2014
THM	0.0587	mg/L	October 9, 2014
THM	0.0693	mg/L	October 9, 2014
THM	0.0508	mg/L	October 9, 2014
THM	0.0567	mg/L	October 9, 2014
THM	0.0586	mg/L	October 9, 2014