



OPTIONAL ANNUAL REPORT TEMPLATE

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, 2012 – December 31, 2012

<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> Lake Street Service Centre 383 Lake Street, St. Catharines, ON L2N 4H5 or City Hall 50 Church Street, St. Catharines, ON L2R 7C2 </td> </tr> </table>	Lake Street Service Centre 383 Lake Street, St. Catharines, ON L2N 4H5 or City Hall 50 Church Street, St. Catharines, ON L2R 7C2	<p><u>Complete for all other Categories.</u></p> <p>Number of Designated Facilities served: <input style="width: 100px; height: 20px;" 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 style="width: 100px; height: 20px;" 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>
Lake Street Service Centre 383 Lake Street, St. Catharines, ON L2N 4H5 or City Hall 50 Church Street, St. Catharines, ON L2R 7C2		

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 [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: 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 an intake from the Welland Canal. The distribution system is maintained by the City of St. Catharines and serves a population of 130,000.

List all water treatment chemicals used over this reporting period

n/a

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 2012 water budget was 5.5 million dollars. This budget allowed for the replacement or upgrade of 6,660 m of existing watermain and the installation of 380 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
Feb. 01/12	Total Coliform	1	cfu/100mL	Flushed, resample	Feb. 02-03/12
July 03/12	Total Coliform	1	cfu/100mL	Flushed, resample	July 04-05/12
July 24/12	Total Coliform	2	cfu/100mL	Flushed, resample	July 25-26/12
Sept 19/12	Free Chlorine	0.02	mg/L	Flushed, resample	Sept 19/12
Sept 19/12	Total Coliform	3	cfu/100mL	Flushed, resample	Sept 20-21/12
Nov. 27/12	Total Coliform	1	cfu/100mL	Flushed, resample	Nov. 28-29/12



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	1827	0	0-3	796	0-750

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	3107	0.02 – 2.20	mg/L
Fluoride (If the DWS provides fluoridation)			

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

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				

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	102	<0.001 – 0.047	mg/L	0
Distribution	18	<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	0.046	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			