**OPTIONAL ANNUAL REPORT TEMPLATE**

|  |  |
| --- | --- |
| Drinking-Water System Number:  | *260004904* |
| Drinking-Water System Name: | *Fort Erie Distribution (DS)* |
| Drinking-Water System Owner: | *Corporation of the Town of Fort Erie* |
| Drinking-Water System Category: | *Large Municipal Residential* |
| Period being reported: | *January 1, 2016 to December 31, 2016* |

|  |  |
| --- | --- |
| *Complete if your Category is Large Municipal Residential or Small Municipal Residential*Fort Erie Municipal CentreOne Municipal Centre Drive***Fort Erie, ON******L2A 1S6******www.forterie.on.ca***Does your Drinking-Water System serve more than 10,000 people? Yes [ X ] No [ ]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.  | *Complete for all other Categories.*Number of Designated Facilities served:Did you provide a copy of your annual report to all Designated Facilities you serve? Yes [ ] No [ ]Number of Interested Authorities you report to: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 |
|  |  |

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.

[ 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

[ ] Public access/notice via other method \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe your Drinking-Water System

*The Drinking Water System in the Town of Fort Erie is a split jurisdictional model between the Regional Municipality of Niagara (Region) and the Corporation of the Town of Fort Erie (Town). The Region is responsible for water treatment, trunk water main facilities, water storage, and residual disinfection. The Town owns and operates the Fort Erie Distribution System, purchasing water from the Region and supplying it to serviced areas within all urban and settlement areas of the Municipality. The distribution system is a Class 2 system, extending westerly as far as Pt. Abino through Ridgeway and Crystal Beach and northerly to Douglastown through Stevensville.*

List all water treatment chemicals used over this reporting period

|  |
| --- |
|  *Sodium Hypochlorite* |

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

*$1,620,000 – 2016 Capital Investment for Water Meter and Main Replacement*

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 |
| *Jul. 12/16* | *Microbiological (Total Coliform)* | *29* | *Count/**100ml* | *Flush and Re-Sample from adverse location as well as upstream* | *Jul. 19/16* |
| *Jul. 19/16* | *Microbiological (Total Coliform)* | *1* | *Count/**100ml* | *Re-Sample from adverse location including up and downstream* | *Jul. 25/16* |
| *Oct. 4/16* | *Microbiological (Total Coliform)* | *1* | *Count/**100ml* | *Re-Sample from adverse location including up and downstream* | *Oct. 11/16* |
| *Nov. 15/16* | *Microbiological (Total Coliform)* | *2* | *Count/**100ml* | *Flush and Re-Sample from adverse location as well as upstream* | *Nov. 22/16* |
| *Nov. 16/16* | *Microbiological (Total Coliform)* | *11* | *Count/**100ml* | *Flush and Re-Sample from adverse location as well as upstream* | *Nov. 22/16* |
| *Nov. 18/16* | *Microbiological (Total Coliform)* | *11* | *Count/**100ml* | *Flush and Re-Sample from adverse location as well as upstream* | *Nov. 22/16* |
| *Nov. 18/16* | *Microbiological (Total Coliform)* | *15* | *Count/**100ml* | *Flush and Re-Sample from adverse location as well as upstream* | *Nov. 22/16* |

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 FecalResults (min #)-(max #) | Range of Total Coliform Results(min #)-(max #) | Number of HPC Samples  | Range of HPC Results(min #)-(max #) |
| Raw |  |  |  |  |  |
| Treated |  |  |  |  |  |
| Distribution | *563* | *0 - 0* | *0 - 29* | *563* | *0 - 480* |

Operational testing done under Schedule 7, 8 or 9 of Regulation 170/03 during the period covered by this Annual Report.

|  |  |  |
| --- | --- | --- |
| **NOTE**: For continuous monitors use 8760 as the number of samples. | Number of Grab Samples | Range of Results(min #)-(max #) |
| Turbidity |  |  |
| Chlorine | *1099* | *0.13 – 1.25* |
| Fluoride (If the DWS provides fluoridation) |  |  |

|  |
| --- |
| *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 |
|  |  |  |  |  |
|  |  |  |  |  |

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 #) | Number of Exceedances |
| Plumbing  | *N/A* | *N/A* | *N/A* |
| Distribution | *N/A* | *N/A* | *N/A* |

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 |  |  |  |  |
| 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) | *2016 Average* | *0.0308* | *mg/L* | *None* |
| 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** |
|  |  |  |  |
|  |  |  |  |