



**OPTIONAL ANNUAL REPORT TEMPLATE**

<b>Drinking-Water System Number:</b>	260078897
<b>Drinking-Water System Name:</b>	St. Thomas Area Secondary Water Supply System
<b>Drinking-Water System Owner:</b>	Joint Board of Management of the St. Thomas Area Secondary Water Supply System
<b>Drinking-Water System Category:</b>	Large Municipal Residential
<b>Period being reported:</b>	January 1, 2017 through December 31, 2017

<p><b><u>Complete if your Category is Large Municipal Residential or Small Municipal Residential</u></b></p> <p><b>Does your Drinking-Water System serve more than 10,000 people? Yes [ ] No [X]</b></p> <p><b>Is your annual report available to the public at no charge on a web site on the Internet? Yes [X] No [ ]</b></p> <p><b>Location where Summary Report required under O. Reg. 170/03 Schedule 22 will be available for inspection.</b></p> <table border="1" style="width: 100%;"> <tr> <td>                 City of St. Thomas, City Hall                  Environmental Services                  545 Talbot Street                  St Thomas, Ontario             </td> </tr> </table>	City of St. Thomas, City Hall Environmental Services 545 Talbot Street St Thomas, Ontario	<p><b><u>Complete for all other Categories.</u></b></p> <p><b>Number of Designated Facilities served:</b></p> <table border="1" style="width: 100%;"> <tr> <td style="height: 20px;"></td> </tr> </table> <p><b>Did you provide a copy of your annual report to all Designated Facilities you serve? Yes [ ] No [ ]</b></p> <p><b>Number of Interested Authorities you report to:</b></p> <table border="1" style="width: 100%;"> <tr> <td style="width: 100px; height: 20px;"></td> </tr> </table> <p><b>Did you provide a copy of your annual report to all Interested Authorities you report to for each Designated Facility? Yes [ ] No [ ]</b></p>		
City of St. Thomas, City Hall Environmental Services 545 Talbot Street St Thomas, Ontario				

**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:**

<b>Drinking Water System Name</b>	<b>Drinking Water System Number</b>
City of St. Thomas Water Distribution System	260002187
Municipality of Central Elgin	260004761
Township of Southwold	210001362
Dutton/Dunwich Distribution System	220002967



**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.**

**Public access/notice via the web**

City of St. Thomas Website – [www.city.st-thomas.on.ca](http://www.city.st-thomas.on.ca)

**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** \_\_\_\_\_

**Describe your Drinking-Water System**

The system consists of an Elevated Water Tower storage tank and trunk water mains. A 750 mm diameter watermain is connected to the Primary System at the West Chamber on South Edgeware Road. The pipeline then connects to the Elevated Storage Tank, a 0.76 ML (200,000 gallon) steel teardrop elevated tank that is located just off Water Tower Line Road near Waterworks Park in the City of St. Thomas. The pipeline then extends west for approximately 2.6 km along Edgeware Road to County Road 26 and then along Ford Road/Wonderland Road before turning northwesterly for approximately 3.6 km. to the Ford Chamber located at the northwest corner of Clinton Line (Concession Road 11) and Wonderland Road. At the intersection of Ford Road and Talbotville Road, the diameter of the pipeline is reduced to 500 mm.

**List all water treatment chemicals used over this reporting period**

12% Sodium Hypochlorite                      Chlorine Gas (EMPS)  
Sodium Metabisulphite

**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**

EMPS Pump Replacement                      \$670,000

**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
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**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	205	(0)-(0)	(0)-(0)	205	(<10)-(40)

**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 #)
Turbidity		
Chlorine	897	(.17)-(2.00)
Sample Collection Cl2		
Grab Cl2	208	(.55)-(1.30)
SCADA	8760	(0.00)-(5.00)
Fluoride (If the DWS provides fluoridation)		

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

*NOTE: Record the unit of measure if it is not milligrams per litre. The value of 0.0 was recorded in the continuous chlorine sampler as a result of equipment abnormality/SCADA issue/maintenance work or calibration.*

**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
NA				

**Summary of Inorganic parameters tested during this reporting period or the most recent sample results**

Parameter	Sample Date	Result Value	Unit of Measure	Exceedance
NA				



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\*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	NA		
Distribution	NA		

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

Parameter	Sample Date	Result Value	Unit of Measure	Exceedance
HAA5	Feb 07 2017 May 10 2017 Aug 14 2017 Nov 08 2017	16.4	ug/L	no
THM (NOTE: show latest annual average)	Feb 07 2017 May 10 2017 Aug 14 2017 Nov 08 2017	31.5	ug/L	no

**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