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| <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, 2018 through December 31, 2018                                      |

|  |   |
|--|---|
| <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> <div style="border: 1px solid black; padding: 5px;"> <p>City of St. Thomas, City Hall<br/>Environmental Services<br/>545 Talbot Street<br/>St Thomas, Ontario</p> </div> | <p><b><u>Complete for all other Categories.</u></b></p> <p><b>Number of Designated Facilities served:</b></p> <div style="border: 1px solid black; padding: 5px; width: 100px; margin: 5px 0;">NA</div> <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> <div style="border: 1px solid black; padding: 5px; width: 100px; margin: 5px 0;">NA</div> <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> |
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**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 |
|---------------|-----------|--------|-----------------|-------------------|------------------------|
| NA            | NA        | NA     | NA              | NA                | NA                     |

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          | NA                | NA   | NA  | NA                    | NA                                   |
| Treated      | NA                | NA   | NA  | NA                    | NA                                   |
| Distribution | 134               | (0)-(0)  | (0)-(0)   | 134                   | (<10)-(190)                          |

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                                    | 134                    | (.89)-(1.77)                     |
| SCADA                                       | 8760                   | (0.00)-(5.00)                    |
| Fluoride (If the DWS provides fluoridation) | NA                     | NA                               |

*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                              | NA        | NA           | NA     | NA              |
| NA                              | NA        | NA           | NA     | 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        | NA          | NA           | NA              | NA         |
| NA        | NA          | NA           | NA              | NA         |
| NA        | NA          | NA           | NA              | NA         |

\*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                | NA                                     | NA                    |
| Distribution  | NA                | NA                                     | 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 14 2018<br>Feb 23 2018<br>May 09 2018<br>Aug 14 2018<br>Oct 31 2018 | 8.7          | ug/L            | no         |
| THM<br>(NOTE: show latest annual average) | Feb 14 2018<br>May 09 2018<br>Aug 14 2018<br>Oct 31 2018                | 33.0         | 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 |
|-----------|--------------|-----------------|----------------|
| NA        | NA           | NA              | NA             |
| NA        | NA           | NA              | NA             |