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, 2018 to December 31, 2018*

Complete if your Category is Large Municipal Residential or Small Municipal Residential

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.

Fort Erie Municipal Centre
One Municipal Centre Drive
Fort Erie, ON
L2A 1S6
www.forterie.on.ca

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

$1,600,000 – 2018 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. 10 / 18	*Microbiological (Total Coliform)*	*1*	*Count/ 100ml*	*Flush and Re-Sample from adverse location as well as upstream*	*Jul. 10 / 18*
Sept. 5 / 18	*Microbiological (Total Coliform)*	*1*	*Count/ 100ml*	*Flush and Re-Sample from adverse location as well as upstream*	*Sept. 10 / 18*
Sept. 5 / 18	*Microbiological (Total Coliform)*	*1*	*Count/ 100ml*	*Flush and Re-Sample from adverse location as well as upstream*	*Sept. 10 / 18*
Sept. 12 / 18	*Microbiological (Total Coliform)*	*3*	*Count/ 100ml*	*Flush and Re-Sample from adverse location as well as upstream*	*Sept. 17 / 18*

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	*536*	*0 - 0*	*0 - 3*	*536*	*0 - 356*

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	*1430*	*0.07 – 1.61*
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.*

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	***8***	***<0.00010 – 0.00043 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				
Diquat				
Diuron				
Glyphosate				
Haloacetic Acids	*2018 Average*	*0.0138*	*mg/L*	*None*
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)	***2018 Average***	***0.0348***	***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