



February 28, 2015

Ms. Mary McCuaig, CAO/Clerk
The Corporation of the Nation Municipality
958 Hwy # 500 West, R.R. # 3
Casselman, ON

Subject: Summary and Annual Report for the St Isidore Drinking Water System.

Dear Ms. McCuaig,

The following document includes the Summary Report for the St Isidore Drinking Water System, covering the period from January 1st to December 31st 2014. The Summary Report is completed in accordance with O.Reg 170/03 Schedule 22 under the Safe Drinking Water Act, which requires for it to be completed by February 28 of the following year.

The Summary Report includes a summary of the quantities and flow rates of the water supplied during the period covered including monthly average and maximum daily flow and a comparison of the summary to the rated capacity of the system.

It is to be distributed among the members of the municipal council and the board of directors of the Nation Corporation.

Sincerely,

A handwritten signature in blue ink, appearing to read "L. Airoldi", is written in a cursive style.

Luc Airoldi
Project Manager

cc: Desmond Verasammy, Team Aquatic
Marc Legault, Director of Public Works, The Nation Municipality

The Nation Municipality

Report for St-Isidore Drinking Water System

2014 Summary and Annual report

Date : February 2015
NRéf. : 058-P-0001826-036- EX-R-1413-00





Summary Report for the St Isidore Drinking Water System

Background

O. Reg. 170/03 Schedule 22 Summary Reports for Municipalities applies for small and large municipal residential systems. The St Isidore Drinking Water System is considered to be a large municipal residential system as it is a “municipal drinking water system that serves a major residential development and serves more than 100 private residences” as defined in Section 1 of O.Reg.170/03.

The summary report must be prepared by February 28 of the following year and must be given to:

- ▶ in the case of a drinking water system owned by a municipality, the members of the municipal council;
- ▶ in the case of a drinking water system owned by a municipal service board established under section 195 of the *Municipal Act, 2001*, the members of the municipal service board; or
- ▶ in the case of a drinking water system owned by a corporation, the board of directors of the corporation.

The Summary Report must:

- ▶ list the requirements of the Act, the regulations, the system’s approval, drinking water works permit, municipal drinking water licence, and any orders applicable to the system that were not met at any time during the period covered by the report; and
- ▶ for each requirement referred to in clause (a) that was not met, specify the duration of the failure and the measures that were taken to correct the failure
- ▶ A summary of the quantities and flow rates of the water supplied during the period covered by the report, including monthly average and maximum daily flows.
- ▶ A comparison of the summary referred to in paragraph 1 to the rated capacity and flow rates approved in the system’s approval, drinking water works permit or municipal drinking water licence, or if the system is receiving all of its water from another system under an agreement pursuant to subsection 5 (4), to the flow rates specified in the written agreement.



Content

The following table lists the requirements that the system failed to meet and the measures taken to correct the failures.

Drinking Water Legislation and	Requirements the system failed to meet	Duration of the failure	Corrective measures taken	Status
Safe Drinking Water Act, 2002	None	N/A	N/A	N/A
Ontario Regulations: O.Reg. 128/04 O.Reg. 169/03 O.Reg. 170/03	None	N/A	N/A	N/A
Systems approval: Certificate of Approval	None	N/A	N/A	N/A
Drinking Water Works Permit under O.Reg 188/03	None	N/A	N/A	N/A
Municipal Drinking Water Licence under O.Reg 188/03	None	N/A	N/A	N/A
Provincial Officer's Order	None	N/A	N/A	N/A



Comparison:

The St Isidore Drinking Water System has no rated capacity as it receives its treated water from the Lefavre Water Treatment Plant in the Alfred and Plantagenet Municipality. During the 2014 year, the maximum daily flow of 346 m³/d occurred during the month of October. The average daily flow was 197m³/d and the minimum daily flow was 144m³/d during the month of January. This represents a reduction of consumption of 6% compared to the Year 2013.

2014 Summary Report St Isidore Water Distribution System



Municipality: Village of St Isidore in Nation Township

Facility: St Isidore Water Distribution System

Works: 220003573 - St Isidore de Prescott Water Dist

Classification: Class 3 Water Distribution

Water Source: Surface Water (Lefavre Water Treatment Plant)

Serviced Population: 1200

Period: 2012-01-01 to 201:

Total Designed Capacity (m3/day):

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Sum
DistributionSystem \ Flows - Plantagenet Booster Station													
Flows (m3/day)													
Avg.	222	245	224	209	192	224	223	225	239	220	217	212	221
Max	305	263	272	264	256	320	350	305	392	525	286	293	525
Min	145	199	141	148	145	150	146	155	150	121	169	200	121
Total	6885	6863	6943	6276	5964	6732	6691	6972	7166	6833	6511	6370	80206
St-Isidore tower Flowmeter (m3/day)													
Avg.	203	224	201	189	172	206	206	209	202	182	188	182	197
Max	276	267	261	255	219	277	332	268	364	246	250	229	364
Min	154	211	144	150	146	155	148	167	160	144	160	160	144
Total	6290	6285	6221	5660	5326	6183	6171	6494	6055	5649	5625	5446	71406
Distribution System \ Health - Chlorine Residuals													
Minimum Total Cl ₂ (mg/L)													
Avg.	1,47	1,50	1,07	1,26	1,20	1,59	1,12	1,04	1,07	0,97	1,07	1,31	1,22
Min	0,82	0,85	0,68	0,64	0,62	0,78	0,50	0,49	0,49	0,55	0,58	0,56	0,49
Maximum Total Cl ₂ (mg/L)													
Avg.	2,44	2,57	2,27	2,46	2,37	2,24	2,12	1,95	1,80	2,02	1,82	2,22	2,19
Max	2,94	2,98	2,59	2,58	2,79	2,50	2,96	2,92	2,80	2,93	2,87	2,67	2,98
Minimum Free Cl ₂ (mg/L)													
Avg.	0,09032	0,03	0,03	0,03	0,05	0,08	0,19	0,01	0,01	0,00	0,00	0,04	0,05
Min	0,07	0,00	0,00	0,02	0,00	0,00	0,02	0,00	0,00	0,00	0,00	0,00	0,00
Maximum Free Cl ₂ (mg/L)													
Avg.	0,07	0,06	0,07	0,05	0,30	0,19	0,12	0,04	0,13	0,00	0,00	0,21	0,10
Max	0,07	0,09	0,22	0,05	1,70	0,66	0,15	0,08	0,43	0,00	0,00	0,09	1,70
Minimum Combined Cl ₂ (mg/L)													
Avg.	1,41	1,47	1,03	1,21	1,05	1,25	0,58	0,92	0,59	0,97	1,07	1,21	1,06
Min	0,75	0,81	0,63	0,60	0,60	0,61	0,45	0,49	0,48	0,53	0,57	0,56	0,45
Maximum Combined Cl ₂ (mg/L)													
Avg.	2,49	2,54	2,23	2,43	2,28	2,11	1,86	1,92	1,78	1,96	1,82	2,18	2,13
Max	2,87	2,91	2,54	2,55	2,76	2,49	2,94	2,92	2,79	2,93	2,87	2,67	2,94
Mean Combined Cl ₂ (mg/L)													
Avg.	2,02	2,16	1,82	2,07	1,79	1,71	1,23	1,39	1,24	1,32	1,30	1,68	1,64



OPTIONAL ANNUAL REPORT TEMPLATE

Drinking-Water System Number:	220003573
Drinking-Water System Name:	St Isidore Water Distribution System
Drinking-Water System Owner:	The Corporation of the Nation Municipality
Drinking-Water System Category:	Large Municipal Residential
Period being reported:	January 1 st to December 31 st 2014

<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 [] No [X]</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> <div style="border: 1px solid black; padding: 5px;"> <p>Municipal Office The Corporation of the Nation Municipality 958 Hwy 500 W, RR # 3 Cassleman, ON, K0A1M0</p> </div>	<p><u>Complete for all other Categories.</u></p> <p>Number of Designated Facilities served:</p> <div style="border: 1px solid black; padding: 2px; width: fit-content;">N/A</div> <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:</p> <div style="border: 1px solid black; padding: 2px; width: fit-content;">N/A</div> <p>Did you provide a copy of your annual report to all Interested Authorities you report to for each Designated Facility? Yes [] No []</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:

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 [] 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 _____

Describe your Drinking-Water System

The St Isidore water distribution system is designed to deliver chloraminated water from the Plantagenet Booster Pump Station (Plantagenet source water is from Lefaiivre WTP). The Plantagenet Booster Pump Station has two high lift pumps rated at 20 L/s, one 84.4 m³ clearwell, a chloramination system consisting of two chemical dosing pumps, 250 L solution/containment mixing tank for dosing Ammonium Sulfate into the transmission watermain, one out flowmeter, two automatic chlorine analyzers, to determine the combined chlorine residual, and one 125 kW power generator. This facility operates under Certificate of Approval number 7256-6NEMJ7
 The source water for the village of St Isidore is primarily supplied by the Lefaiivre WTP.

List all water treatment chemicals used over this reporting period

Sodium Hypochlorite, Ammonium Sulphate (dosage administrated in Lefaiivre WTP)

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

- Repairs to fire hydrants	1 000\$
- Replace free chlorine analyzer at Tower	4 700\$
-Changed bolts on valve, installed anode, corrosion	20 000\$
-Replace pump for chlorine and ammonia	5 000\$

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

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 #)
Distribution	156	0	0	56	<2 -500

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 #)
Chlorine Combined Dist. Syst.	8760	*0.45-2.94

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

*NOTE: Record the unit of measure if it is not milligrams per litre.
Average per day of combine chlorine in distribution syst. : 0,58 –2,54 mg/l

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	N/A	N/A	N/A	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
Barium	April 03, 2014	0.016	mg/l	no
Nitrite	January 28, 2014	<0.1	mg/l	no
Nitrate	January 28, 2014	0.4	mg/l	no
Nitrite + Nitrate	January 28, 2014	0.4	mg/l	no
Manganese	April 03, 2014	0.006	mg/l	no
Magnesium	April 03, 2014	2.75	mg/l	no
Iron	April 03, 2014	0.005	mg/l	no
Calcium	April 03, 2014	11.6	mg/l	no
Hardness	April 03, 2014	40	mg/l	no
DOC	April 03, 2014	2.7	mg/l	no
Alkalinity	September 23, 2014	30	mg/l	no
TOC	April 03, 2014	2.8	mg/l	no
pH	September 23, 2014	7.49		no

*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
Distribution	2	0.00006-0.00014	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
THM (NOTE: show latest annual average)	Jan 7, Apr 4, Jul 2, Oct 7	43.91	ug/L	No
Chloroform	Jan 7, Apr 4, Jul 2, Oct 7	38.87	ug/L	No
Bromodichloromethane	Jan 7, Apr 4, Jul 2, Oct 7	4.99	ug/L	No
Bromoform	Jan 7, Apr 4, Jul 2, Oct 7	<0.1	ug/L	No
Dibromochloromethane	Jan 7, Apr 4, Jul 2, Oct 7	<0.4	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
N/A	N/A	N/A	N/A