



**Ontario Clean Water Agency**  
**Agence Ontarienne Des Eaux**



**Annual Performance Report**  
**Leamington Distribution System**  
**Drinking Water System # 220004992**  
**2017**

Prepared for the Municipality of Leamington

By the Ontario Clean Water Agency  
Ken Penney  
Process & Compliance Technician  
[kpenney@ocwa.com](mailto:kpenney@ocwa.com)  
519-326-4447



**ANNUAL REPORT**

|  |  |
|--|--|
| <b>Drinking-Water System Number:</b>   | 220004992                                  |
| <b>Drinking-Water System Name:</b>     | Leamington Distribution System (Union WSS) |
| <b>Drinking-Water System Owner:</b>    | The Municipality of Leamington             |
| <b>Drinking-Water System Category:</b> | Large Municipal Residential                |
| <b>Period being reported:</b>          | 01-January-2017 to 31-December 2017        |

|   |   |
|---|---|
| <p><b><u>Complete if your Category is Large Municipal Residential or Small Municipal Residential</u></b></p> <p>Does your Drinking-Water System serve more than 10,000 people? Yes [ <input checked="" type="checkbox"/> ] No [ <input type="checkbox"/> ]</p> <p>Is your annual report available to the public at no charge on a web site on the Internet? Yes [ <input checked="" type="checkbox"/> ] No [ <input type="checkbox"/> ]</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>Municipality of Leamington Office<br/>111 Erie Street North,<br/>Leamington, ON<br/>N8H 2Z9</p> </div> | <p><b><u>Complete for all other Categories.</u></b></p> <p>Number of Designated Facilities served:<br/><input type="text" value="N/A"/></p> <p>Did you provide a copy of your annual report to all Designated Facilities you serve? Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ]</p> <p>Number of Interested Authorities you report to: <input type="text" value="N/A"/></p> <p>Did you provide a copy of your annual report to all Interested Authorities you report to for each Designated Facility? Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ]</p> |
|---|---|

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                        | 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**

A stand alone distribution system serving a population of approx 31,000 residents of the Municipality of Leamington.

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

N/A

**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**

Point Pelee Drive/Bevel Line Phase 1&2 watermain replacement project \$968,000.  
 Point Pelee Drive Phase 4 watermain replacement project \$ 15,000.  
 Danforth Avenue watermain replacement project \$ 430,000.  
 Marlborough/Chestnut/Fox & Russell St. watermain replacement project \$366,000.

**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 |
|---------------|----------------|--------|-----------------|--|------------------------|
| May 24, 2017  | Total Coliform | 7      | cfu/100mL       | Resample upstream and downstream, and again in 24hrs | May 25, 2017           |



**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 #) Cfu/100ml | Range of Total Coliform Results (min #)-(max #) Cfu/100ml | Number of HPC Samples | Range of HPC Results (min #)-(max #) Cfu/100ml |
|---------------------|--|--|---|-----------------------|--|
| <b>Raw</b>          | Please see the Annual Report for the Union Water Supply System # 210000853 |  |   |                       |  |
| <b>Treated</b>      | Please see the Annual Report for the Union Water Supply System # 210000853 |  |   |                       |  |
| <b>Distribution</b> | 525  | 0-0  | 0-7   | 261                   | <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 #)   |
|--|--|--|
| <b>Turbidity</b>                                   | Please see the Annual Report for the Union Water Supply System # 210000853 |  |
| <b>Chlorine Combined</b>                           | 364  | Max: 1.96 mg/l<br>Min: 0.63 mg/l<br>Avg: 1.55 mg/l<br>Combined Residual (Chloramination) |
| <b>Fluoride</b> (If the DWS provides fluoridation) | N/A  |  |

*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 |
|---------------------------------|-----------|--------------|--------|-----------------|
| <b>None</b>                     |           |              |        |                 |

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

| Parameter             | Sample Date      | Result Value | Unit of Measure | Exceedance |
|-----------------------|------------------|--------------|-----------------|------------|
| Nitrite               | December 27,2017 | <0.1         | mg/L            | No         |
| Nitrate               | December 27,2017 | 0.5          | mg/L            | No         |
| Nitrate + Nitrite (N) | December 27,2017 | 0.5          | mg/L            | No         |
| Ammonia (N) -Total    | December 27,2017 | 0.21         | mg/L            | 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 Results (min#) – (max #) |         | MAC (ug/L) | Number of Exceedances |
|------------------------------------|-------------------|-----------------------------------|---------|------------|-----------------------|
|                                    |                   | Minimum                           | Maximum |            |                       |
| Distribution – Lead Results (ug/L) | 8                 | 0.09                              | 0.72    | 10         | 0                     |
| Distribution – Alkalinity (mg/L)   | 8                 | 77                                | 83      | n/a        | n/a                   |
| Distribution – pH In-House         | 8                 | 7.44                              | 8.22    | 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 |
|--|----------------|--------------|-----------------|------------|
| <b>THM</b><br>(NOTE: show latest annual average) | Annual Average | 21.5         | ug/L            | No         |
| <b>HAA</b><br>(NOTE: show latest annual average) | Annual Average | 5.3          | 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 |
|-----------|--------------|-----------------|----------------|
| None      |              |                 |                |