



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, 2024 to December 31, 2024

<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><i>Fort Erie Municipal Centre One Municipal Centre Drive Fort Erie, ON L2A 1S6 www.forterie.on.ca</i></p> </div>	<p><b><u>Complete for all other Categories.</u></b></p> <p>Number of Designated Facilities served: <input type="text"/></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"/></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>
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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

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 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
- Replace required equipment

**Please provide a brief description and a breakdown of monetary expenses incurred**

*\$1,224,179 – 2024 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

<b>Incident Date</b>	<b>Parameter</b>	<b>Result</b>	<b>Unit of Measure</b>	<b>Corrective Action</b>	<b>Corrective Action Date</b>
<i>Jan. 12/24</i>	<i>Free Chlorine Residual (Distribution) AWQI # 164327</i>	<i>&lt;0.05</i>	<i>mg/L</i>	<i>Flush and Re-Sample from adverse location. No further actions.</i>	<i>Jan. 12/24</i>
<i>Feb. 1/24</i>	<i>Suspected Contamination AWQI # 164437 (Boil Water Advisory)</i>	<i>N/A</i>	<i>N/A</i>	<i>Area flushing from suspected adverse location as well as 2 sets of micro samples as directed by Niagara Region Public Health.</i>	<i>Feb. 5/24</i>
<i>Feb. 23/24</i>	<i>Free Chlorine Residual (Distribution) AWQI # 164510</i>	<i>&lt;0.05</i>	<i>mg/L</i>	<i>Flush and Re-Sample from adverse location. No further actions.</i>	<i>Feb. 23/24</i>
<i>Feb. 28/24</i>	<i>Free Chlorine Residual (Distribution) AWQI # 164534</i>	<i>&lt;0.05</i>	<i>mg/L</i>	<i>Flush and Re-Sample from adverse location. No further actions.</i>	<i>Feb. 28/24</i>
<i>Mar. 22/24</i>	<i>Free Chlorine Residual (Distribution) AWQI # 164675</i>	<i>&lt;0.05</i>	<i>mg/L</i>	<i>Flush and Re-Sample from adverse location. No further actions.</i>	<i>Mar. 22/24</i>
<i>May 28/24</i>	<i>Microbiological (Total Coliform) AWQI # 165049</i>	<i>1 TC</i>	<i>Count/100ml</i>	<i>Flush and Re-Sample from adverse location as well as up and downstream micro samples</i>	<i>Jun. 3/24</i>
<i>Jul. 9/24</i>	<i>Microbiological (Total Coliform) AWQI # 165506</i>	<i>9 TC</i>	<i>Count/100ml</i>	<i>Flush and Re-Sample from adverse location as well as up and downstream micro samples</i>	<i>Jul. 15/24</i>
<i>Jul. 11/24</i>	<i>Free Chlorine Residual (Distribution) AWQI # 165537</i>	<i>&lt;0.05</i>	<i>mg/L</i>	<i>Flush and Re-Sample from adverse location. No further actions.</i>	<i>Jul. 11/24</i>
<i>Jul. 16/24</i>	<i>Microbiological (Total Coliform) AWQI # 165610</i>	<i>1 TC</i>	<i>Count/100ml</i>	<i>Flush and Re-Sample from adverse location as well as up and downstream micro samples</i>	<i>Jul. 22/24</i>



<i>Jul. 30/24</i>	<i>Microbiological (Total Coliform) AWQI # 165837</i>	<i>1 TC</i>	<i>Count/ 100ml</i>	<i>Flush and Re-Sample from adverse location as well as up and downstream micro samples</i>	<i>Aug. 6/24</i>
<i>Aug. 7/24</i>	<i>Microbiological (Total Coliform) AWQI # 165916</i>	<i>1 TC</i>	<i>Count/ 100ml</i>	<i>Flush and Re-Sample from adverse location as well as up and downstream micro samples</i>	<i>Aug. 12/24</i>
<i>Sept. 24/24</i>	<i>Microbiological (Total Coliform) AWQI # 166424</i>	<i>1 TC</i>	<i>Count/ 100ml</i>	<i>Flush and Re-Sample from adverse location as well as up and downstream micro samples</i>	<i>Oct. 1/24</i>
<i>Oct. 2/24</i>	<i>Microbiological (T.C. / E. Coli) AWQI # 166532</i>	<i>NDOGN</i>	<i>Count/ 100ml</i>	<i>Flush and Re-Sample from adverse location as well as up and downstream micro samples</i>	<i>Oct. 9/24</i>
<i>Oct. 2/24</i>	<i>Microbiological (Total Coliform) AWQI # 166533</i>	<i>2 TC</i>	<i>Count/ 100ml</i>	<i>Flush and Re-Sample from adverse location as well as up and downstream micro samples</i>	<i>Oct. 9/24</i>
<i>Oct. 3/24</i>	<i>Microbiological (T.C. / E. Coli) AWQI # 166557</i>	<i>NDOGN</i>	<i>Count/ 100ml</i>	<i>Flush and Re-Sample from adverse location as well as up and downstream micro samples (x2 sets required)</i>	<i>Oct. 9/24</i>
<i>Oct. 3/24</i>	<i>Free Chlorine Residual (Distribution) AWQI # 166560</i>	<i>&lt;0.05</i>	<i>mg/L</i>	<i>Flush and Re-Sample from adverse location. No further actions.</i>	<i>Oct. 3/24</i>
<i>Oct. 4/24</i>	<i>Microbiological (T.C. / E. Coli) AWQI # 166570</i>	<i>NDOGN</i>	<i>Count/ 100ml</i>	<i>Flush and Re-Sample from adverse location as well as up and downstream micro samples (x2 sets required as directed by Niagara Region Public Health)</i>	<i>Oct. 9/24</i>
<i>Oct. 8/24</i>	<i>Free Chlorine Residual (Distribution) AWQI # 166600</i>	<i>&lt;0.05</i>	<i>mg/L</i>	<i>Flush and Re-Sample from adverse location. No further actions.</i>	<i>Oct. 8/24</i>
<i>Oct. 8/24</i>	<i>Microbiological (Total Coliform) AWQI # 166608</i>	<i>1 TC</i>	<i>Count/ 100ml</i>	<i>Flush and Re-Sample from adverse location as well as up and downstream micro samples</i>	<i>Oct. 15/24</i>



<i>Nov. 7/24</i>	<i>Free Chlorine Residual (Distribution) AWQI # 166846</i>	<i>&lt;0.05</i>	<i>mg/L</i>	<i>Flush and Re-Sample from adverse location. No further actions.</i>	<i>Nov. 7/24</i>
<i>Dec. 2/24</i>	<i>Microbiological (Total Coliform) AWQI # 16700</i>	<i>1 TC</i>	<i>Count/100ml</i>	<i>Flush and Re-Sample from adverse location as well as up and downstream micro samples</i>	<i>Dec. 9/24</i>

**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	<i>659</i>	<i>0 - NDOGN</i>	<i>0 - NDOGN</i>	<i>659</i>	<i>0 - 191</i>

**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	<i>1827</i>	<i>0.00 – 2.92</i>
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	1	<0.001	0
Distribution	8	<0.001	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 metabolites				
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	<i>2024 Average</i>	<i>0.0098</i>	<i>mg/L</i>	<i>None</i>
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)	<i>2024 Average</i>	<i>0.0364</i>	<i>mg/L</i>	<i>None</i>
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.**