



ANNUAL REPORT

<b>Drinking-Water System Number:</b>	260006464
<b>Drinking-Water System Name:</b>	St. Clair Township Distribution System
<b>Drinking-Water System Owner:</b>	St. Clair, The Corporation of the Township of
<b>Drinking-Water System Category:</b>	Large Municipal Residential
<b>Period being reported:</b>	January 1, 2024 – 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>St. Clair Civic Centre 1155 Emily Street Mooretown, Ontario N0N 1M0</p> </div>	<p><b><u>Complete for all other Categories.</u></b></p> <p>Number of Designated Facilities served: <div style="border: 1px solid black; padding: 2px; display: inline-block;">N/A</div></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: <div style="border: 1px solid black; padding: 2px; display: inline-block;">N/A</div></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
Fawn Island Owners Association	8425LM98S
Stag Island Fraternal Fellowship	Does not have a DW 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 Public Request**

**Describe your Drinking-Water System**

The Corporation of the Township of St. Clair operates the St. Clair Township Water Distribution System which consists of the Brigden Elevated Water Tower and the distribution water mains of the Township of St. Clair. The St. Clair Township Water Distribution System receives its water directly from the Lambton Area Water Supply System (LAWSS). The LAWSS water treatment plant is located at the junction of Lake Huron and the St. Clair River in the City of Sarnia. Prior to distribution, the Lambton WTP adds chlorine and fluoride to the finished water. The water is re-chlorinated at West Lambton Pumping Station prior to entering the Township. The water is re-chlorinated at the Brigden Elevated Water Tower for maintaining the free chlorine residual in the St. Clair distribution system. The water distribution system free chlorine residual is monitored continuously in Port Lambton.

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

**Sodium Hypochlorite** – disinfection  
NSF/ANSI approved

**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**

**Watermain Replacement:**  
1. Cameron Street, Corunna - \$430,341.99

**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
None					



**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	n/a				
Treated	n/a				
Distribution	477	0-0	0-0	159	<10 – 40 CFU/1mL

**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 #)	Unit of Measure
Turbidity	n/a		
Chlorine	8760	0.00-2.21	mg/L
Fluoride (If the DWS provides fluoridation)	n/a		

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

**Note:** Chlorine residuals value of minimum 0.00 is caused by scheduled maintenance, power outage or equipment malfunction.

**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
None				

**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	n/a			
Arsenic	n/a			
Barium	n/a			
Boron	n/a			
Cadmium	n/a			
Chromium	n/a			
*Lead	n/a			
Mercury	n/a			
Selenium	n/a			
Sodium	n/a			
Uranium	n/a			
Fluoride	n/a			
Nitrite	n/a			



Nitrate	n/a			
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\*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 #)	Unit of Measure	Number of Exceedances
Plumbing	n/a		ug/L	
Distribution	8	(0.01)-(1.00)	ug/L	0

**Summary of Organic parameters sampled during this reporting period or the most recent sample results.**

*Note: St Clair Township Distribution system is not required to conduct testing under this section, except for HAA and THM parameters. Lambton Area Water Supply System (LAWSS) has the required parameter results for the source water.*

Parameter	Sample Date	Result Value	Unit of Measure	Exceedance
Alachlor	n/a			
Aldicarb	n/a			
Aldrin + Dieldrin	n/a			
Atrazine + N-dealkylated metabolites	n/a			
Azinphos-methyl	n/a			
Bendiocarb	n/a			
Benzene	n/a			
Benzo(a)pyrene	n/a			
Bromoxynil	n/a			
Carbaryl	n/a			
Carbofuran	n/a			
Carbon Tetrachloride	n/a			
Chlordane (Total)	n/a			
Chlorpyrifos	n/a			
Cyanazine	n/a			
Diazinon	n/a			
Dicamba	n/a			
1,2-Dichlorobenzene	n/a			
1,4-Dichlorobenzene	n/a			
Dichlorodiphenyltrichloroethane (DDT) + metabolites	n/a			
1,2-Dichloroethane	n/a			
1,1-Dichloroethylene (vinylidene chloride)	n/a			



Dichloromethane	n/a			
2-4 Dichlorophenol	n/a			
2,4-Dichlorophenoxy acetic acid (2,4-D)	n/a			
Diclofop-methyl	n/a			
Dimethoate	n/a			
Dinoseb	n/a			
Diquat	n/a			
Diuron	n/a			
Glyphosate	n/a			
HAA (NOTE: show latest annual average)	Jan-Dec 2024	16.93	ug/L	No
Heptachlor + Heptachlor Epoxide	n/a			
Lindane (Total)	n/a			
Malathion	n/a			
Methoxychlor	n/a			
Metolachlor	n/a			
Metribuzin	n/a			
Monochlorobenzene	n/a			
Paraquat	n/a			
Parathion	n/a			
Pentachlorophenol	n/a			
Phorate	n/a			
Picloram	n/a			
Polychlorinated Biphenyls(PCB)	n/a			
Prometryne	n/a			
Simazine	n/a			
THM (NOTE: show latest annual average)	Jan-Dec 2024	46.00	ug/L	No
Temephos	n/a			
Terbufos	n/a			
Tetrachloroethylene	n/a			
2,3,4,6-Tetrachlorophenol	n/a			
Triallate	n/a			
Trichloroethylene	n/a			
2,4,6-Trichlorophenol	n/a			
2,4,5-Trichlorophenoxy acetic acid (2,4,5-T)	n/a			
Trifluralin	n/a			
Vinyl Chloride	n/a			

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			