# **Well Water**

Annual Report 2021

## Kakabeka Falls

1 Porter Street Kakabeka Falls ON POT 1WO

Drinking Water System Number **260009893** 



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#### **ANNUAL WELL WATER REPORT**

#### LAKEHEAD DISTRICT SCHOOL BOARD

### KAKABEKA FALLS PUBLIC SCHOOL 1 PORTER St. KAKABEKA FALLS, ON. POT 1W0

Drinking-water System Number: 260009893

The Period being reported: **January 1 2021 TO December 31, 2021** Waterworks Type (O. Reg. 170/03): **SMALL NON-MUNICIPAL NON-**

RESIDENTIAL DESIGNATED FACILILTY

Population Served: 160

Maximum flow rate Capacity: **1.13 Litres per second** Is this drinking-water system seasonally operated? **NO** Area serviced by the Drinking-water system: **SCHOOL** 

The following questions about designated and public facilities are for Small municipal non residential systems only

Number of designated facilities served by the drinking-water system: **ONE**Name of each designated facility: **KAKABEKA FALLS PUBLIC SCHOOL**Address of each designated facility **1 PORTER St. KAKABEKA FALLS, ON. POT 1W0**.

Interested Authority for each designated facility served: **MINISRTY OF EDUCATION**Number of Public facilities served by the drinking-water system: **N/A**Name of each public facility served by the drinking-water system: **N/A** 

#### 1. DESCRIPTION OF THE SYSTEM:

Source(s) of raw water:

#### **✓** Groundwater

Surface

Ground water under direct influence of surface water

If the source is groundwater or GUDI:

Groundwater: YES

GUDI: NO:

Number of wells: **ONE** 

|  | location names:  |  |  |  |  |
|--|--|--|--|--|--|
|  | ELL OUTLET Water distribution Point: CLASSROOM               |  |  |  |  |
|  |  |  |  |  |  |
| Does the   | Does the Drinking-water system have disinfection: <b>YES</b> |  |  |  |  |
| Disinfection methods: (Check the boxes that apply) |  |  |  |  |  |
|  | Chlorination   |  |  |  |  |
|  | Chloramination   |  |  |  |  |
|  | Chlorine Dioxide   |  |  |  |  |
|  | Ozonation  |  |  |  |  |
|  | JltraViolet  |  |  |  |  |
|  | Others – Specify   |  |  |  |  |
| Treatme  | nt type: (Check the boxes that apply)                        |  |  |  |  |
|  | Coagulation  |  |  |  |  |
|  | Flocculation   |  |  |  |  |
|  | Sedimentation  |  |  |  |  |
|  | Filtration   |  |  |  |  |
|  | Filter Medium  |  |  |  |  |
|  | Membrane Filtration  |  |  |  |  |
|  | Membrane Filtration Type                                     |  |  |  |  |
|  | Alkalinity Adjustment  |  |  |  |  |
|  | pH Adjustment  |  |  |  |  |
|  | Clarifier- Sludge Blanket                                    |  |  |  |  |
|  | Clarifier – Upflow   |  |  |  |  |
|  | Dissolved Air Flotation                                      |  |  |  |  |
|  | Fluoridation   |  |  |  |  |
|  | Iron Sequestering  |  |  |  |  |
|  | Softening  |  |  |  |  |
|  | Stripping  |  |  |  |  |
|  | Taste and Odour Control                                      |  |  |  |  |
|  | Zebra Mussel Control   |  |  |  |  |
| 2.   | Adverse Results  |  |  |  |  |
|  |  |  |  |  |  |

Total number of adverse results during this reporting period for microbiological, chemical, chlorine residual, malfunction of other disinfection equipment: For each incident of adverse result please list the following:

No adverse conditions for this reporting period.

#### 3. Summary of results

Microbiological parameters:

| Type         | Number of<br>Samples<br>taken | Range of E. coli or Fecal results (Min-Max) | Range of<br>Total coliform<br>results<br>(Min-Max) | Range of<br>Background<br>or HPC results<br>(Min – Max) |
|--------------|-------------------------------|---|--|---|
| Raw          | 25                            | 0   | 0  | ABSENT  |
| Distribution | 54                            | ABSENT                                      | ABSENT   | 0 TO 31   |

## 4. Chemical testing done under Schedule 13 or 14 or 15 during the period covered by the report.

## a) INORGANIC PARAMETERS (including lead and nitrate and nitrite and Fluoride)

| Parameter  | Sampling date<br>in this<br>reporting<br>period | Result Value<br>mg/L   |
|--|---|--|
| Nitrate and Nitrite as N Nitrate-N Nitrite-N Nitrite and Nitrite as N Nitrate and Nitrite as N Nitrite-N Nitrite-N Nitrate and Nitrite as N Nitrate-N Nitrite-N Nitrite-N Nitrite-N Nitrate and Nitrite as N Nitrate-N Nitrite-N Nitrite-N Nitrite-N | June September December March                   | 6.87<br>6.87<br><0.010<br>3.81<br>3.81<br><0.010<br>3.89<br>3.89<br>0.010<br>4.00<br>3.98<br>0.016 |
| Lead   | May 2021  | 4 Standing 2.6 4 Flushed 2.0 6 Standing 1.8 6 Flushed 1.9 9 Standing 3.7 9 Flushed 2.4             |

<sup>5</sup> Year sampling results were completed in 2020. Next 60 month tests are due in 2025.

#### 5. Major Expenses incurred during the period covered by the report

To install required equipment: N/A

To repair equipment: **N/A**To replace equipment: \$15,000

#### 6. Providing information relating to compliance with the regulation:

A copy of the annual report given to each designated facility served by the drinking-water system;

Yes

A copy of the annual report given to each Interested Authority of each designated facility served by the drinking-water system

Yes, the Ministry of Education

A copy of the annual report will be provided to every person who requests a copy **Yes, by contacting the school main office or the Board's web site** 

Means that were used to share the information in this annual report:

Web Site: www.lakeheadschools.ca

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