

## **2025 - Management Review - DWQMS Element 20**

### **Minutes and Outcomes**

**Date:** Thursday March 20, 2025  
**Time:** 9:00AM – 3:00PM  
**Location:** H&SS Simcoe Lighthouse Room, GAB

#### **Committee Members:**

Top Management (ref: OP – Element 9)

- Andrew Grice – General Manager, Environmental and Infrastructure Services
- Stephanie Davis – Director, Environmental Services
- Cody Vinnai – Manager, Water and Wastewater Operations
- Shaun Earls – Manager, Water and Wastewater Compliance

EIS Staff

- Darnell Lambert – Director, Engineering
- Mariana Balaban – Project Director, Environmental and Infrastructure Services
- Jordan Lynch – Project Manager, Preventative Maintenance
- Kristina Hall – Water and Wastewater Compliance Officer (QMS Rep)
- Laura Keddle – Division Coordinator, Environmental and Infrastructure Services

#### **Call to Order**

The meeting commenced with a brief review of the implementation of the Municipal Drinking Water Licensing program, and the role of the Drinking Water Quality Management Standard as a component of that program. Licensing requirements include an Operational Plan based on the 21 elements of the DWQMS, and third party accreditation via audits.

#### **1. Incidents of non-compliance with applicable regulations**

There were two non-compliances (NC) issued in the Delhi-Courtland DWS inspection. NC-1 regarding the AWQI process, which was discussed at last year's meeting. NC-2 regarding exceedances to the PTTW conditions. The County consulted with the Ministry, received clarification on when incidents need to be reported to the MECP versus documented internally only, and consequently updated internal procedures (*WT-39 Daily SCADA Data Review*).

There was one con-compliance (NC) issued in the Waterford DWS inspection, regarding failure to examine continuous monitoring test results within 72 hours. County management reviewed relevant procedures with the Operator, and provided further training on protocols for troubleshooting during weekend rounds.

**Action Items** – None

## **2. Incidents of adverse drinking-water tests**

All reportable Adverse Water Quality Incidents (AWQI's) for 2024 were reviewed, which included one in Delhi-Courtland, five in Port Dover, two in Port Rowan, seven in Simcoe, and one in Waterford. All incidents were reported, and corrective actions were taken and approved by the MECP. (Drinking Water Operating Authorities are required by Provincial Legislation to report adverse conditions to both the Medical Officer of Health (MOH) and to the MECP Spills Action Centre.)

**Action Items** – None

## **3. Deviations from critical control point limits and corresponding actions taken**

Identifying and listing all CCP's in all five (5) drinking water systems is a requirement of the Risk Assessment element of the DWQMS. Procedure WT-34 (DWQMS-8-1) details the Norfolk County CCPs/CCLs and required staff responses. This procedure was followed for the previously noted low distribution chlorine residuals; with the SCADA system operating as designed, the treatment processes will alarm and shut down when a CCL is reached which is noted in the logbooks at each facility.

**Action Items** – None

## **4. The effectiveness of the risk assessment process**

As per Element 7, the full Risk Assessment process will be carried out once every thirty-six months; last conducted November 8, 2023. The next Risk Assessment must be carried out prior to November 2026.

On September 5, 2024 the QMS Rep and Manager, Water & Wastewater Compliance completed the annual review of the Risk Assessments. Risks previously identified and reviewed included: Cyber Security, Staff Shortages, and current risks at or above the established threshold limit of 11 (Water Supply Shortfall).

All three of the hazardous "Water Supply Shortfall" events have a control in place, which is future upgrades to be addressed in the Inter-Urban Water Supply (IUWS) Program. The IUWS program was used to identify water quantity and quality issues, develop alternatives to mitigate these issues, and provide recommendations on next steps to provide the County with a secure, long-term water supply servicing strategy.

Discussion highlighted the importance of cyber-security considerations, as well as continuing to ensure that physical security measures are maintained and reviewed. There are limited financial resources available, and higher risk facilities and locations should be prioritized. Risk assessments may provide support for additional funding requests. Current plans include card access for water facilities in 2025, and it may be beneficial to explore the installation of cameras at isolated locations.

**Action Items** – None

## **5. Findings from internal and external audits**

Findings from both the internal and external audits were reviewed. It was suggested to utilize staff more removed from Compliance and Water Operations to conduct or assist with future internal audits.

**Internal Audit** – The internal audit produced zero “Non-Conformances”, zero “Minor Non-Conformances” (MNC), and three “Opportunities for Improvements” (OFI).

The 2024 external audit was an onsite re-accreditation audit, and the auditor observed the following system strengths: Commitment to continual improvement, general ‘housekeeping’ and records management.

**External Audit** – The external audit produced zero “Non-Conformances”, one “Minor Non-Conformances” (MNC), and two “Opportunities for Improvement” (OFI) issued by the External Auditor.

**Action Items** – QMS Rep to explore use of staff from outside the Compliance team for future internal audit activities.

## **6. Emergency preparedness and response**

In 2024 staff conducted a desktop review of the Simcoe Category 2 watermain break. This documented review included how staff responded to the incident, and what lessons were learned. It was suggested that the next mock emergency could be conducted as a full-scale scenario in the fall of 2025.

Mock Emergency debriefs and procedures are available for staff review on Compliance Staff. Functionality of Compliance Science was discussed, and potential shared use with other divisions. It was suggested that staff review alternative options.

Upcoming reconstruction near the hospital in Simcoe was also discussed. Compliance, Operations and Engineering staff to meet and ensure that all parties involved are aware of roles and responsibilities.

**Action Items** – Operations Manager to request a demonstration of alternative software.

## **7. Operational Performance (2024)**

The Manager, Water & Wastewater Operations reviewed the annual performance of Water Distribution and Treatment Operations and Operational Challenges. Large portion of meter related work orders were categorized as meter audits.

The Project Manager, Preventative Maintenance provided a program update for leak detection, backflow, watermain assessments, the Port Rowan Intake, and other operational programs.

The Project Director, EIS provided an update on the following capital projects: Port Rowan Water Treatment Plant, Port Dover WTP Phase 2, Port Dover Tower Re-Chlorination, and the Inter-Urban Water Supply.

**Action Items** – Manager, Operations to provide further detail on meter audits. Project Manager, Preventative Maintenance to prepare a status update for SLT regarding the backflow program.

## **8. Raw water supply and drinking water quality trends (2024)**

Water quality sampling results and trends for 2024 were reviewed and discussed.

Simcoe DWS – sodium and Volatile Organic Compound sampling at the Cedar Street Wells was discussed in detail, as well as the raw iron levels at the Northwest Reservoir.

In Port Rowan staff continue to complete extra sampling in order to be more proactive in responding to changes in the raw water characteristics through out the seasons. Staff are monitoring the intake and any new concerns will be shared with the Project Director, EIS so they can be addressed in the upgrade project if possible.

**Action Items – None**

## **9. Previous Management Review action items**

Previous Management Review meeting Actions Items were reviewed, both completed and new/ongoing.

See Attachment B: 2025 Management Review - Action Items

**Action Items – None**

## **10. Updates on action items identified between Management Review meetings**

Additional action items were identified through AWQIs, MECP inspections, as well as internal & external audits, and added to the Action Items Review spreadsheet throughout the year.

**Action Items – None**

## **11. Changes to services, activities, regulations, etc. that could impact the QMS**

- Throughout 2024 approximately 50+ controlled documents were updated by Compliance staff; this included internal and external forms, procedures, guidance documents and regulatory records.
- New conditions in renewed MDWL/DWWP and PTTW records requiring updates to procedures and processes for regulatory implementation.

**Action Items – None**

## **12. Consumer Feedback**

There was an increase in discoloured water calls during 2024, this can be attributed to the updated hydrant flushing and maintenance program. Mitigation efforts include: system flushing and testing, customer communication and response strategies, and pressure monitoring adjustments.

**Action Items – None**

## **13. Resources needed for QMS maintenance**

Currently all Compliance team positions are filled, new staff have recently joined in the permanent Compliance Technologist role, and on contract in the second Compliance Technologist position. The addition of new staff and the reorganization of the division continues to require extra time and effort to ensure adequate training, mentoring, and accurate updates to policies and procedures.

Appropriate resource allocation for the Compliance and QMS portfolio, ensures the County avoids future non-compliances with ministry regulations, which can lead to fines and can negatively impact customers' confidence in the drinking water supply and services.

**Action Items** – None

#### **14. Results of the infrastructure review**

Throughout 2024 Environmental Services (ES) staff, including the Director, ES; Manager, Water & Wastewater Compliance; Manager, Water & Wastewater Operations; and Project Manager, Preventative Maintenance met to review and update ES work plans. These work plans outline capital projects, operational projects, and purchasing needs.

On August 28, 2024 a meeting was held to review operational needs for 2025 and review the status of 2024 operational projects.

On a quarterly basis a Capital Status report is distributed by Finance to ES and Engineering for comments and updates. This is used as the foundation for the 10-year Capital Budget.

Water Supply Shortfall has been documented as a concern during the Element 7 & 8 Risk Assessment process. The Inter-Urban Water Supply (IUWS) Program is used to identify water quantity and quality issues, develop alternatives to mitigate these issues, and provide recommendations on next steps to ensure the County has a secure, long-term water supply servicing strategy.

Review and approvals related to the 2025 budget were addressed, and proposal documents were presented to Council in October/November 2024.

The Director, Engineering provided an update on Capital Projects & Development. A need for additional planning & scoping between Environmental Services and Engineering was discussed. EIS involvement in source water protection implementation was also discussed, recognizing this a Planning function.

**Action Items** – None

#### **15. The currency of the Operational Plan**

The Operational Plan is reviewed on an annual basis. Throughout 2024 the QMS Rep completed a comprehensive review and update to the Operational Plan (OP), which will be approved and finalized by the Manager, Water & Wastewater Compliance. This included updates to reflect staff re-organization, changes at facilities, as well as recommendations from staff (i.e. policy update), the external auditor and through MECP approved training. The updated QMS Policy (Element 2) was reviewed and a small change to wording was suggested.

Once finalized the updated Plan will be made available to staff via QMS software (Compliance Science) and a 'public' version can be requested via the County website and/or County administration offices.

**Action Items** – QMS Rep to finalize updated QMS Policy (including change suggested). General Manager, EIS to evaluate posting policy at CAB.

#### **16. Comments and suggestions made by personnel**

Staff are involved in regularly scheduled meetings, and minutes are recorded to capture topics that have been discussed and decisions made through input and feedback from staff regarding all aspects of operations. In addition, Operators are consulted for input during facility upgrades and capital projects.

**Action Items** – None

### **17. Review Best Management Practices reviewed in the past year**

Throughout 2024 the Compliance team considered suggestions from the previous Management Review, as well as from discussions at the annual DWQMS Provincial Workshop:

- The 2025 Management Review will include greater involvement from EIS staff (presenting on items related to their roles and responsibilities) as well as trending for water quality and operational items
- Updates made to Continual Improvement process to enhance root cause analysis (resources from the MECP & WCWC saved for staff reference) and verification of effectiveness
- Pre-Authorized Alterations and Record Keeping (re: DWWP, CLI-ECA, Element 5) – process was a focus of the internal audit; updated to enhance record keeping and procedure drafted to ensure consistent implementation, training review provided to Operations staff

Other topics that were brought up for discussion that could aid in the continual improvement of the QMS;

- Implementing a formal “lessons learned” debriefing process at the conclusion of infrastructure and capital projects (suggested an annual review of 1-2 projects to discuss pros and cons)
- Balancing SCADA support for capital projects with day to day operational activities
- Ensuring that treatment plants are operating in a consistent manner, regardless of staff personnel
- Reviewing operation of tide flex system and chlorine residuals, to optimize operations

**Action Items** – Director, Environmental Services to discuss balance of SCADA support with SCADA Coordinator and follow-up with the General Manager.

**Meeting Adjourned**

