Reporting Period:			January to I	January to December, 2018				
Operating Permit Number:			64000500	64000500				
Drinking Water System Owner:			Piers Island	Piers Island Improvement District				
Drinking Wate	er System	Contact:	·					
Trustee: Charlie Troger Le. Telephone: 250 213-1459 Te			Lead Operator: Mar Telephone: 250 656 Email: mbj2@telus.	6-6434	Admin. Asst.: Maureen Crooks Telephone: 250 656-9864 Email: Maureen@piersisland.ca			
<ul> <li>Microbiological testing completed during this reporting period:         <ul> <li>a. bacteriological results are available from Lead Operator or Admin. Assistant.</li> <li>b. adverse bacteriological results:</li> <li>None detected</li> <li>Listed in table below:</li> </ul> </li> </ul>								
Adverse Resu	ults: Total	E. Coli	Reaso	n	Corrective Action			
Date	coliform	E. Coll	Reasu	i i	Corrective Action			
2 Chemical results for this reporting period:  a. All recent chemical analysis are available from Lead Operator or Admin. Assistant.  b. chemical parameters listed in <i>The Guidelines for Canadian Drinking Water Quality ("the Guidelines")</i> are:  ☐ all within Guidelines (Quarterly THM's). ☐ above the Guidelines and are listed below:  Parameters above the Guidelines:								
Danassatas	D = - 11		Acceptable	Aesthetic	Transfer and Operation And			
Parameter	Result	Con	centration	Objective	Treatment/Corrective Action			

accordance w	ith the requireme	nd sampling carrient of a Water Sour Options of your <i>Op</i>	ce approval,		
	no additional testin additional testing li				
Additional testing:					
Description of parameter & reason for sampling	Health parameter or non-health related parameter	Corrective action necessary (Y/N?)	Corrective action taken		
Annual Metal Scan at storage tank	All constituents tested meet Canadian and British Columbia drinking water standards.	N	None needed		
	e of the year, the we e water quality con	rater system: nplaints (ie taste, od s and are listed bel			
Vater Quality Complain	ts:				
Date Water q	<u> </u>		Corrective action taken		
		1			

reportin	e results: Total number of adverse results period for insufficient water supply, metion equipment or elevated turbidity:	
	<ul><li>☑ No adverse results</li><li>☐ Adverse results listed below:</li></ul>	
Adverse Result		
Incident date	Corrective action	Corrected by
Soi	on of the system: urces of raw water: Groundwater Surface water Other (specify): CRD from North Sa es the drinking water system have disinfect infection methods (check boxes that apply) Chlorination Ultraviolet light Ozonation Other (specify):	tion? ⊠Yes ⊡No
Tre <b>7 Major e</b> To To	es the drinking water system have treatment type (check boxes that apply):  Particulate cartridge filters  Membrane filtration  Carbon filter  Sand filtration  Reverse osmosis  Other (specify):  xpenses incurred during the period cover purchase or install required equipment: <3 repair equipment: <54,000	ered by the report:
To repi	replace equipment: <u>\$00</u> complete annual maintenance of system: (lacement of carbon filters, etc) Normal annual ser  complete specialist report (specify): <u>None</u>	vicing costs

a. Indicate how you notified system users the available, and is free of charge:  hand delivered  public access / notice via web  public access / notice via govern  public access / notice via newsp  public access / notice via bill stur	ment off aper ffer	ice	
□ public access / notice via other r     □ AGM & AGM Minutes, Regular Board     □ Minutes, Improvement District website     □ Minutes     □ Minutes	of Truste		
b. Improvements or remedial actions required Officer:  \( \sum \) no action required \( \sum \) Drinking Water Officer inspection \( \sum \) actions required by Drinking Water Officer inspection.	n report a	attached to report	
Improvements/Remedial Actions:  Required action		Completion date	
required delicit		Completion date	
c. Future water system improvements: ☐ no improvements planned ☐ improvements listed below:			
Future Improvements:			
Future plans	Planne	Planned completion date	
Improvement District is initiating project to replace the storage tank.	3 to 5 ye	•	
d. Emergency Response Plan can be access  posting on web  posting at nearest government of contacting water system owner  Other (specify): PIID Water Trus	ffice	in Assistant	