Reporting Period:			January to I	January to December, 2020			
Operating Permit Number:			64000500	64000500			
Drinking Water System Owner:			Piers Island	Piers Island Improvement District			
	<u> </u>						
J	Drinking Water System Contact:						
Trustee: Monique Joubarne Telephone: (778) 433-5155 Email: monique@piersisland.ca			Telephone: 250	Lead Operator.: Maureen Crooks Telephone: 250 656-9864 Email: Maureen@piersisland.ca PIID Secretary: Velvet Warrior Telephone: 250 655-1101 Email: secretary@piersisland.ca			
 Microbiological testing completed during this reporting period: a. bacteriological results are available from Operator or Secretary b. adverse bacteriological results: □ None detected □ Listed in table below: 							
Adverse Resi	Total	E. Coli	Reaso	n	Corrective Action		
Date	coliform	L. Con	Neaso	''	Corrective Action		
Mar. 3, 2020	16 CFU/100 ml		Believe this was sample based or satisfactory resu locations same or robust chlorine represent at time of sampling.	n Its at other late and esiduals	Resampled Mar. 9, 2020, with satisfactory results.		
2 Chemical results for this reporting period: a. All recent chemical analysis are available from Operator or Secretary. 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:							
		Acceptable	Aesthetic				
Parameter	Result		centration	Objective	Treatment/Corrective Action		
1					1		

3 Summarize additional testing and sampling carried out in accordance with the requirement of a Water Source approval, Written Order or as per the conditions of your <i>Operating Permit</i> . ☐ no additional testing ☐ additional testing listed below:						
Additional testin	_	· ·	T			
Description of para & reason for sam	ameter or	th parameter non-health ed parameter	Corrective act			
Annual Metal Scan a storage tank	at Lead did no Cana Britisl	constituent ot meet dian and h Columbia ng water	Y, Maximum limi In Guideline is 5. ug/L	t Sample was taken in		
	6.13			<0.500 ug/L		
During the did not receive	receive wate ed water qua	ne year, the wer quality con	•	e, odour, colour, etc) l below:		
Water Quality Complaints: Date Water quality complaint			Corrective action taken			
reportin	ng period for	r insufficient		sults during this malfunction of		
☐ No adverse results☒ Adverse results listed below:						
Adverse Result	s:					

Incident date	Corrective action	Corrected by		
Dec. 11 to 13	N. Saanich water department advised that a temporary odour and taste change might be noticeable in the water as the CRD worked on the disinfection system at the treatment centre in Sooke.	PIID reported this possible adverse result to residents. Odour nor taste changes were reported as problems by our users.		

6 E	Description of the system:
	Sources of raw water: Groundwater Surface water Other (specify): CRD from North Saanich connection
	Does the drinking water system have disinfection? ☐ Yes ☐ No
	Disinfection methods (check boxes that apply): Chlorination Ultraviolet light Czonation Other (specify):
	Does the drinking water system have treatment? Treatment type (check boxes that apply): Particulate cartridge filters Membrane filtration Carbon filter Sand filtration Reverse osmosis Other (specify):
7	Major expenses incurred during the period covered by the report: To purchase or install required equipment:\$750 To repair equipment: N/A To replace equipment:\$354,000 new water tank To complete annual maintenance of system: (system flushing, replacement of carbon filters, etc)\$500 To complete specialist report (specify): N/A
8	Further communication with users: a. Indicate how you notified system users that your annual report is available, and is free of charge:

	 □ public access / notice via web □ public access / notice via government office □ public access / notice via newspaper □ public access / notice via bill stuffer □ public access / notice via other method (specify): AGM & AGM Minutes, Regular Board of Trustees Meeting Minutes, Improvement District website 					
	b. Improvements or remedial actions required by the Drinking Water Officer: \[\sum \text{no action required} \\ \text{Drinking Water Officer inspection report attached to report} \\ \text{actions required by Drinking Water Officer listed below:} \] Provements/Remedial Actions:					
		Completion date				
Required action Completion date						
No on site syster COVID-19	ue to	TBD				
C.	Future water system improvements: no improvements planned improvements listed below:					
uture Improvements:						
	Future plans	Planne	Planned completion date			
Improvement District initiated replacement of wood stave water storage tank during 2020. Est. completion date: early 2021			< 1 year.			
d.	d. Emergency Response Plan can be accessed by: posting on web posting at nearest government office contacting water system owner Other (specify): Water Trustee or PIID Secretary					