(Drinking Water System Name)

Reporting Period:	January to December, 201	.7
Operating Permit Number:	64000500	
Drinking Water System Owner:	Piers Island Improvement	District
Drinking Water System Contact:		
Telephone: 250 213-1459 T	ead Operator: Mary Jordan elephone: 250 656-6434 Email: mbj2@telus.net	Admin. Asst.: Maureen Crooks Telephone: 250 656-9864 Email: Maureen@piersisland.ca

#### 1 Microbiological testing completed during this reporting period:

a.	bacteriological results are available from Lead Operator or Admin
	Assistant.

	. 100.010.111	
b.	adverse bacteriological results:	☐ None detected
		$oxed{\boxtimes}$ Listed in table below:

#### **Adverse Results:**

Date	Total coliform	E. Coli	Reason	Corrective Action
Feb.1, 2017	1		Residence; 95 McKenzie Cres.	Discussed with VIHA DWO. MB Lab sample of same day for all locations reported zero coliforms. DWO agreed no action would be required based on negative results from MB Labs for same date.
Mar. 1, 2017	1		Pump house #1 (intake)	Discussed with VIHA DWO. MB Lab sample of same day for all locations reported zero coliforms. DWO agreed no action would be required based on negative results from MB Labs for same date.

#### 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 *The Guidelines for Canadian Drinking Water Quality ("the Guidelines")* are:

$\boxtimes$	all within Guidelines (Quarterly THM's & HAA's)
	above the Guidelines and are listed below:

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Paramet 6	ers above	the G	uidelines:
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Parameter	Result	Max. Acceptable Concentration	Aesthetic Objective	Treatment/Corrective Action

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 Operating Permit.

	no additional testing
$\boxtimes$	additional testing listed below:

Additional testing:

Description of parameter	Health parameter or non-health	Corrective action	Corrective action
& reason for sampling	related parameter	necessary (Y/N?)	taken
Annual Metal Scan at storage tank	All constituents tested meet Canadian and British Columbia drinking water standards.	N	None needed

# 4 Water Quality Complaints:

Dι	uring the course of the year, the water system:	
X	did not receive water quality complaints (ie taste, odour, colour,	etc)
	received water quality complaints and are listed below:	

**Water Quality Complaints:** 

Date	Water quality complaint	Corrective action taken

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5 Adverse results: Total number of adverse results during this reporting period for insufficient water supply, malfunction of disinfection equipment or elevated turbidity:				
	No adverse results     Adverse results listed below:			
Adverse Results		Commonted by		
Incident date	Corrective action	Corrected by		
	on of the system: urces of raw water: Groundwater Surface water Other (specify): CRD from North Sa	anich connection		
Does the drinking water system have disinfection?   ☐Yes ☐No				
Dis	infection methods (check boxes that apply)  Chlorination Ultraviolet light Ozonation Other (specify):	):		
	es the drinking water system have treatment atment type (check boxes that apply):  Particulate cartridge filters  Membrane filtration  Carbon filter  Sand filtration  Reverse osmosis  Other (specify):	nt? □Yes ⊠No		
To To To To repl	purchase or install required equipment: <\$ repair equipment: <\$500 replace equipment: None complete annual maintenance of system: (acement of carbon filters, etc) Normal annual sent complete specialist report (specify): None	system flushing, vicing costs		

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a. Indicate how you notified system available, and is free of charge:  hand delivered public access / notice AGM & AGM Minutes, Regulation	via web via government off via newspaper via bill stuffer via other method ( ular Board of Truste	fice specify):
b. Improvements or remedial action Officer:  no action required Drinking Water Officer actions required by Drinking Value of the control of t	inspection report	attached to report
Required action		Completion date
Continue to monitor chlorine residuals closely but no infare recommended until new disinfection process chang Gulch treatment centre are implemented and assessed raising the chlorine residuals throughout the Greater Vicespecially the Peninsula consumer areas.	Oct/Nov 2017	
c. Future water system improvements plar no improvements plar improvements listed b	ined	
Future plans		ed completion date
Improvement District is initiating project to replace the s tank.	torage 3 to 5 ye	ears.
d. Emergency Response Plan can posting on web posting at nearest gov contacting water syste Other (specify): PIID	vernment office em owner	in Assistant