Reporting Period:			January to I	January to December, 2014			
Operating Pe	ermit Num	ber:	64000500	64000500			
			Piers Island	Piers Island Improvement District			
Drinking Wat	er System	1 Owner:					
Drinking Wat	er System	Contact	•				
Trustee: Maureen Telephone: 250 65 Email: Maureen@p	6-9864		Telephone: 250	Lead Operator: Mary Jordan Telephone: 250 656-6434 Email: mbj2@telus.net			
i I	a. bacteri b. advers	iological r	•	lable from l	s reporting period: Lead Operator. The detected the sed in table below:		
Adverse Res	Total	E. Coli	Reaso	on	Corrective Action		
Aug 6, 2014	coliform 2/2		PH#2 /PH#1 – 2 PH#2	Fecal in	Boil Advisory. Increased Chlorine. Retested 0. Close communications with VIHA.		
Sep 3, 2014	8/19		Residence/PH#	1	Increased Chlorine. Retested 0.		
Oct 5, 2014	2		Residence		Retested 0.		
Nov 5, 2014	2		PH#1		Flushed undersea lines. Rested 0.		
ć	a. All reco	ent chemi cal param <i>Quality ("</i> ⊠ all wi		e available The Guidel ") are:	from Lead Operator. ines for Canadian Drinking isted below:		
Parameters a	bove the			T			
Parameter	Result		Acceptable ncentration	Aesthetic Objective	Treatment/Corrective Action		
				2 1,22 0			

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☑ additional testing listed below:									
Additional te	sting:								
Description of & reason for	parameter	Health parameter or non-health related parameter	Corrective action necessary (Y/N?)	Corrective action taken					
4 Water Quality Complaints: During the course of the year, the water system: ☐ did not receive water quality complaints (ie taste, odour, colour, etc) ☐ received water quality complaints and are listed below: Water Quality Complaints:									
Date	Date Water quality complaint Corrective action taken								
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: Incident date Corrective action Corrected by									
L									

6	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?							
7	Major expenses incurred during the period covered by the report:							
	To purchase or install required equipment: <u>None</u> To repair equipment: <u>None</u>							
	To replace equipment: <u>None</u>							
	To complete annual maintenance of system: (system flushing, replacement of carbon filters, etc) Normal							
	To complete specialist report (specify): None							
8	Further communication with users: a. Indicate how you notified system users that your annual report is available, and is free of charge: hand delivered 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							

b.	Improvements or remedial actions required Officer: no action required	by the	Drinking Water
	☐ Drinking Water Officer inspection ☐ Drinking Water Officer inspection ☐ Drinking Water Officer inspection		
Improvements	s/Remedial Actions:		
	Required action		Completion date
Discussions with supply.	DWO, CRD and North Saanich regarding residuals	in	
c. Future Improv	Future water system improvements: ightharpoonup no improvements planned improvements listed below: /ements:		
•	Future plans	Planne	d completion date
d.	Emergency Response Plan can be access posting on web posting at nearest government o contacting water system owner Other (specify): _PIID Water Truste	ffice	ator