

DRINKING WATER SYSTEM ANNUAL REPORT

Reporting Period: January 1st to December 31st, 2014 (year)

Water System Hemlock Resort Water System

Water System Owner Hemlock Utility Services LTD.

Primary Contact Name (Operator or Manager) Michael Duncan

Phone Number (Operator or Manager) (604) 997-9943

E-mail (Operator or Manager) mduncan@hemlockresort.ca

DESCRIBE YOUR WATER SUPPLY SYSTEM

What is the Source(s) of Raw Water?

Deep Well Shallow Well Surface Water Other

If other, specify details:

Does the Drinking Water System have Primary Disinfection?

Yes No

Chlorination Ultraviolet Light Ozone Other

If other, specify details:

Does the Drinking Water System have Secondary Disinfection?

Yes No

Chlorination Other

If other, specify details:

Does the Drinking Water System have Filtration?

Yes No

Check all boxes that apply

Cartridge Filter(s) Carbon Filter Sand Filtration Reverse Osmosis Other

If other, specify details:

PUBLIC REPORTING

Emergency Response & Contingency Plan (ERCP)

Is your ERCP up to Date?

Yes No

How do you Inform the System Users of the ERCP?

Hand Delivered Bulletin Board Newspaper Utility Bill Insert Website

Other (specify details)

Drinking Water System Annual Report

How do you Inform the System Users of the Annual Report?

Hand Delivered Bulletin Board Newspaper Utility Bill Insert Website

Other (specify details)

COMPLIANCE WITH OPERATING PERMIT

List the conditions of your Operating Permit (Contact the DWO for a copy if needed):

- Construction of the new treatment system must meet Fraser Health Treatment Outcome Expectations: 4 log inactivation of Viruses, 3 log inactivation of Giardia, 3 log inactivation of Cryptosporidium, Turbidity to comply with Canadian Drinking Water Quality, 0-Ecoli.

Are you in compliance with your Operating Permit?

Yes (Pending the new facilities testing) No

BACTERIOLOGICAL TESTING AND DRINKING WATER PROTECTION REGULATION WATER QUALITY STANDARDS

How many bacteriological samples were collected during this reporting period? 38

What is the minimum required sampling frequency for this system? (#samples/month) 4

Additional sampling details:

Was the minimum required sampling frequency achieved? Yes No

Comments: Some samples were missed due to extensive work at New Water Facility and changes in

Bacteriological summary attached to this report? Yes No Lab hours.

If no, how do the users of the system view the results?

WATER QUALITY STANDARDS FOR POTABLE WATER

Parameter:	Standard:	Did this system meet standard?	
Escherichia coli (for all samples)	No detectable Escherichia coli per 100ml	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Total Coliform Bacteria (if only 1 sample collected in a 30 day period)	No detectable total coliform bacteria per 100ml	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Total Coliform Bacteria (if more than 1 sample collected in a 30 day period)	No more than 10% of samples contain total coliform bacteria, and No sample has more than 10 total coliform bacteria per 100ml	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

If the system did not meet any of above Drinking Water Protection Regulation standards, record the results in the table below; attach additional sheets if necessary.

Date	TC/100ml	E.coli/100ml	Reason	Corrective Action
<u>See Sample Range Report. 2014.</u>				

CHEMICAL SAMPLING COMPLETED DURING THIS REPORTING PERIOD

Was any chemical sampling conducted during reporting period? Yes No

If no, when were the last chemical samples conducted for this system? (date) June 24/2015 Don't Know Never

If yes, did all water samples meet the Guidelines for Canadian Drinking Water Quality? Yes - 2015 sample No

If any water samples did not meet the Guidelines for Canadian Drinking Water Quality, record the results in the table below; attach additional sheets if necessary.

Parameter	Result	Corrective Action / Treatment / Comments

ADDITIONAL TESTING

Does the system have analyzers for continuous monitoring? Yes No

If yes, check all boxes that apply:

Chlorine Turbidity Other (details)

Are the results available on request?

If any additional testing or sampling was conducted, record results in the table below; attach additional sheets if necessary.

Additional Testing & Reason for Sampling	Corrective Action Taken

WATER QUALITY COMPLAINTS

Were there any water quality complaints in this reporting period? (e.g. taste, odour, colour etc.) Yes No

If yes, complete the table below; attach additional sheets if necessary.

Date	Water Quality Complaint	Corrective Action / Treatment

OPERATIONAL PROBLEMS

Were there any operational problems during this reporting period? (e.g. insufficient water supply, malfunction of disinfection equipment, line breaks, elevated turbidity etc.). Yes No

If yes, complete the table below; attach additional sheets if necessary.

Incident Date	Type of Operational Problem	Corrective Action Taken
Sept. 2014	Malfunction of Chlorine pump.	Replace leaking Check Valves and fittings

MAJOR UPGRADES/REPAIRS & EXPENSES

Were there any major upgrades/repairs or any major costs incurred during this reporting period? Yes No

If yes, complete the table below; attach additional sheets if necessary.

Major Upgrades/Expenses	Details
Improvements required by DWO	Initiated Construction of new Water Treatment facility
Additions/changes to system	
Purchase or install new equipment	
Equipment repair or replacement	
Annual maintenance of system	
Specialist report	
Other	

FUTURE IMPROVEMENTS

Are there any plans for future improvements? Yes No

If yes, complete the table below; attach additional sheets if necessary.

Future Upgrades or Improvements	Estimated Date of Completion
Complete Water Treatment Facility	August 1, 2015.

DATE COMPLETED: June 30 th /2015	COMPLETED BY: Michael Duncan
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