

Shawnigan Village Waterworks ANNUAL REPORT

(Drinking Water System Name)

Reporting Period:	2013
Operating Permit Number:	0353
Drinking Water System Owner:	Lidstech Holdings
Drinking Water System Contact:	
Name:	<u>Rod Lidstone</u>
Phone No:	<u>(250) 743-4091</u>
Email:	<u>info@shawniganwater.com</u>

1 Microbiological testing completed during this reporting period:

- a. bacteriological results attached to this report.
- b. adverse bacteriological results: None detected
 Listed in table below:

Adverse Results:

Date	Total coliform	E. Coli	Reason	Corrective Action
nil				

2 Chemical results for this reporting period:

None taken for this recording period.

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- 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 listed below: See also attached summary report and downloaded charts

Additional testing:

Description of parameter & reason for sampling	Health parameter or non-health related parameter	Corrective action necessary (Y/N?)	Corrective action taken
Turbidity monitoring as per VIHA Policy 3.3.	1 NTU or less for 95% of the days in the year (18 days). Not above 5 NTU on more than 2 days a year	N	None required: <ul style="list-style-type: none"> • 0 days over 1 NTU • 0 day over 5 NTU

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	Water quality complaint	Corrective action taken
	Several low Pressure phone calls	These were all during our flushing periods

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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:

Incident date	Corrective action	Corrected by

6 Description of the system:

Sources of raw water:

- Groundwater
- Surface water
- Other (specify): _____

Does the drinking water system have disinfection? Yes No

Disinfection methods (check boxes that apply):

- Chlorination
- Ultraviolet light
- Ozonation
- Other (specify): _____

Does the drinking water system have treatment? Yes No

Treatment type (check boxes that apply):

- Particulate cartridge filters
- Membrane filtration
- Carbon filter
- Sand filtration
- Reverse osmosis
- Other (specify): _____

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7 Major expenses incurred during the period covered by the report:

To purchase or install required equipment: \$50,000
 To repair equipment: \$ 20,000
 To replace equipment: \$110,000
 To complete annual maintenance of system: *(system flushing, replacement of carbon filters, etc)* \$10,000
 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):

b. Improvements or remedial actions required by the Drinking Water Officer:

- no action required
- Drinking Water Officer inspection report attached to report
- actions required by Drinking Water Officer listed below:

Improvements/Remedial Actions:

Required action	Completion date
None	

a. Future water system improvements:

- no improvements planned
- improvements listed below:

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Future Improvements:

Future plans	Planned completion date
PRV station and bypass water to get more houses changed over to new reservoir and increase low pressure area.	July 2013
Hydraulic flow test all hydrants and create a hydraulic model of the system	August 2014
Poly liner Jersey Rd. reservoir to combat corrosion	Jan 2015
Ultra violet disinfection	2015

Emergency Response Plan can be accessed by:

- posting on web
- posting at nearest government office
- contacting water system owner
- Other (specify): _____

Water Sample Range Report

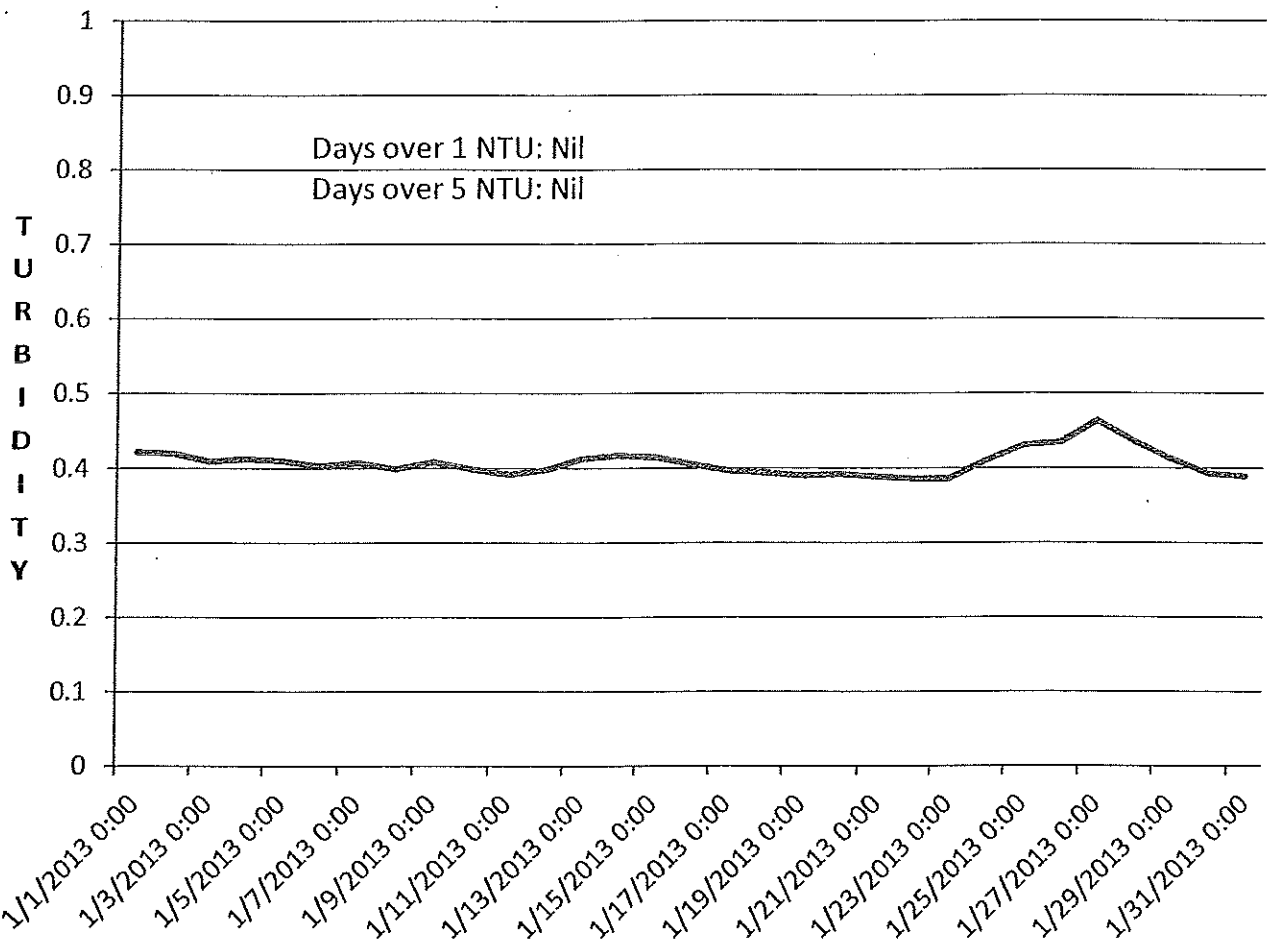
Vancouver Island Health Authority

Central Island

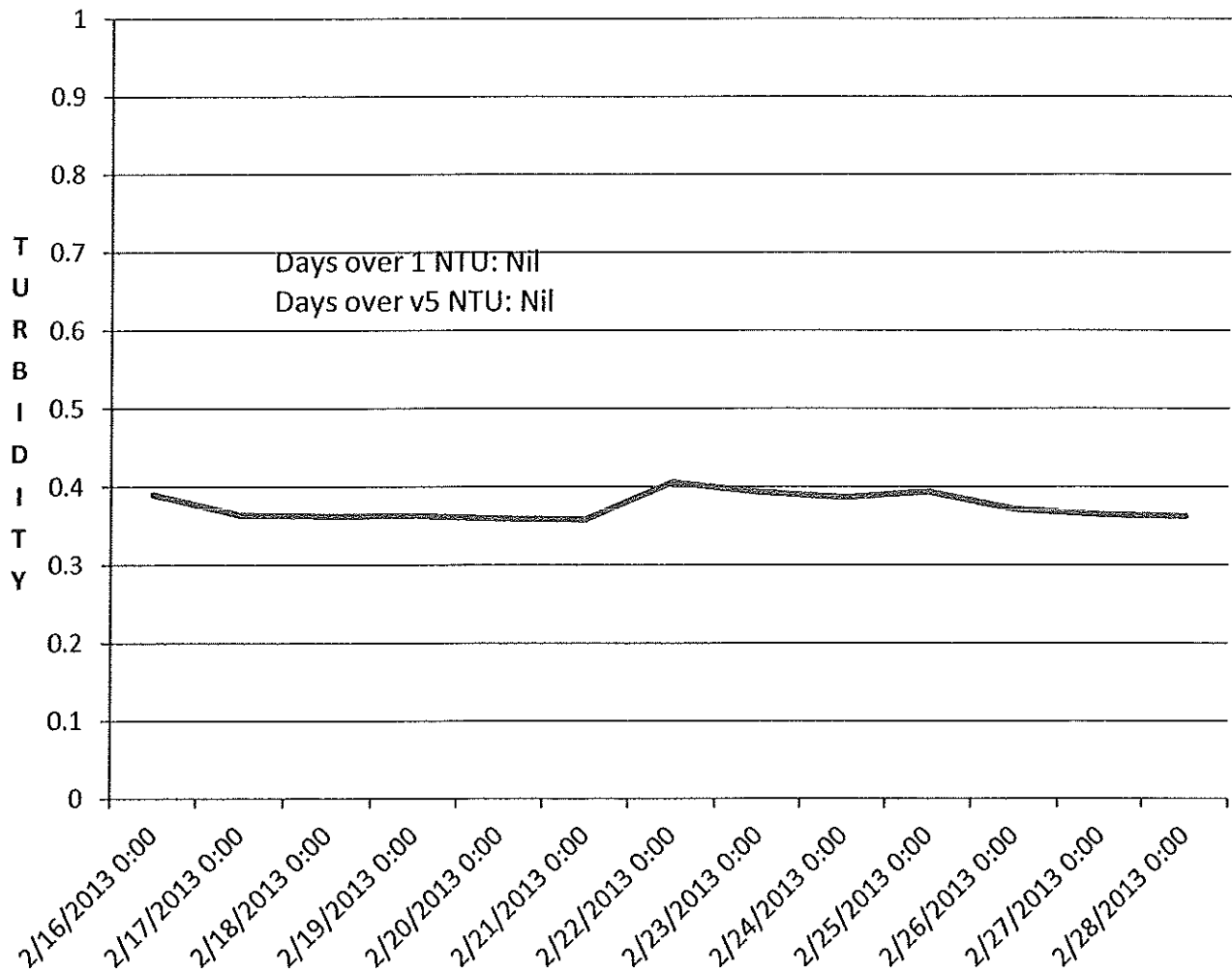
Facility Name: SHAWNIGAN VILLAGE WATER WORKS
Facility Type: DWC
Date Range: Jan 1 2013 to Dec 31 2013
Date Created: Feb 18 2014

Sampling Site	Date Collected	Total Coliform	E. Coli	Fecal Coliform
<u>Shawnigan Lake,</u>				
<u>2730 Galland Road,</u>				
<u>Dist. site, Weekly</u>				
	02-Jan-2013	L1	L1	
	09-Jan-2013	L1	L1	
	16-Jan-2013	L1	L1	
	23-Jan-2013	L1	L1	
	30-Jan-2013	L1	L1	
	06-Feb-2013	L1	L1	
	13-Feb-2013	L1	L1	
	20-Feb-2013	L1	L1	
	27-Feb-2013	L1	L1	
	06-Mar-2013	L1	L1	
	13-Mar-2013	3	L1	
	19-Mar-2013	L1	L1	
	27-Mar-2013	3	L1	
	04-Apr-2013	L1	L1	
	10-Apr-2013	L1	L1	
	17-Apr-2013	L1	L1	
	24-Apr-2013	L1	L1	
	30-Apr-2013	L1	L1	
	08-May-2013	L1	L1	
	15-May-2013	L1	L1	
	22-May-2013	L1	L1	
	29-May-2013	L1	L1	
	05-Jun-2013	L1	L1	
	12-Jun-2013	L1	L1	
	19-Jun-2013	L1	L1	
	26-Jun-2013	L1	L1	
	02-Jul-2013	L1	L1	
	10-Jul-2013	L1	L1	
	17-Jul-2013	L1	L1	
	23-Jul-2013	L1	L1	
	30-Jul-2013	L1	L1	
	07-Aug-2013	L1	L1	
	14-Aug-2013	L1	L1	
	21-Aug-2013	L1	L1	
	28-Aug-2013	L1	L1	
	03-Sep-2013	L1	L1	
	11-Sep-2013	L1	L1	
	18-Sep-2013	L1	L1	
	25-Sep-2013	L1	L1	
	02-Oct-2013	L1	L1	
	09-Oct-2013	L1	L1	
	16-Oct-2013	L1	L1	
	23-Oct-2013	L1	L1	
	30-Oct-2013	L1	L1	
	05-Nov-2013	L1	L1	

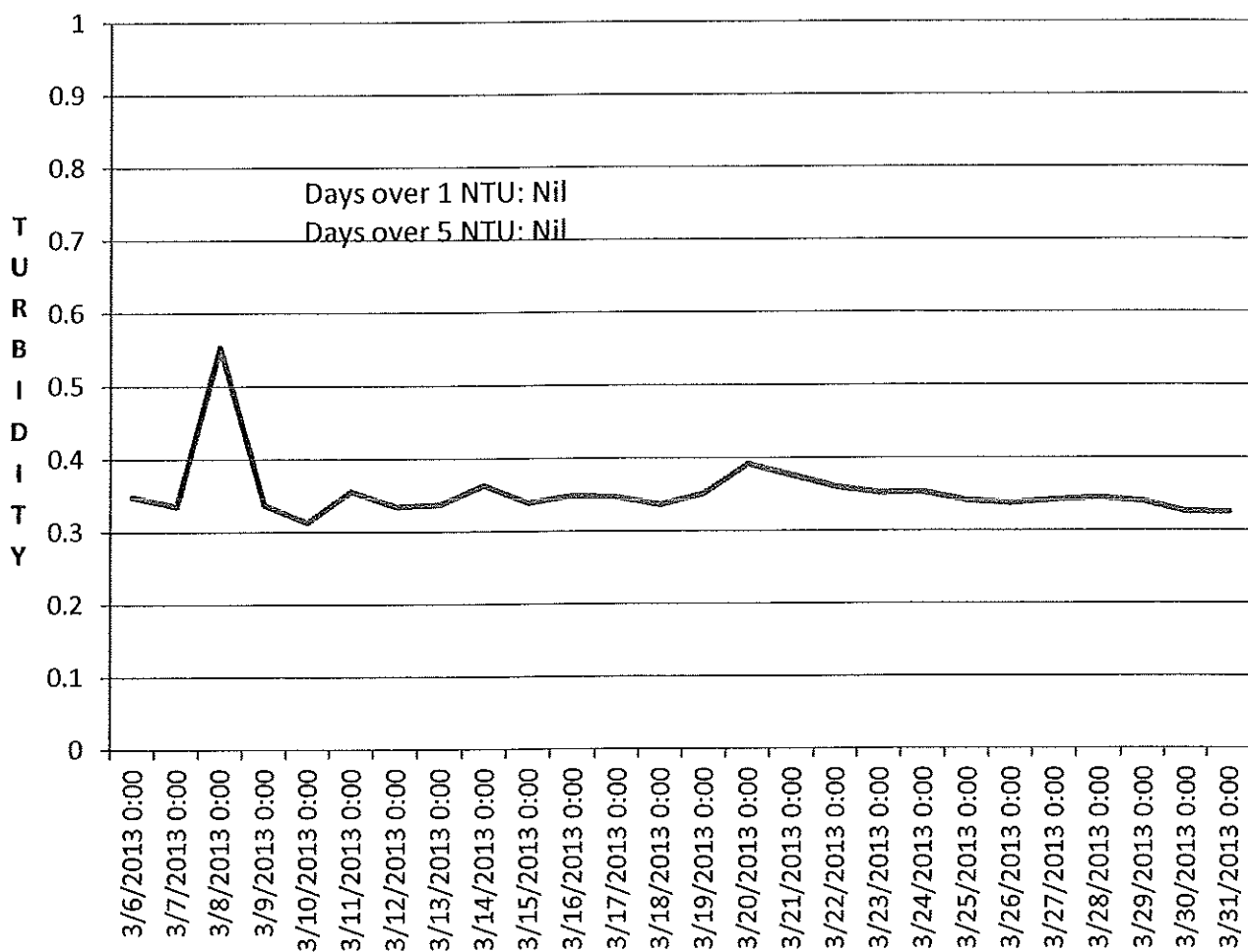
SHAWNIGAN TURBIDITY JAN. 2013



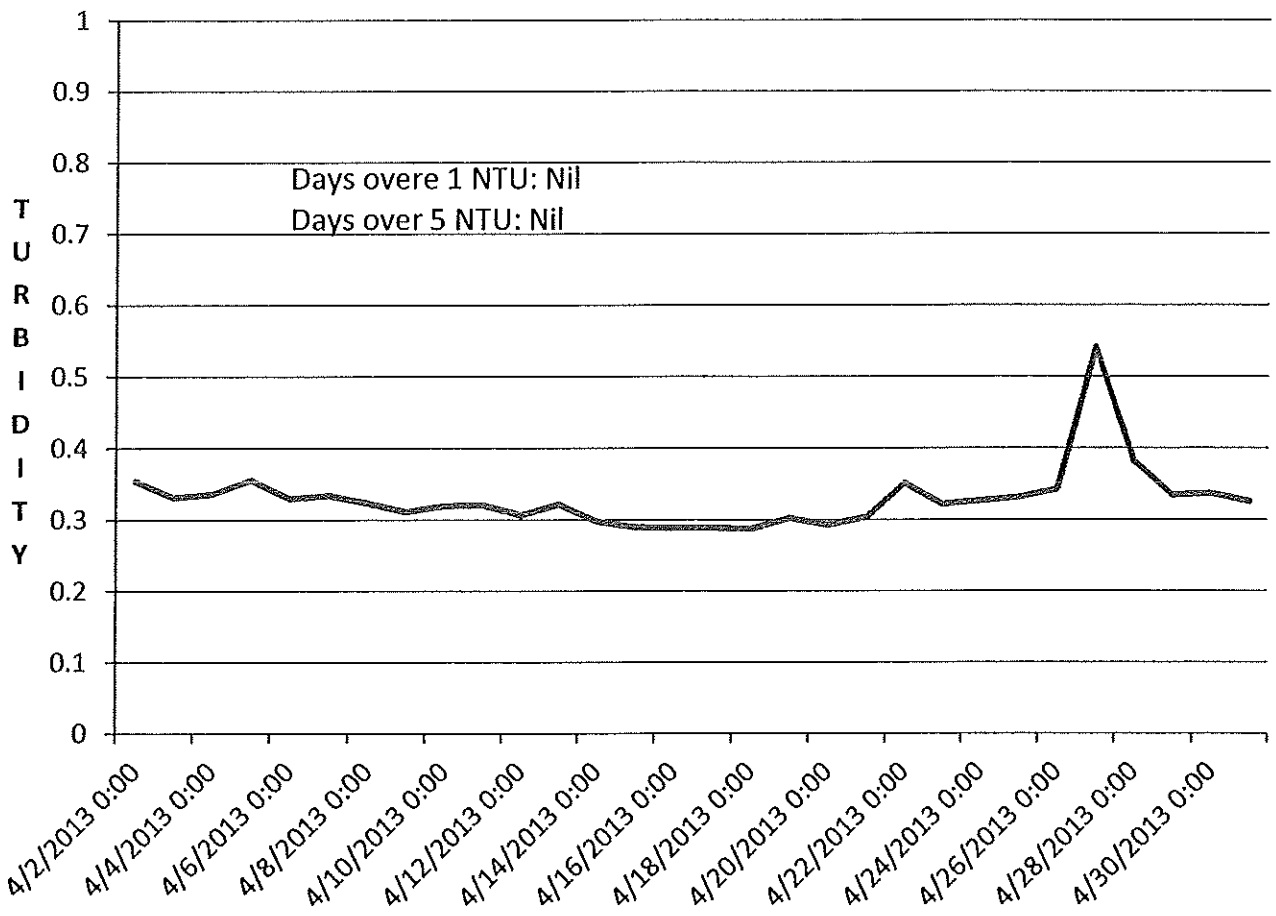
SHAWNIGAN TURBIDITY FEB. 2013



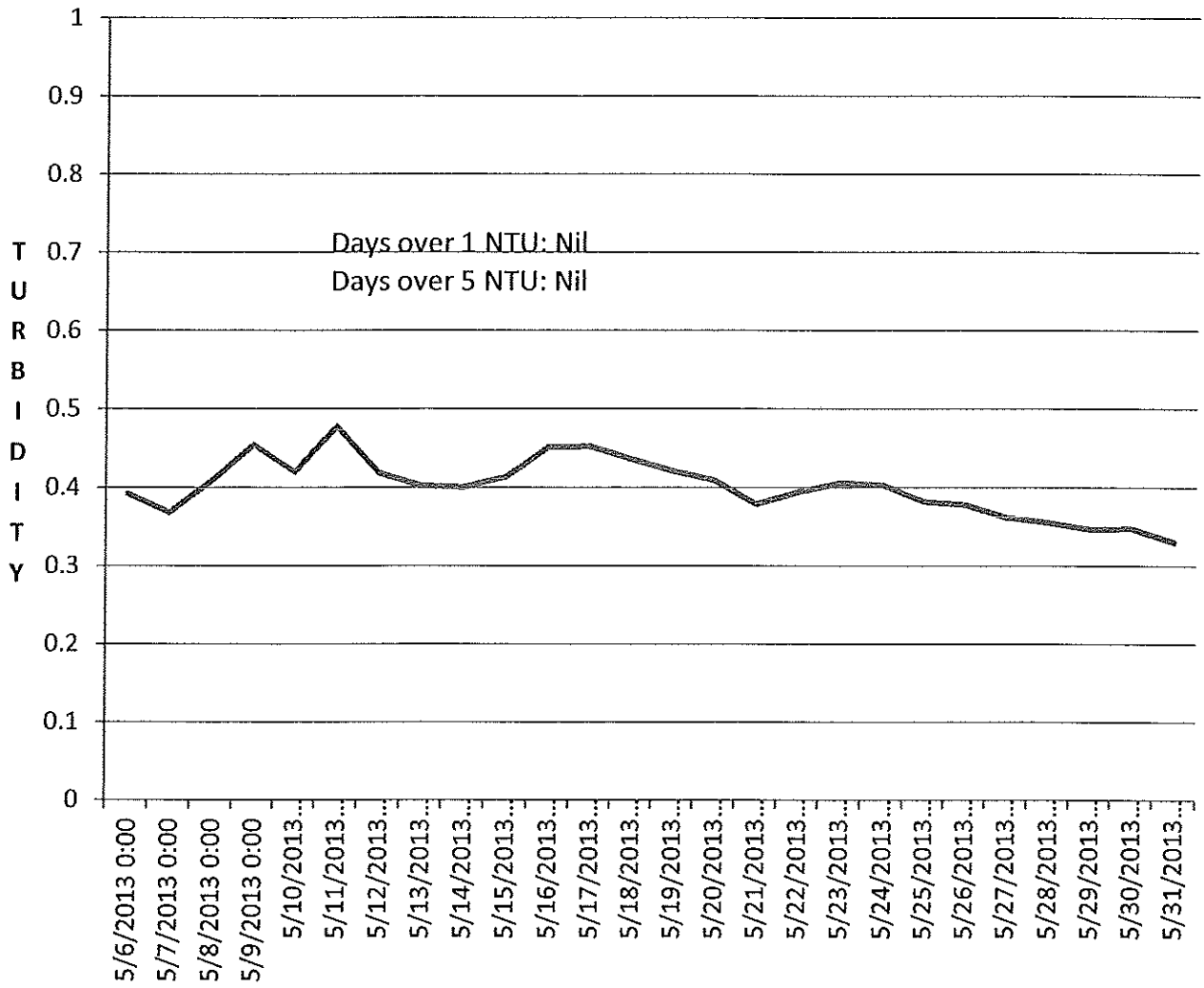
SHAWNIGAN TURBIDITY MAR. 2013



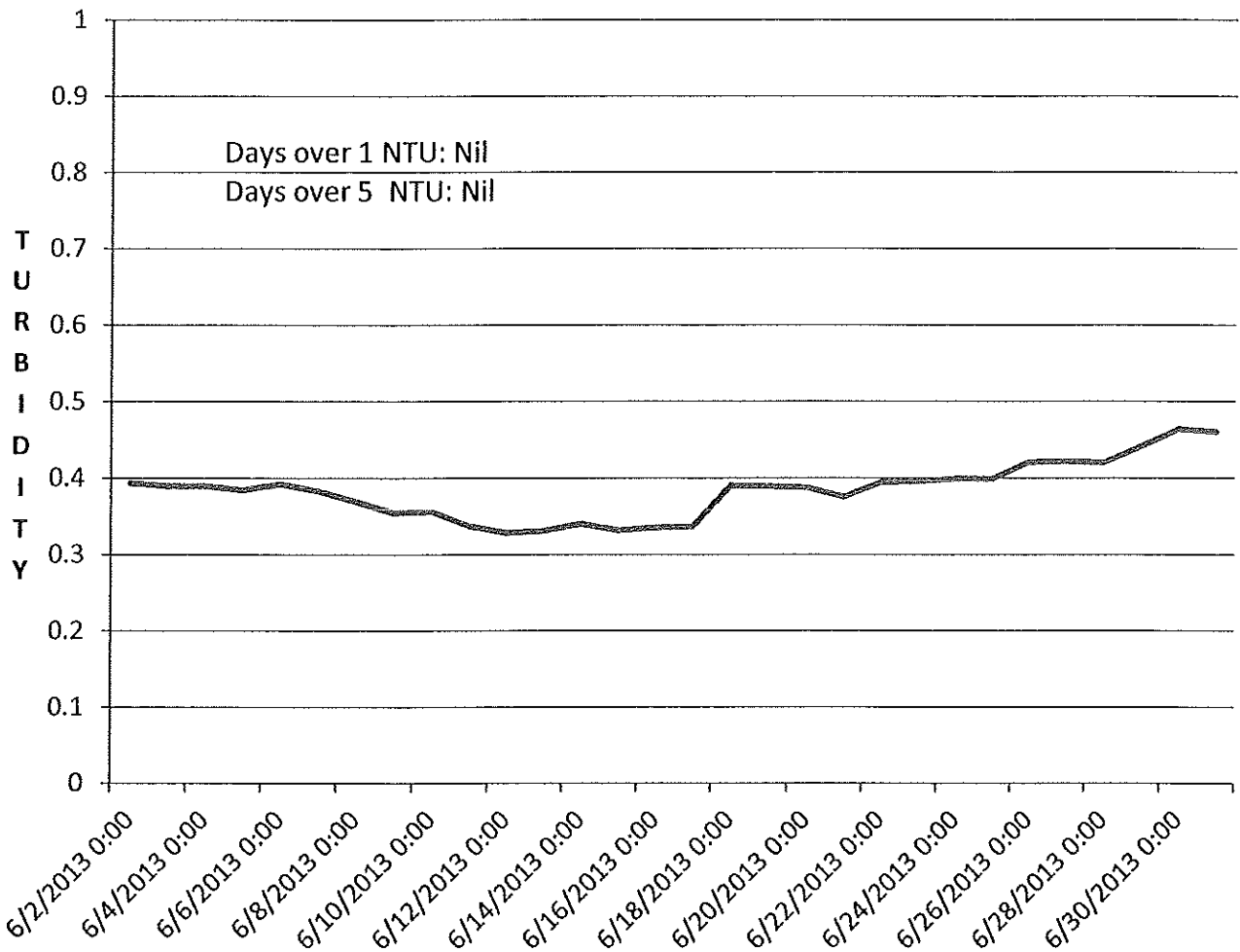
SHAWNIGAN TURBIDITY APR. 2013



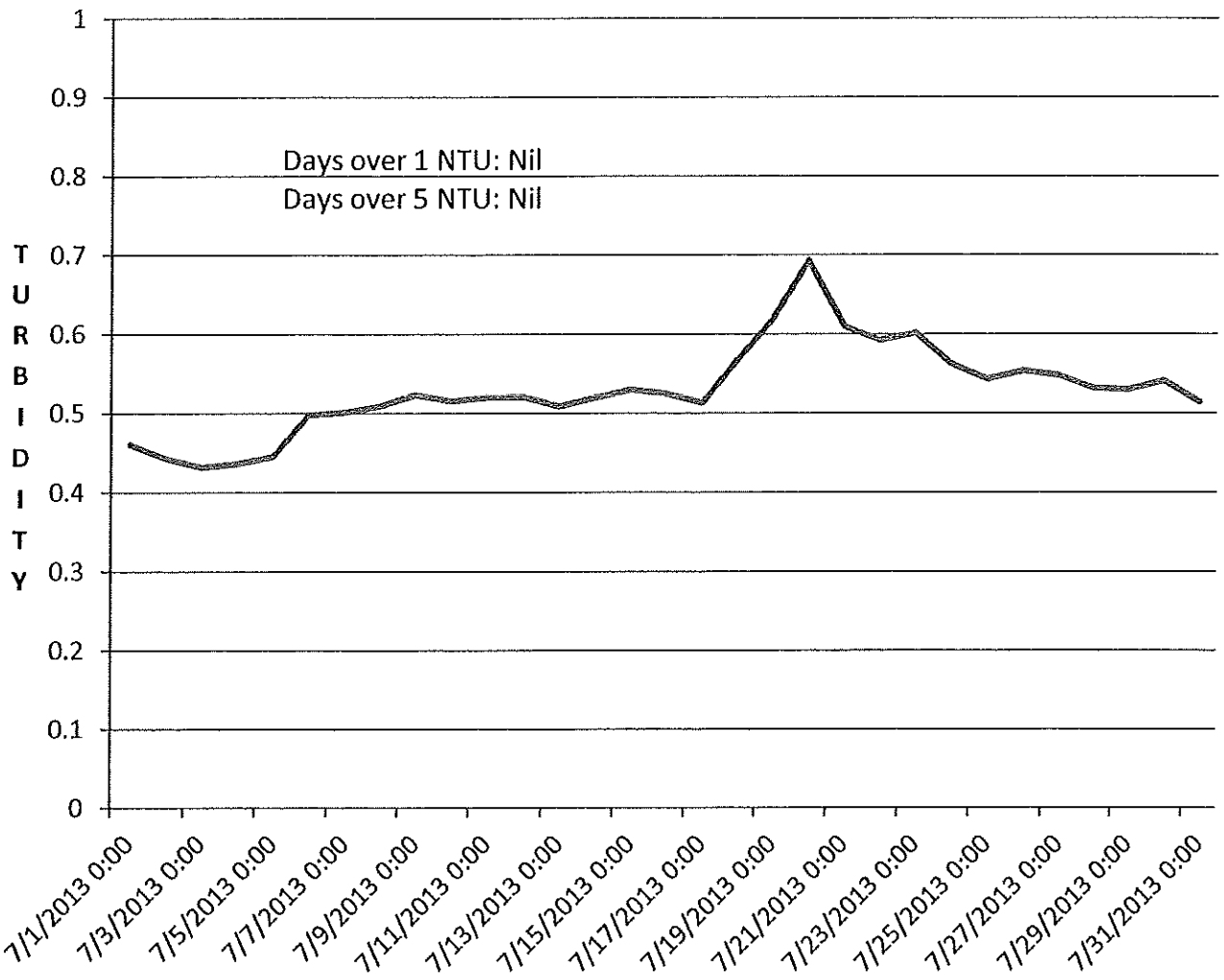
SHAWNIGAN TURBIDITY MAY 2013



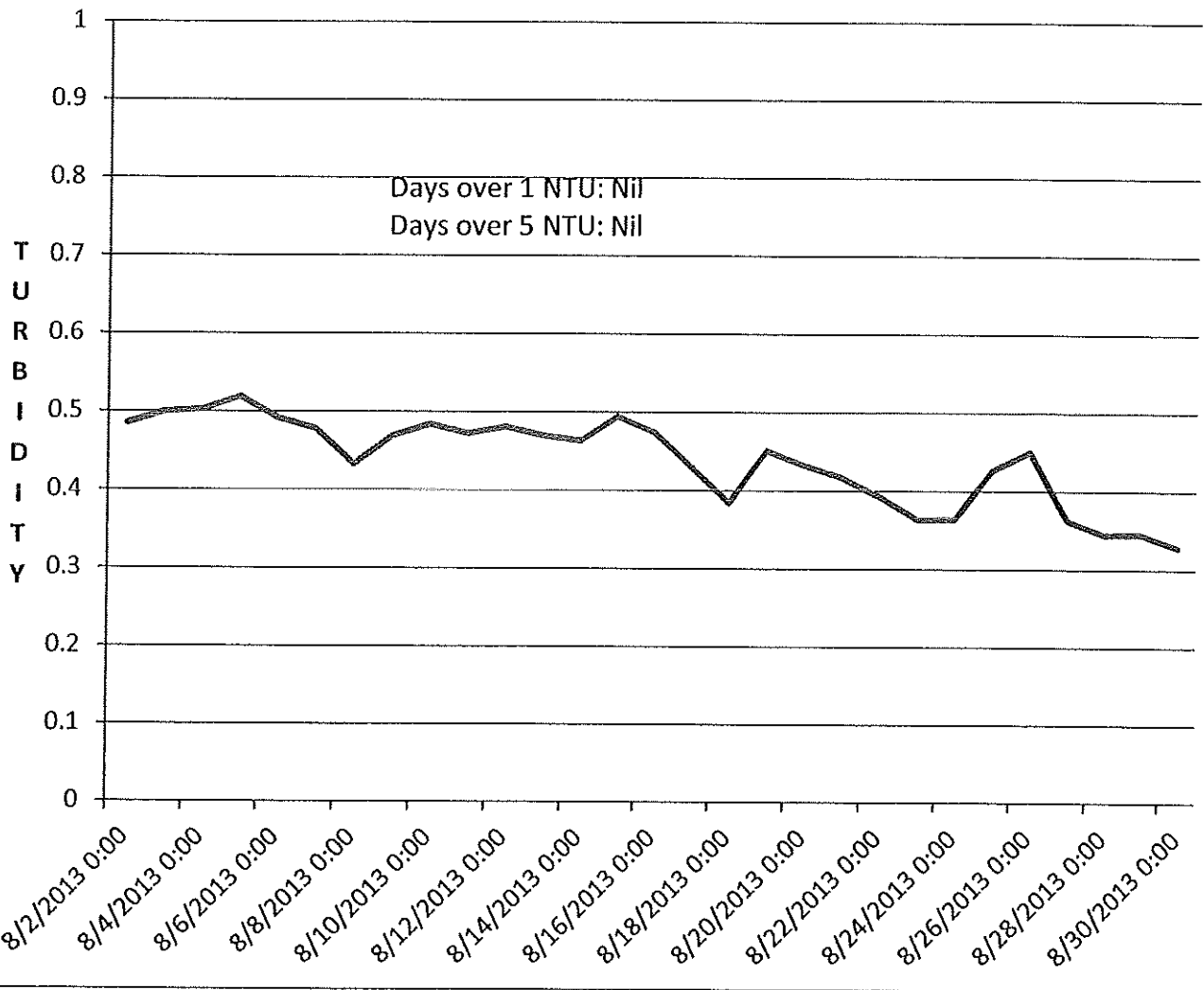
SHAWNIGAN TURBIDITY JUNE 2013



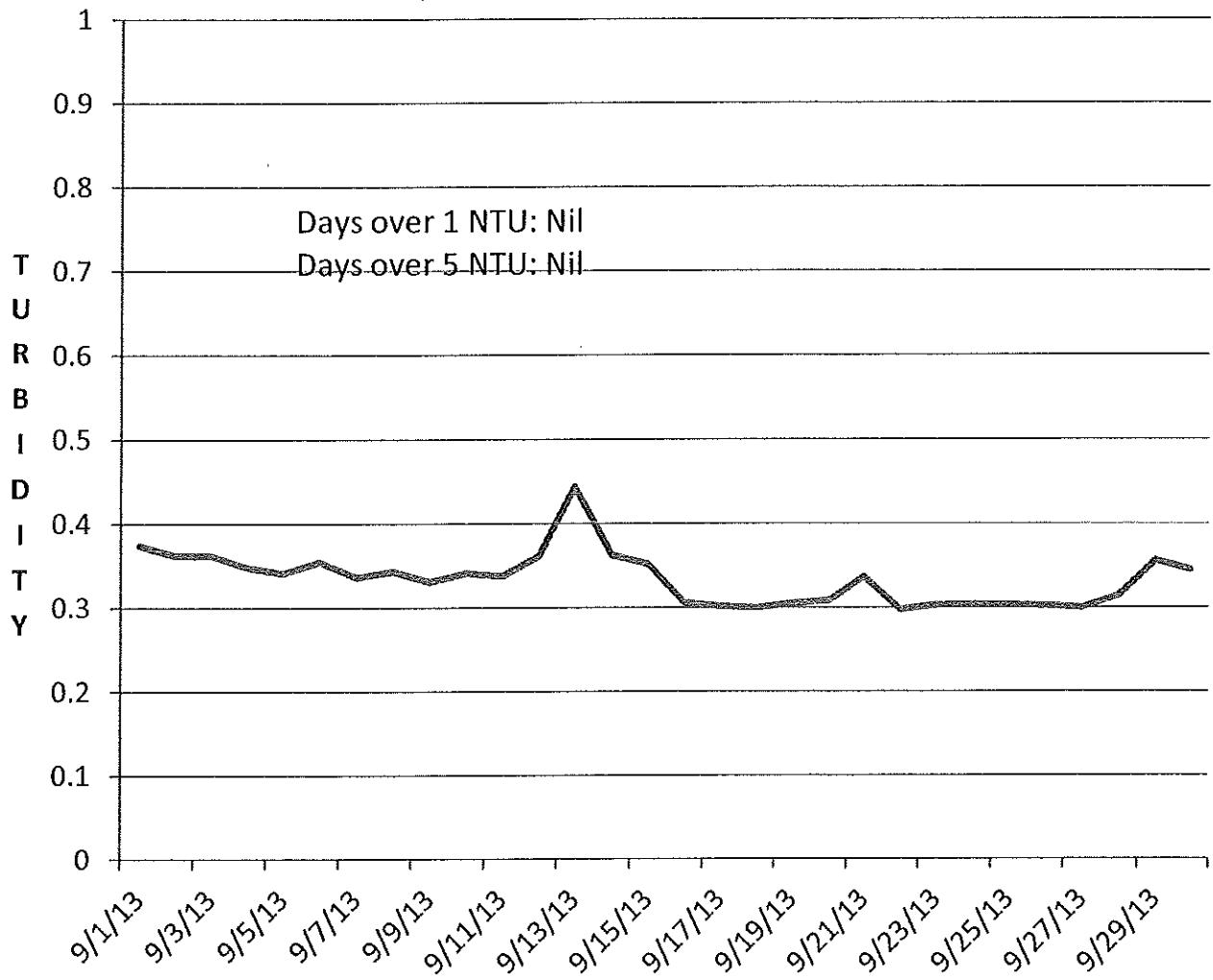
SHAWNIGAN TURBIDITY JULY 2013



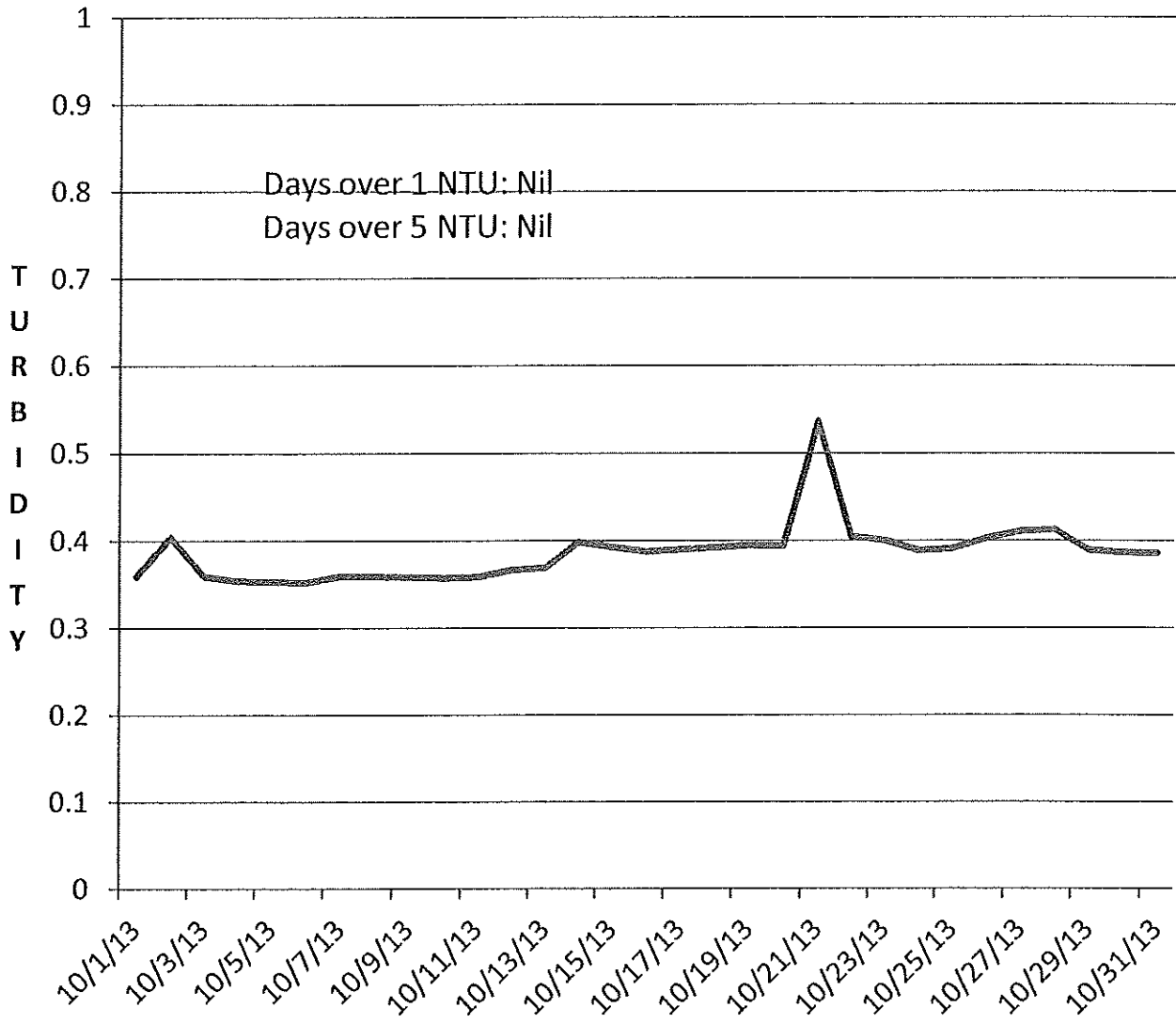
SHAWNIGAN TURBIDITY AUG. 2013



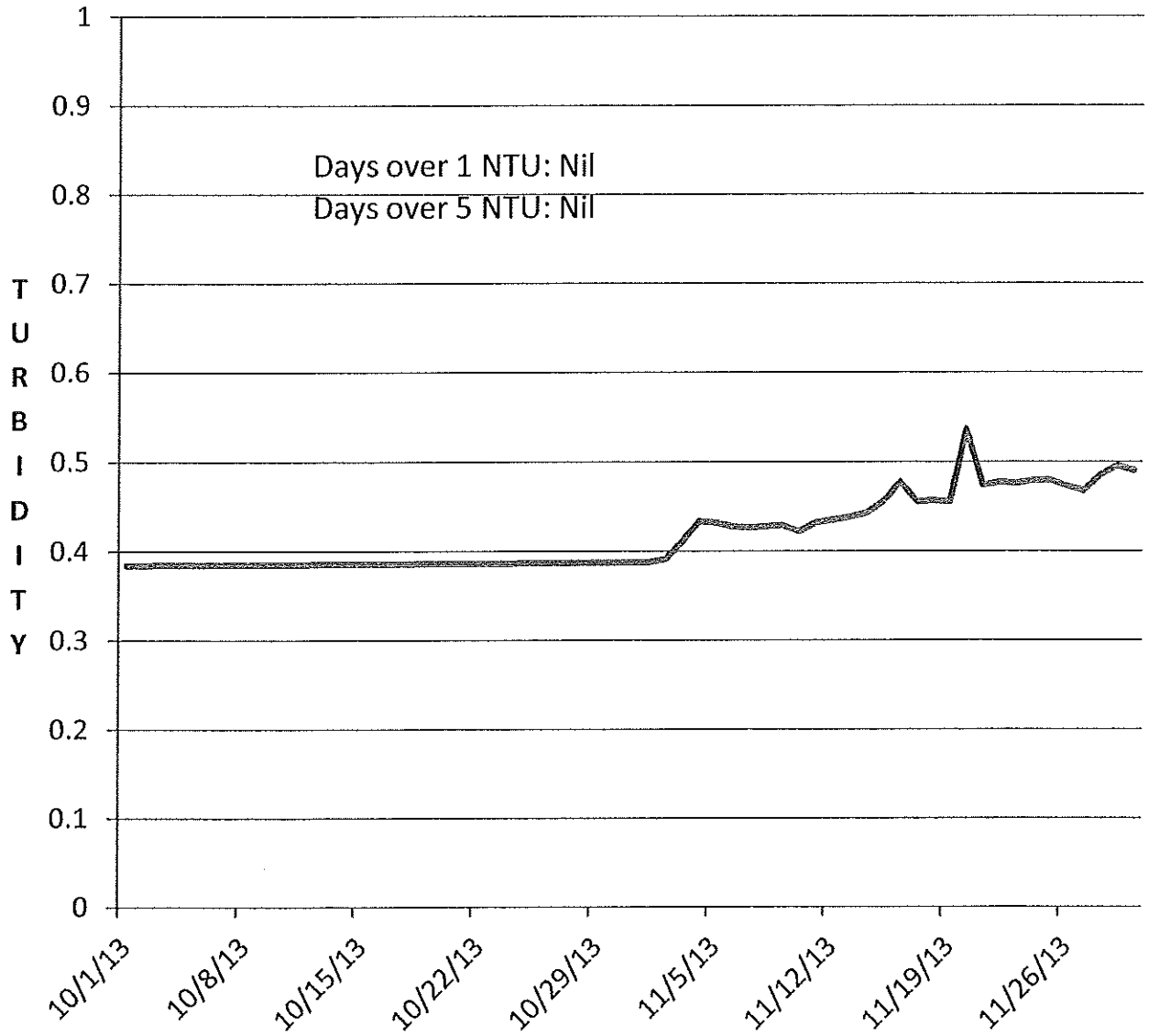
SHAWNIGAN TURBIDITY SEPT. 2013



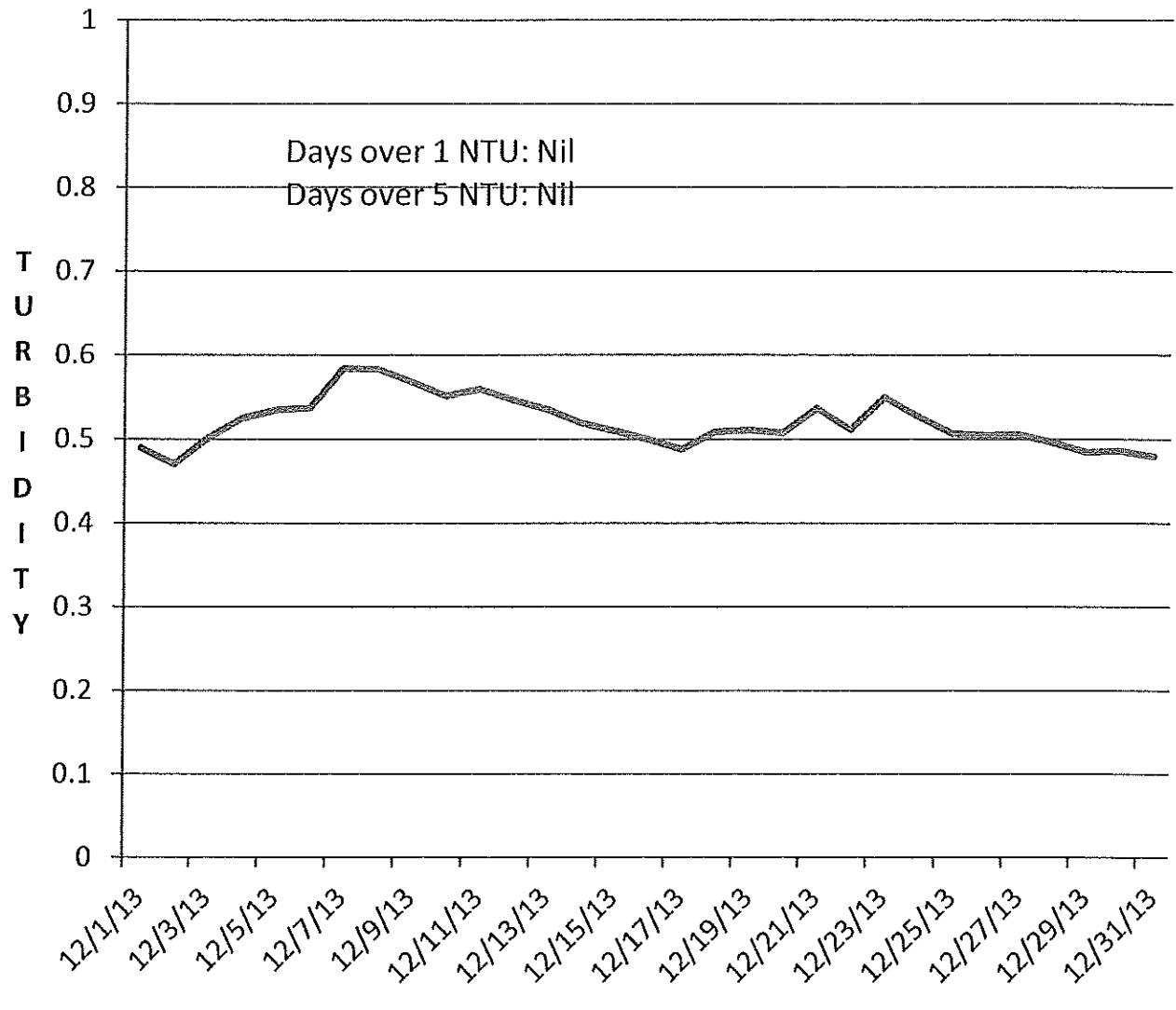
SHAWNIGAN TURBIDITY OCT. 2013



SHAWNIGAN TURBIDITY NOV. 2013



SHAWNIGAN TURBIDITY DEC. 2013



SYSTEM NAME <i>Shawmigan Village Water works</i>	E.H.O. NAME <i>Mark Hall</i>
ADDRESS <i>1584 Shawmigan Lake rd</i>	POSTAL CODE
OPERATOR <i>Rod Lidstone</i>	INSPECTION DATE (DMY) <i>13 Dec 2013</i>
	TIME SPENT (Hrs. - nearest 1/4) <i>1.0</i>

SYSTEM TYPE (CHECK One)

> 20,000 (DWP)
 10,001 - 20,000 (DWM)
 301 - 10,000 (DWT)
 15 - 300 (DWC)
 2 - 14 (DWS)

1 - SERVES PUBLIC (DWQ)
 1 HAULER (DWH)

TYPE OF INSPECTION

INITIAL ROUTINE
 COMPLAINT FOLLOW-UP

CRITICAL HAZARD

These items relate to Public Health Safety & MUST RECEIVE IMMEDIATE ATTENTION

Microbiological Contamination of Raw Water Supply Due to:

301 Flood
 302 Sewage
 303 Industrial
 304 Agriculture
 305 Other (Specify) _____
 306 Chemical Contamination of Raw Water Supply
 307 Contamination of Finished Water - Reservoir
 308 Contamination of Finished Water - Mains
 309 Cross-Connection
 310 Use of Unapproved Source
 311 Interruption of Treatment
 312 Inadequate Treatment
 313 Other (Specify) _____

SANITATION & MAINTENANCE

These items must be corrected within a designated time period

314 Improper Maintenance of Distribution System
 315 Improper or No Disinfection of New or Repaired Main
 316 Source Unprotected and Subject to Contamination
 317 Inadequate or Improper Construction of Water Works
 318 Inadequate Microbiological Analysis Data
 319 Inadequate Chemical Analysis Data
 320 Interruption of Treatment
 321 Inadequate Treatment
 322 Emergency Response Plan
 323 Other (Specify) _____

POSTED
 DEC. 16 2013
 D.S.

CODE	FINDINGS AND ACTIONS REQUIRED
<i>Comments</i>	<p><i>Annual Report for 2012 is completed</i></p> <p><i>ERP is up to date</i></p> <p><i>Bacterial sampling results and frequency have been satisfactory</i></p> <p><i>Treatment program has been submitted for MHA approval</i></p> <p><i>Chlorine residuals monitored and recorded up to 07 hours</i></p> <p><i>Reservoirs cleaned and system flushed annually</i></p>

At the time of inspection this system has a hazard rating of

HIGH
 MODERATE
 LOW
 Issue Permit
 Conditions of Permit

FOLLOW UP VISIT PHONE Date

RECEIVED BY *Emailed to Mark Hall* PRINT NAME *Dec 16/13* E.H.O. *DA*