

**Drinking Water System Annual Report**

<b>Reporting Period</b>	January 1 2020 – December 31 2020
<b>Water System Name</b>	Savary Shores Improvement District
<b>Water System Owner</b>	Savary Shores Improvement District
<b>Primary Contact Name (Operator or Manager)</b>	Janine Reimer, Administrator
<b>Phone Number (Operator or Manager)</b>	SSID cell 604-414-8448; home tel 604-414-0770
<b>Email (Operator or Manager)</b>	administrator@savaryshoreswater.ca

**Describe Your Water Supply System**

**What is the source(s) of Raw Water?**

Deep Well  Shallow Well  Surface Water  Other (specify): \_\_\_\_\_ Aquifer

**Does The Drinking Water System Have Primary Disinfection?**  Yes  No

Chlorination  Ultraviolet light  Ozonation  Other (specify): \_\_\_\_\_

**Does The Drinking Water System Have Secondary Disinfection?**  Yes  No

Chlorination  Ultraviolet light  Ozonation  Other (specify): \_\_\_\_\_

**Does The Drinking Water System Have Filtration?**  Yes  No

Filter Type (check boxes that apply):

Cartridge Filter {1 micron, 5 micron, 10 micron}  Carbon Filter  Sand Filtration  Reverse Osmosis

Other (specify): \_\_\_\_\_

**Public Reporting**

**Emergency Response & Contingency Plan (ERCP)**

Is your ERCP up to date?  Yes  No

How do you inform the users of the ERCP?

Hand Delivered  Utility Bill Insert  Bulletin Board  Website (specify):  
 savaryshoreswater.ca/emergency-contacts

Other (specify): posted in pumphouse; also, large signs with emergency numbers posted on the outside of the pumphouse and at the tank farm

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How do you inform system users of the Annual Report?

Hand Delivered  Public Bulletin Board  Newspaper  Utility Bill Insert  Website (specify):  
 savaryshoreswater.ca/reports-for-2020

Other method (specify): \_\_\_\_\_

**Compliance with Operating Permit**

List the conditions of your Operating Permit (Contact the DWO for a copy if needed):  
 Bacteriological samples to be submitted monthly. Review Water System Emergency Response Plan at least annually and update as required. Monitor well water for sodium and nitrate levels annually.

Are you in compliance with the Operating Permit?  Yes  No

**Bacteriological Testing Completed During This Reporting Period**

How many bacteriological samples did you collect? \_\_\_\_\_ 96 \_\_\_\_\_.

Bacteriological summary attached to this report.  Yes  No; If no, how do the users view the results?

***In order to meet the potability standard no more than 10% of samples can show the presence of total coliform bacteria and no samples can show the presence of E coli.***

Did your water system meet this standard?  Yes  No

If No, complete the table below; Attach additional sheets if necessary.

Date	T. Coliform #	E. Coli #	Reason	Corrective Action

**Chemical Sampling Completed During This Reporting Period**

Did you conduct any chemical sampling:  Yes  No?

Did all treated water samples meet the Guidelines for Canadian Drinking Water Quality?  Yes  No

If no, record the parameters in the table below: Complete additional sheets if necessary.

Parameter	Result	Corrective Action/Treatment

**Additional Testing**

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Did you complete any additional water testing in this reporting period?  Yes  No

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

Additional Testing & Reason for Sampling	Corrective Action Taken
nitrates sampling quarterly from both wells	no corrective action required

### Water Quality Complaints

Did you receive any water quality complaints in this reporting period?  Yes  No

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

Date	Water Quality Complaint (i.e. taste, odour, colour, etc)	Corrective Action Taken
Oct 2 2020	chlorine taste following Oct 1 flush	Advised customer of reason for flush, and method for dissipating taste; future flushes will be accompanied by a sandwich board on VancBlvd and email
Oct 8 2020	chlorine taste following Oct 1 flush	Advised customer of reason for flush, and method for dissipating taste; future flushes will be accompanied by a sandwich board on VancBlvd and email

### Operational Problems

Did you experience operational problems during this reporting period?  Yes  No

(Typical operational problems are; insufficient water supply, malfunction of disinfection equipment, line breaks, elevated turbidity, etc.).

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

Incident Date	Type of Operational Problem	Corrective Action Taken
June 15	Water outage caused by mechanical issue generator-1 (23-yr old generator at end life).	Manual pumping; new generator research for purchase
July 7	Water outage caused by electrical malfunction	Manual pumping; electrician corrected
Sept 10	Water outage caused by electrical malfunction	Manual pumping; electrician corrected
Sept 17	Water outage caused by electrical malfunction	Manual pumping; electrician corrected

### Major Upgrades/Repairs & Expenses

Did you complete any upgrades/repairs and incur major expenses in this reporting period?  Yes  No

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

Major Upgrades/Expenses	Details
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<b>Improvements required by DWO</b>	
<b>Additions/changes to system</b>	Transfer switch and timer install to automatically sequence from one generator to the other; and from one pump to the other; and to operate generator-2 only during daytime; also battery & solar changes
<b>Purchase or installation of new equipment</b>	As above
<b>Equipment repair or replacement (existing)</b>	New generator-1 purchased to replace the old generator-1 that died in June 2020.
<b>Annual maintenance of system: (system flushing, replacement of carbon filters, etc)</b>	
<b>Specialist report</b>	
<b>Other</b>	

**Future Improvements**


Do you have plans for any future improvements?  Yes  No

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

<b>Future Upgrades or Improvements</b>	<b>Est. date of completion</b>
install alarm for generator fail	2021
well-2 protective chainlink enclosure	2021, complete

Date Completed;     May 28, 2021    

Completed by     Janine Reimer, Administrator      
 Print Name

  
 Signature