

Drinking Water System Annual Report

| | |
|---|---|
| Reporting Period | January 1 2018 – December 31 2018 |
| Water System Name | Savary Shores Improvement District |
| Water System Owner | Savary Shores Improvement District |
| Primary Contact Name (Operator or Manager) | Janine Reimer, Administrator |
| Phone Number (Operator or Manager) | SSID cell 604-414-8448; home tel 604-414-0770 |
| Email (Operator or Manager) | 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.

Drinking Water System Annual Report

How do you inform system users of the Annual Report?

Hand Delivered Public Bulletin Board Newspaper Utility Bill Insert Website:

savaryshoreswater.ca/reports-to-vch-and-agm-2018

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

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 monthly 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 |
|------|---|-------------------------|
| | | |
| | | |
| | | |

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 |
|---------------|-----------------------------|-------------------------|
| | | |
| | | |
| | | |
| | | |

Major Upgrades/Repairs & Expenses

Did you complete any upgrades/repairs and incur major [NOT major] expenses in this reporting period? Yes No

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

| Major Upgrades/Expenses | Details |
|---|--|
| Improvements required by DWO | |
| Additions/changes to system | |
| Purchase or installation of new equipment | |
| Equipment repair or replacement (existing) | Repair of approx 2-foot section of PVC pipe, damaged by excavator toothed bucket |
| Annual maintenance of system: <i>(system flushing, replacement of carbon filters, etc)</i> | |
| Specialist report | |
| Other | |

Future Improvements

Do you have plans for any future improvements? Yes No

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

| Future Upgrades or Improvements | Est. date of completion |
|---------------------------------|-------------------------|
| chainlink enclosure for well-2 | 2020 |
| | |
| | |

Date Completed; _____ May 21, 2019 _____

Completed by; Janine Reimer
 Print Name



 Signature



CONTACT LIST

EMERGENCY NUMBERS

Police, Fire, Ambulance – Dial 9-1-1
BC NurseLine 8-1-1, or HealthLinkBC.ca
Poison Control 1-800-567-8911

POWELL RIVER EMERGENCY RESPONSE PROGRAM (PRREP) MGR EMERGENCY SERVICES Ryan Thoms, 604-414-4553, rthoms@qathet.ca

NON-EMERGENCY POLICE, FIRE DEPT, HOSPITAL

RCMP Powell River, 604-485-6255
FIRE CHIEF Gareth Jones, SIVFD, 604-578-8006, sivfdchief@qathet.ca
Powell River General Hospital, 604-485-3211

EMERGENCY COORDINATOR

SSID OPERATOR Courtney Robertson
Lund tel 604-414-0230, cell 604-483-1410, courtney.robertson808@gmail.com

The Operator will determine the best courses of action, provide direction to personnel, and establish an Emergency Coordination Centre if necessary.

EMERGENCY COMMUNICATION

SSID ADMINISTRATOR Janine Reimer
Cell 604-414-8448, Savary Island tel 604-414-0770, administrator@savaryshoreswater.ca
The Administrator will contact emergency response, health authorities, trustees, SSID water users, and media if necessary.

VANCOUVER COASTAL HEALTH

DRINKING WATER OFFICER / ENVIRONMENTAL HEALTH OFFICER.....Mike Nguyen
Office 604-485-3324, home 778-317-8567, cell 604-414-5545, michael.nguyen@vch.ca

BACKUP VCH OFFICERS

ENVIRONMENTAL HEALTH OFFICER Jack Davidson, office 604-485-3335, jack.davidson@vch.ca
DRINKING WATER OFFICER Darren Molder, office 604-885-8711, home 604-885-5200, cell 604-989-1357, darren.molder@vch.ca
DRINKING WATER OFFICER Dan Glover, office 604-815-6846, cell 604-815-3128, dan.glover@vch.ca

DRINKING WATER OFFICER Phil Muirhead, office 604.983.6756, cell 604-306-2717,
phil.muirhead@vch.ca
MEDICAL HEALTH OFFICER / DRINKING WATER OFFICER Geoff McKee, office 604-983-6701,
home 604-983-6715, cell 604-842-2357, geoff.mckee@vch.ca
DRINKING WATER OFFICER Mark Ritson, Manager Health Protection, office 604-983-6751, home
604-988-6516, cell 604-219-7359, mark.ritson@vch.ca

MEDIA

TWITTER @EmergencyPRREP; Powell River Peak @Peak_Aboo
RADIO 95.7 Coast FM 604-485-4207; 98.9 The Goat FM 250-331-4033; 99.7 2Day FM 250-331-4033
NEWSPAPER Powell River Peak, 604-485-5313

SAVARY SHORES IMPROVEMENT DISTRICT

OPERATOR Courtney Robertson, Lund tel 604-414-0230, cell 604-483-1410,
courtney.robertson808@gmail.com
BACKUP OPERATOR Bill Taylor, cell 604-414-8298, bs_taylor@shaw.ca

ADMINISTRATOR Janine Reimer, cell 604-414-8448, Savary Island tel 604-414-0770,
administrator@savaryshoreswater.ca

TRUSTEE CHAIR Dale Gregory, Port Coquitlam 1-604-942-5586, Savary Island 604-483-9734,
dgregory7@shaw.ca

TRUSTEE Bryan Miles, cell 1-250-650-1940, brm1292@gmail.com

TRUSTEE John Revitt, cell 604-787-9984

SERVICES & SUPPLIES

BOTTLED WATER Aaron Service & Supplie, Powell River 604-485-5611
BULK WATER HAULER Ecoterra, Powell River, 604-483-9560
ELECTRICAL Newport Electric, Powell River 604-485-0045
or Triple H Electric, Powell River 604-414-5971
EXCAVATING Eric's Savary Island Services Savary Island 604-483-4959
FIRE HYDRANTS Fred Surridge Ltd, Parksville 1-800-588-7718
GATE VALVES Terminal City Ironworks, Langley 1-888-443-4493
GENERATORS Mike Russell, River City Auto, Powell River 604-485-5990
PLUMBING Pete's Plumbing & Heating, Powell River 604-485-9761
PUMPS CanWest Drilling, Powell River 604-485-4250
TRANSPORTATION Lund Water Taxi, Lund 604-483-9749

From: HAgent@healthspace.com
Subject: Drinking Water Report for Savary Shores Improvement District - 4/23/2019
Date: April 26, 2019 at 5:08 AM
To: bs_taylor@shaw.ca, administrator@savaryshoreswater.ca, courtney.robertson808@gmail.com



DRINKING WATER REPORT
VANCOUVER COASTAL HEALTH

Facility Name: Savary Shores Improvement District
Sample Location: Savary Shores, Wellhead #1
Date Collected: 04/23/2019

Operator: Savary Shores Improvement District
(Blank)
(Blank), (Blank) (Blank)

Site ID: MVVE-4WFAYH Lab: BCCDC
Sample ID: TCLE-B6VVB5 Lab Sample ID: B9WW020745

WATER TEST RESULTS:
Total Coliform per 100 mL: Less than 1
E. Coli per 100 mL: Less than 1

Comments:
L:LESS THAN

FOR FURTHER INFORMATION PLEASE CALL: Michael Nguyen

From: HAgent@healthspace.com
Subject: Drinking Water Report for Savary Shores Improvement District - 4/23/2019
Date: April 26, 2019 at 5:09 AM
To: bs_taylor@shaw.ca, administrator@savaryshoreswater.ca, courtney.robertson808@gmail.com



DRINKING WATER REPORT
VANCOUVER COASTAL HEALTH

Facility Name: Savary Shores Improvement District
Sample Location: Savary Shores, NEW Wellhead #2
Date Collected: 04/23/2019

Operator: Savary Shores Improvement District
(Blank)
(Blank), (Blank) (Blank)

Site ID: TCLE-8VERCB Lab: BCCDC
Sample ID: TCLE-B6VVAQ Lab Sample ID: B9WW020744

WATER TEST RESULTS:
Total Coliform per 100 mL: Less than 1
E. Coli per 100 mL: Less than 1

Comments:
L:LESS THAN

FOR FURTHER INFORMATION PLEASE CALL: Michael Nguyen

From: HAgent@healthspace.com

Subject: Drinking Water Report for Savary Shores Improvement District - 4/23/2019

Date: April 26, 2019 at 5:07 AM

To: bs_taylor@shaw.ca, courtney.robertson808@gmail.com, administrator@savaryshoreswater.ca



DRINKING WATER REPORT
VANCOUVER COASTAL HEALTH

Facility Name: Savary Shores Improvement District

Sample Location: , Storage tank #1

Date Collected: 04/23/2019

Operator: Savary Shores Improvement District

(Blank)

(Blank), (Blank) (Blank)

Site ID: DGLR-83ZMH9 Lab: BCCDC

Sample ID: TCLE-B6VVAY Lab Sample ID: B9WW020728

WATER TEST RESULTS:

Total Coliform per 100 mL: Less than 1

E. Coli per 100 mL: Less than 1

Comments:

L:LESS THAN

FOR FURTHER INFORMATION PLEASE CALL: Michael Nguyen

From: HAgent@healthspace.com

Subject: Drinking Water Report for Savary Shores Improvement District - 4/23/2019

Date: April 26, 2019 at 5:07 AM

To: bs_taylor@shaw.ca, administrator@savaryshoreswater.ca, courtney.robertson808@gmail.com



DRINKING WATER REPORT
VANCOUVER COASTAL HEALTH

Facility Name: Savary Shores Improvement District

Sample Location: Savary Shores, Storage Tank #2

Date Collected: 04/23/2019

Operator: Savary Shores Improvement District

(Blank)

(Blank), (Blank) (Blank)

Site ID: MVVE-4WFAYM Lab: BCCDC

Sample ID: TCLE-B6VVB3 Lab Sample ID: B9WW020742

WATER TEST RESULTS:

Total Coliform per 100 mL: Less than 1

E. Coli per 100 mL: Less than 1

Comments:

L:LESS THAN

FOR FURTHER INFORMATION PLEASE CALL: Michael Nguyen

From: HAgent@healthspace.com
Subject: Drinking Water Report for Savary Shores Improvement District - 4/23/2019
Date: April 26, 2019 at 5:07 AM
To: bs_taylor@shaw.ca, administrator@savaryshoreswater.ca, courtney.robertson808@gmail.com



DRINKING WATER REPORT
VANCOUVER COASTAL HEALTH

Facility Name: Savary Shores Improvement District
Sample Location: Savary Shores, Sample Station #1
Date Collected: 04/23/2019

Operator: Savary Shores Improvement District
(Blank)
(Blank), (Blank) (Blank)

Site ID: MVVE-4WFAYL Lab: BCCDC
Sample ID: TCLE-B6VVAU Lab Sample ID: B9WW020735

WATER TEST RESULTS:
Total Coliform per 100 mL: Less than 1
E. Coli per 100 mL: Less than 1

Comments:
L:LESS THAN

FOR FURTHER INFORMATION PLEASE CALL: Michael Nguyen

From: HAgent@healthspace.com
Subject: Drinking Water Report for Savary Shores Improvement District - 4/23/2019
Date: April 26, 2019 at 5:07 AM
To: bs_taylor@shaw.ca, administrator@savaryshoreswater.ca, courtney.robertson808@gmail.com



DRINKING WATER REPORT
VANCOUVER COASTAL HEALTH

Facility Name: Savary Shores Improvement District
Sample Location: Savary Shores, Sample Station #2
Date Collected: 04/23/2019

Operator: Savary Shores Improvement District
(Blank)
(Blank), (Blank) (Blank)

Site ID: DGLR-7TWTFM Lab: BCCDC
Sample ID: TCLE-B6VVAN Lab Sample ID: B9WW020730

WATER TEST RESULTS:
Total Coliform per 100 mL: Less than 1
E. Coli per 100 mL: Less than 1

Comments:
L:LESS THAN

FOR FURTHER INFORMATION PLEASE CALL: Michael Nguyen

From: HAgent@healthspace.com

Subject: Drinking Water Report for Savary Shores Improvement District - 4/23/2019

Date: April 26, 2019 at 5:07 AM

To: bs_taylor@shaw.ca, administrator@savaryshoreswater.ca, courtney.robertson808@gmail.com



DRINKING WATER REPORT
VANCOUVER COASTAL HEALTH

Facility Name: Savary Shores Improvement District
Sample Location: Savary Shores, Sample Station #3
Date Collected: 04/23/2019

Operator: Savary Shores Improvement District
(Blank)
(Blank), (Blank) (Blank)

Site ID: MVVE-4WFB2F Lab: BCCDC
Sample ID: TCLE-B4RQT9 Lab Sample ID: B9WW020739

WATER TEST RESULTS:
Total Coliform per 100 mL: Less than 1
E. Coli per 100 mL: Less than 1

Comments:
L:LESS THAN

FOR FURTHER INFORMATION PLEASE CALL: Michael Nguyen

From: HAgent@healthspace.com

Subject: Drinking Water Report for Savary Shores Improvement District - 4/23/2019

Date: April 26, 2019 at 5:07 AM

To: bs_taylor@shaw.ca, administrator@savaryshoreswater.ca, courtney.robertson808@gmail.com



DRINKING WATER REPORT
VANCOUVER COASTAL HEALTH

Facility Name: Savary Shores Improvement District
Sample Location: Savary Shores, Sample Station #4
Date Collected: 04/23/2019

Operator: Savary Shores Improvement District
(Blank)
(Blank), (Blank) (Blank)

Site ID: BFOH-68SPPJ Lab: BCCDC
Sample ID: TCLE-B6VVAT Lab Sample ID: B9WW020733

WATER TEST RESULTS:
Total Coliform per 100 mL: Less than 1
E. Coli per 100 mL: Less than 1

Comments:
L:LESS THAN

FOR FURTHER INFORMATION PLEASE CALL: Michael Nguyen