

DRINKING WATER SYSTEM ANNUAL REPORT

Reporting Period: January 1st to December 31st, 2024 (year)

Water System 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

E-mail (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

If other, specify details: Aquifer

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):

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 your Operating Permit?

☒ Yes

☐ No

BACTERIOLOGICAL TESTING AND DRINKING WATER PROTECTION REGULATION WATER QUALITY STANDARDS

How many bacteriological samples were collected during this reporting period? 96

What is the minimum required sampling frequency for this system? (#samples/month) 96

Additional sampling details:

Was the minimum required sampling frequency achieved?

☒ Yes

☐ No

Comments:

Bacteriological summary attached to this report?

☐ Yes

☒ No

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

<https://www.savaryshoreswater.ca/monthly-water-reports>

WATER QUALITY STANDARDS FOR POTABLE WATER

| Parameter: | Standard: | Did this system meet standard? | |
|---|--|---|--|
| Escherichia coli (for all samples) | No detectable <i>Escherichia coli</i> per 100ml | <input checked="" type="checkbox"/> Yes | <input 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 checked="" type="checkbox"/> Yes | <input 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 |
|------|----------|--------------|--------------------------|---|
| Feb | LT1 | LT1 | sample station organics? | sample stations sterilized |
| Mar | LT1 | LT1 | sample station organics? | sample station sterilized |
| Aug | LT1 | LT1 | sample station organics? | sample station sterilized, organics moved |
| Sep | LT1 | LT1 | sample station organics? | chlorination |
| | | | | |

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) October 2023 ☐ Don't Know ☐ Never

If yes, did all water samples meet the Guidelines for Canadian Drinking Water Quality?

☒ Yes ☐ 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 |
|---|-------------------------------|
| nitrates sampling quarterly from both wells | no corrective action required |
| | |
| | |

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

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 | |
| Additions/changes to system | |
| Purchase or install new equipment | |
| Equipment repair or replacement | replaced 2 hydrants, 3 air release valves, remove rust, paint with Tremclad |
| Annual maintenance of system | |
| Specialist report | |
| Other | lithium battery, solar panels |

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 |
|---------------------------------|-------------------------------|
| possibly repair upper tank | waiting for thickness testing |
| | |

Click here to enter a date.

DATE COMPLETED: May 27 2025

COMPLETED BY: Janine Reimer, Administrator