

Island health			
DRINKING WATER SYSTEM ANNUAL REPORT			
Reporting Period:	January 1 st to Decen	nber 31 st , 2023 (year)	
Water System Kerry Park Arena #13185			
Water System Owner Cowichan Valle	ey Regional District		
Primary Contact Name (Operator or Manager)	Tony Liddle, South C	owichan Facility Ope	erations Manager
Phone Number (Operator or Manager) (250)	743.5922 main office	ext 3709, (250) 701.	3120 cell
E-mail (Operator or Manager) tony.liddle@c	vrd.bc.ca NOTE new	email format and up	odate records
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 P	rimary Disinfection?	Yes	No
Chlorination	nt Ozone	Other	
If other, specify details:			
Does the Drinking Water System have So	econdary Disinfection?	Yes	No
Chlorination Other			
If other, specify details:			
Does the Drinking Water System have Fi	litration?	Yes	No
Check all boxes that apply			
Cartridge Filter(s) Carbon Filter	Sand Filtration	Reverse Osmosis	Other
PUBLIC REPORTING			
Emergency Response & Contingency Pla	n (FRCP)		
Is your ERCP up to Date?	Yes	No	
How do you Inform the System Users of			
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)			



No

COMPLIANCE WITH OPERATING PERMIT

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

None

Are you in compliance with your Operating Permit?

Yes

BACTERIOLOGICAL TESTING AND DRINKING WATER PROTECTION REGULATION WATER QUALITY STANDARDS				
How many bacteriological samples were collected during this report	rting period?	26		
What is the minimum required sampling frequency for this system?	(#samples/month)	2 samples/month		
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?				

To be provided by August 15th, 2024 to local EHO David Parker

WATER QUALITY STANDARDS FOR POTABLE WATER

Parameter:	Standard:	Did this syst	em meet standard?
Escherichia coli (for all samples)	No detectable Escherichia coli per 100ml	Yes	No
Total Coliform Bacteria (if only 1 sample collected in a 30 day period)	No detectable total coliform bacteria per 100ml	Yes	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	Yes	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
June 12, 2023	18	LT1	False positive	Re-sample



CHEMICAL SAMPL	ING COMPLETED D	URING THIS RE	PORTING PERIOD			
Was any chem	Was any chemical sampling conducted during reporting period?					No
If no, when we	re the last chem	ical samples	conducted for	this system? (dat	^{ce)} 2020	Don't know
lf yes, attach a	list of the chem	ical results				
	mples did not m v; attach additio	onal sheets if	f necessary.	adian Drinking W	ater Quality, re	cord the results in
Next scheduled	l full chemical te	est (date)	2024			
Parameter	Result	Corrective	Action / Treatr	ment / Comments	5	
ADDITIONAL TEST	ſING					
Does the system have analyzers for continuous monitoring?						
If yes, check all boxes that apply:						
Chlorine	Turbi	dity	Other (de	etails)		

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	TYes	No	
period? (e.g. taste, odour, colour etc.)			

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

Date	Water Quality Complaint	Corrective Action / Treatment



OPERATIONAL PR	OBLEMS			
Were there any operational problems during this reporting period? (e.g. insufficient water supply, malfunction of Yes INO disinfection equipment, line breaks, elevated turbidity etc.).				
lf yes, complete	e the table below; attach additiond	al 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?				

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	
Annual maintenance of system	
Specialist report	
Other	

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
pressure tanks and minor piping improvements in pump room	Spring/summer of 2023 (pushed to 2025)

Click here to enter a date. July 9, 2024	Tony Liddle, South Cowichan
DATE COMPLETED:	COMPLETED BY: Facility Operations Manager.