

Hornby Island Community Hall **ANNUAL REPORT**

(Drinking Water System Name)

Reporting Period:	Jan 2022-Dec 2022
Operating Permit Number:	14024
Drinking Water System Owner:	Hornby Island Residents' and Ratepayers' Association
Drinking Water System Contact:	
Name:	Reina LeBaron
Phone No:	(250)
Email:	office@hirra.ca

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

2 Chemical results for this reporting period:

- a. most recent chemical analysis attached to this report.
- b. chemical parameters listed in *The Guidelines for Canadian Drinking Water Quality* ("the Guidelines") are:
☒ all within Guidelines
☐ above the Guidelines and are listed below:

Parameters above the Guidelines:

Parameter	Result	Max. Acceptable Concentration	Aesthetic Objective	Treatment/Corrective Action

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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 testing listed below:

Additional testing:

Description of parameter & reason for sampling	Health parameter or non-health related parameter	Corrective action necessary (Y/N?)	Corrective action taken

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

- 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): _____

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

To purchase or install required equipment: _____

To repair equipment: _____

To replace equipment: _____

To complete annual maintenance of system: (*system flushing, replacement of carbon filters, etc*) _____

To complete specialist report (specify): _____

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): _____

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- 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

- c. Future water system improvements:

- ☐ no improvements planned
☐ improvements listed below:

Future Improvements:

Future plans	Planned completion date

- d. Emergency Response Plan can be accessed by:

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

JL:kl

N: Forms\Drinking Water Systems Annual Report template