



DRINKING WATER SYSTEM ANNUAL REPORT

Reporting Period: January 1st to December 31st , 2023 (year)

Water System Hornby Island Community Hall

Water System Owner Hornby Island Residents' and Ratepayers' Association

Primary Contact Name (Operator or Manager) Reina LeBaron

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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 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) email upon request

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):

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? 14
 What is the minimum required sampling frequency for this system? (#samples/month) 1/m plus 2 raw/year

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?

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 checked="" type="checkbox"/> Yes	<input 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



CHEMICAL SAMPLING COMPLETED DURING THIS REPORTING PERIOD	
Was any chemical sampling conducted during reporting period?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If no, when were the last chemical samples conducted for this system? (date)	Feb. 9, 2021 <input type="checkbox"/> Don't know
If yes, attach a list of the chemical results	
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.	
Next scheduled full chemical test (date)	2026

Parameter	Result	Corrective Action / Treatment / Comments

ADDITIONAL TESTING	
Does the system have analyzers for continuous monitoring?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, check all boxes that apply:	
<input type="checkbox"/> Chlorine	<input type="checkbox"/> Turbidity
<input type="checkbox"/> 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

WATER QUALITY COMPLAINTS	
Were there any water quality complaints in this reporting period? (e.g. taste, odour, colour etc.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	
Annual maintenance of system	
Specialist report	
Other	

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

<p>Click here to enter a date. June 18, 2024</p> <p>DATE COMPLETED:</p>	<p>Reina LeBaron HIRRA Executive Administrator</p> <p>COMPLETED BY:</p>
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