

DEEP BAY WATERWORKS DISTRICT ANNUAL REPORT - 2008

Reporting Period:	January 1 2008 – December 31 2008
Operating Permit Number:	0330
Drinking Water System Owner:	Deep Bay Waterworks District
Drinking Water System Contact:	
Name:	Leslie Carter, Administrator
Phone No:	(250) 757-9312
Email:	dbwater@shaw.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
Apr 8/08	1		Possible lab/sample error	Resample
Oct 14/08	2		Possible lab/sample error	Resample
Nov 18/08	1		Possible lab/sample error	Resample
Nov 18/08	1		Possible lab/sample error	Resample
Dec 2/08	1		Possible lab/sample error	Resample

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 GCDWQ
 above the GCDWQ and are listed below:

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:

DEEP BAY WATERWORKS DISTRICT ANNUAL REPORT - 2008

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:

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: _____

DEEP BAY WATERWORKS DISTRICT ANNUAL REPORT - 2008

To repair equipment: \$9,200 (Pressure Reducing Station, Well repairs)

To replace equipment: _____

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

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): _____

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:

c. Future water system improvements:

- no improvements planned
- improvements listed below:

Future Improvements:

Future plans	Planned completion date
Replacement of Longview/Shoreline mains	TBD

d. Emergency Response Plan can be accessed by:

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

DEEP BAY WATERWORKS DISTRICT ANNUAL REPORT - 2008

Copies of the Drinking Water Reports are available for pick up at the Deep Bay Waterworks District office at 5031 Mountainview Road.
Copies will be mailed upon request.

Report prepared by:

Name: Leslie Carter

Position: Board Administrator

Signature: _____ Date: _____