

## DRINKING WATER SYSTEM ANNUAL REPORT

**Reporting Period:** January 1<sup>st</sup> to December 31<sup>st</sup>, 2014 (year)

**Water System** Tsawwassen First Nation Distribution System

**Water System Owner** Tsawwassen First Nation

**Primary Contact Name (Operator or Manager)** Ken Baird778

**Phone Number (Operator or Manager)** 604 943 9492

**E-mail (Operator or Manager)** kenbaird@tsawwassenfirstnation.com

## 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)

**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):

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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?

66

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

4

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?**  Yes  No

**If no, when were the last chemical samples conducted for this system?**

(date)  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

**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	
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

<b>DATE COMPLETED:</b>	<b>COMPLETED BY:</b>
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