

DRINKING WATER SYSTEM INSPECTION REPORT

Health Protection

SYSTEM NAME	Union Bay Improvement District	E.H.O. NAME	David Cherry
ADDRESS	5539 South Island Hwy	POSTAL CODE	
OPERATOR	Union Bay Improvement District	INSPECTION DATE (DMY)	28/09/12
		SYSTEM NUMBER	1941037
		TIME SPENT (Hrs. - nearest 1/4)	2.5

SYSTEM TYPE (CHECK One)

- > 20,000 (DWP)
 10,001 - 20,000 (DWM)
 10,001 - 10,000 (DWT)
 15 - 300 (DWC)
 2 - 14 (DWS)
- 1 - SERVES PUBLIC (DWQ)
 1 HAULER (DWH)

TYPE OF INSPECTION

- INITIAL
 ROUTINE
- COMPLAINT
 FOLLOW-UP

CRITICAL HAZARD

These items relate to Public Health Safety & **MUST RECEIVE IMMEDIATE ATTENTION**

Microbiological Contamination of Raw Water Supply Due to:

- 301 Flood
- 302 Sewage
- 303 Industrial
- 304 Agriculture
- 305 Other (Specify) _____
- 306 Chemical Contamination of Raw Water Supply
- 307 Contamination of Finished Water - Reservoir
- 308 Contamination of Finished Water - Mains
- 309 Cross-Connection
- 310 Use of Unapproved Source
- 311 Interruption of Treatment
- 312 Inadequate Treatment
- 313 Other (Specify) _____

SANITATION & MAINTENANCE

These items must be corrected within a designated time period

- 314 Improper Maintenance of Distribution System
- 315 Improper or No Disinfection of New or Repaired Main
- 316 Source Unprotected and Subject to Contamination
- 317 Inadequate or Improper Construction of Water Works
- 318 Inadequate Microbiological Analysis Data
- 319 Inadequate Chemical Analysis Data
- 320 Interruption of Treatment
- 321 Inadequate Treatment
- 322 Emergency Response Plan
- 323 Other (Specify) _____

CODE	FINDINGS AND ACTIONS REQUIRED
	- THM levels within Canadian Drinking Water standards for recent samples
316-	Ditches at culverts 1-5 are to be restored prior to fall rains to address damage from recent logging
323-	Staff need improved knowledge of best practices for ditch and stream crossings and stormwater management
	- Unidirectional flushing completed
	- Annual report completed. Add to UBID website yearly

At the time of inspection this system has a hazard rating of HIGH MODERATE LOW Issue Permit Conditions of Permit

FOLLOW UP VISIT PHONE Date

RECEIVED BY  PRINT NAME Kevin Daville E.H.O. 