

Drinking Water System Annual Report

Reporting Period	For Year 2023
Water System Name	Brew Bay Improvement District
Water System Owner	Brew Bay Improvement District
Primary Contact Name (Operator or Manager)	Mel Waldron (Mgr/Opr) / Brenda Neall (Admin)
Phone Number (Operator or Manager)	Mel Waldron – 604-487-4294 / Brenda Neall – 604-487-0960
Email (Operator or Manager)	Melw1@shaw.ca / brewbayid@gmail.com

Describe Your Water Supply System

What is the source(s) of Raw Water?

Deep Well Shallow Well Surface Water Other (specify): _____

Does The Drinking Water System Have Primary Disinfection? Yes No

Chlorination Ultraviolet light Ozonation Other (specify): _____

Does The Drinking Water System Have Secondary Disinfection? Yes No

Chlorination Ultraviolet light Ozonation Other (specify): _____

Does The Drinking Water System Have Filtration? Yes No

Filter Type (check boxes that apply):

Cartridge Filter {1 micron, 5 micron, 10 micron} Carbon Filter Sand Filtration Reverse Osmosis

Other (specify): _____

Public Reporting

Emergency Response & Contingency Plan (ERCP)

Is your ERCP up to date? Yes No

How do you inform the users of the ERCP?

Hand Delivered Utility Bill Insert Bulletin Board Website (specify): brewbayid.ca _____

Other (specify): _____

Drinking Water System Annual Report

How do you inform system users of the Annual Report?

Hand Delivered Public Bulletin Board Newspaper Utility Bill Insert Website (specify); brewbayid.ca _____

Other method (specify): _____

Drinking Water System Annual Report

Compliance with Operating Permit

List the conditions of your Operating Permit (Contact the DWO for a copy if needed):

Ensure Emergency Response Plan is updated. Continue to monitor free chlorine residuals and submit bacteriological samples regularly. Submit Drinking Water System Annual Report _____.

Are you in compliance with the Operating Permit? Yes No

Bacteriological Testing Completed During This Reporting Period

How many bacteriological samples did you collect? 49 (2 samples bi-weekly) _____.

Bacteriological summary attached to this report. Yes No; If no, how do the users view the results?

Summary provided by VCH is published on website.

In order to meet the potability standard no more than 10% of samples can show the presence of total coliform bacteria and no samples can show the presence of E coli.

Did your water system meet this standard? Yes No

If No, complete the table below; Attach additional sheets if necessary.

Date	T. Coliform #	E. Coli #	Reason	Corrective Action

Chemical Sampling Completed During This Reporting Period

Did you conduct any chemical sampling: Yes No?

Did all treated water samples meet the Guidelines for Canadian Drinking Water Quality? Yes No

If no, record the parameters in the table below: Complete additional sheets if necessary.

Parameter	Result	Corrective Action/Treatment

Additional Testing

Did you complete any additional water testing in this reporting period? Yes No

If yes, complete the table below. Attach additional sheets if necessary.

Additional Testing & Reason for Sampling	Corrective Action Taken

Water Quality Complaints

Did you receive any water quality complaints in this reporting period? Yes No

If yes, complete the table below. Attach additional sheets if necessary.

Date	Water Quality Complaint (i.e. taste, odour, colour, etc)	Corrective Action Taken

Operational Problems

Did you experience operational problems during this reporting period? Yes No

(Typical operational problems are; insufficient water supply, malfunction of disinfection equipment, line breaks, elevated turbidity, etc.).

If yes, complete the table below. Attach additional sheets if necessary.

Incident Date	Type of Operational Problem	Corrective Action Taken

Major Upgrades/Repairs & Expenses

Did you complete any upgrades/repairs and incur major expenses in 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 installation of new equipment	
Equipment repair or replacement (existing)	
Annual maintenance of system: <i>(system flushing, replacement of carbon filters, etc)</i>	
Specialist report	
Other	

Future Improvements

Do you have plans for any future improvements? Yes No

If yes, complete the table below. Attach additional sheets if necessary.

Future Upgrades or Improvements	Est. date of completion
ADD MORE RESINOR. HOLDING TANKS	UN KNOWN

Date Completed; APRIL 06/2011

Completed by; MEL WALDRON
Print Name


Signature