

# ANNUAL REPORT

(Drinking Water System Name)

Reporting Period:	
Operating Permit Number:	
Drinking Water System Owner:	
Drinking Water System Contact:	
Name: _____ Phone No: (250) _____ Email: _____	

**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

**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:

**Parameters above the Guidelines:**

Parameter	Result	Max. Acceptable Concentration	Aesthetic Objective	Treatment/Corrective Action

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**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:

**Additional testing:**

Description of parameter & reason for sampling	Health parameter or non-health related parameter	Corrective action necessary (Y/N?)	Corrective action taken

**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:

**Adverse Results:**

Incident date	Corrective action	Corrected by

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## 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: \_\_\_\_\_

\_\_\_\_\_

To repair equipment: \_\_\_\_\_

\_\_\_\_\_

To replace equipment: \_\_\_\_\_

\_\_\_\_\_

To complete annual maintenance of system: (*system flushing, replacement of carbon filters, etc*) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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:

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- 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:

### Improvements/Remedial Actions:

Required action	Completion date

c. Future water system improvements:

- no improvements planned
- improvements listed below:

### Future Improvements:

Future plans	Planned completion date

d. Emergency Response Plan can be accessed by:

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