

**Drinking Water System Annual Report**

<b>Reporting Period</b>	January 1 2019 – December 31 2019
<b>Water System Name</b>	Savary Shores Improvement District
<b>Water System Owner</b>	Savary Shores Improvement District
<b>Primary Contact Name (Operator or Manager)</b>	Janine Reimer, Administrator
<b>Phone Number (Operator or Manager)</b>	SSID cell 604-414-8448; home tel 604-414-0770
<b>Email (Operator or Manager)</b>	administrator@savaryshoreswater.ca

**Describe Your Water Supply System**

**What is the source(s) of Raw Water?**

Deep Well  Shallow Well  Surface Water  Other (specify): \_\_\_\_\_ Aquifer

**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):  
 savaryshoreswater.ca/emergency-contacts

Other (specify): posted in pumphouse; also, large signs with emergency numbers posted on the outside of the pumphouse and at the tank farm

**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):  
 savaryshoreswater.ca/reports-for-2020

Other method (specify): \_\_\_\_\_

**Compliance with Operating Permit**

List the conditions of your Operating Permit (Contact the DWO for a copy if needed):  
Bacteriological samples to be submitted monthly. Review Water System Emergency Response Plan at least annually and update as required. Monitor well water for sodium and nitrate levels annually.

Are you in compliance with the Operating Permit?  Yes  No

**Bacteriological Testing Completed During This Reporting Period**

How many bacteriological samples did you collect? \_\_\_\_\_96\_\_\_\_\_.

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

***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
Aug 20	1 coliform each at 2 of 8 testing stations			Aug 27 flush 2 stations, but only one cleared, so chlorine flush of whole system on Sep 3.

**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
nitrate sampling monthly from both wells	no corrective action required

**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.

**Drinking Water System Annual Report**

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
Replace generator-1	2020

Date Completed; Sept 1, 2020

Completed by Janine Reimer  
 Print Name

  
 Signature

## **EMERGENCY NUMBERS**

**Police, Fire, Ambulance – Dial 9-1-1**

**BC NurseLine 8-1-1, or HealthLinkBC.ca**

**Poison Control 1-800-567-8911**

### **NON-EMERGENCY POLICE, FIRE DEPT, HOSPITAL**

RCMP Powell River, 604-485-6255

FIRE CHIEF Chris Philpott, SIVFD, 604-414-9495, sivfdchief@qathet.ca

Powell River General Hospital, 604-485-3211

### **EMERGENCY RESPONSE PROGRAM**

MANAGER EMERGENCY SERVICES Ryan Thoms, 604-414-4553, rthoms@qathet.ca

### **MEDIA**

TWITTER @EmergencyPRREP; Powell River Peak @Peak\_Aboo

RADIO 95.7 Coast FM 604-485-4207; 98.9 The Goat FM 250-331-4033; 99.7 2Day FM 250-331-4033

NEWSPAPER Powell River Peak , 604-485-5313

## **SAVARY SHORES IMPROVEMENT DISTRICT**

### **EMERGENCY COORDINATOR**

SSID OPERATOR Courtney Robertson

Lund tel 604-414-0230, cell 604-483-1410, courtney.robertson808@gmail.com

The Operator will determine the best courses of action, provide direction to personnel, and establish an Emergency Coordination Centre if necessary.

### **EMERGENCY COMMUNICATION**

SSID ADMINISTRATOR Janine Reimer

Cell 604-414-8448, Savary Island tel 604-414-0770, administrator@savaryshoreswater.ca

The Administrator will contact emergency response, health authorities, trustees, SSID water users, and media if necessary.

### **TRUSTEES**

TRUSTEE CHAIR Dale Gregory, Port Coquitlam 1-604-942-5586, Savary Island 604-483-9734, dgregory7@shaw.ca

TRUSTEE Bryan Miles, cell 1-250-650-1940, brm1292@gmail.com

TRUSTEE John Revitt, cell 604-787-9984

## VANCOUVER COASTAL HEALTH

**DRINKING WATER OFFICER / ENVIRONMENTAL HEALTH OFFICER** .....Mike Nguyen  
Office 604-485-3324, michael.nguyen@vch.ca

### **BACKUP VCH OFFICERS**

ENVIRONMENTAL HEALTH OFFICER Jack Davidson, office 604-485-3335, jack.davidson@vch.ca  
DRINKING WATER OFFICER Darren Molder, office 604-885-8711, darren.molder@vch.ca  
DRINKING WATER OFFICER Dan Glover, office 604-815-6846, dan.glover@vch.ca  
DRINKING WATER OFFICER Phil Muirhead, office 604.983.6756, phil.muirhead@vch.ca  
MEDICAL HEALTH OFFICER / DRINKING WATER OFFICER Geoff McKee, office 604-983-6701,  
geoff.mckee@vch.ca  
DRINKING WATER OFFICER Mark Ritson, Manager Health Protection, office 604-983-6751,  
mark.ritson@vch.ca

## SERVICES & SUPPLIES

BOTTLED WATER Aaron Service & Supplie, Powell River 604-485-5611  
BULK WATER HAULER Ecoterra, Powell River, 604-483-9560  
ELECTRICAL Newport Electric, Powell River 604-485-0045  
or Triple H Electric, Powell River 604-414-5971  
EXCAVATING Eric’s Savary Island Services Savary Island 604-483-4959  
FIRE HYDRANTS Fred Surridge Ltd, Parksville 1-800-588-7718  
GATE VALVES Terminal City Ironworks, Langley 1-888-443-4493  
GENERATORS Mike Russell, River City Auto, Powell River 604-485-5990  
PLUMBING Pete’s Plumbing & Heating, Powell River 604-485-9761  
PUMPS CanWest Drilling, Powell River 604-485-4250  
TRANSPORTATION Lund Water Taxi, Lund 604-483-9749

**From:** HS Agent HAgent@healthspace.com  
**Subject:** Drinking Water Report for Savary Shores Improvement District - 8/18/2020 8:46:00 AM  
**Date:** August 21, 2020 at 1:26 AM  
**To:** administrator@savaryshoreswater.ca, courtney.robertson808@gmail.com

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DRINKING WATER REPORT  
VANCOUVER COASTAL HEALTH

Facility Name: Savary Shores Improvement District  
Sample Location: Savary Shores, Wellhead #1  
Date Collected: 08/18/2020

Operator: Courtney Robertson  
(Blank)  
(Blank), (Blank) (Blank)

Site ID: MVVE-4WFAYH Lab: BCCDC  
Sample ID: KKIS-BQXPYF Lab Sample ID: F1211548

WATER TEST RESULTS:  
Total Coliform per 100 mL: LT1  
E. Coli per 100 mL: LT1

Comments:  
LT1: Less than 1

FOR FURTHER INFORMATION PLEASE CALL: Michael Nguyen

**From:** HS Agent HAgent@healthspace.com  
**Subject:** Drinking Water Report for Savary Shores Improvement District - 8/18/2020 8:52:00 AM  
**Date:** August 21, 2020 at 1:26 AM  
**To:** administrator@savaryshoreswater.ca, courtney.robertson808@gmail.com

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DRINKING WATER REPORT  
VANCOUVER COASTAL HEALTH

Facility Name: Savary Shores Improvement District  
Sample Location: Savary Shores, NEW Wellhead #2  
Date Collected: 08/18/2020

Operator: Courtney Robertson  
(Blank)  
(Blank), (Blank) (Blank)

Site ID: TCLE-8VERCB Lab: BCCDC  
Sample ID: KKIS-BQXPY8 Lab Sample ID: F1211551

WATER TEST RESULTS:  
Total Coliform per 100 mL: LT1  
E. Coli per 100 mL: LT1

Comments:  
LT1: Less than 1

FOR FURTHER INFORMATION PLEASE CALL: Michael Nguyen



**From:** HS Agent HAgent@healthspace.com  
**Subject:** Drinking Water Report for Savary Shores Improvement District - 8/18/2020 9:41:00 AM  
**Date:** August 21, 2020 at 1:26 AM  
**To:** administrator@savaryshoreswater.ca, courtney.robertson808@gmail.com

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DRINKING WATER REPORT  
VANCOUVER COASTAL HEALTH

Facility Name: Savary Shores Improvement District  
Sample Location: , Storage tank #1  
Date Collected: 08/18/2020

Operator: Courtney Robertson  
(Blank)  
(Blank), (Blank) (Blank)

Site ID: DGLR-83ZMH9 Lab: BCCDC  
Sample ID: KKIS-BQXPYC Lab Sample ID: F1211553

WATER TEST RESULTS:  
Total Coliform per 100 mL: LT1  
E. Coli per 100 mL: LT1

Comments:  
LT1: Less than 1

FOR FURTHER INFORMATION PLEASE CALL: Michael Nguyen

**From:** HS Agent HAgent@healthspace.com  
**Subject:** Drinking Water Report for Savary Shores Improvement District - 8/18/2020 9:48:00 AM  
**Date:** August 21, 2020 at 1:26 AM  
**To:** administrator@savaryshoreswater.ca, courtney.robertson808@gmail.com

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DRINKING WATER REPORT  
VANCOUVER COASTAL HEALTH

Facility Name: Savary Shores Improvement District  
Sample Location: Savary Shores, Storage Tank #2  
Date Collected: 08/18/2020

Operator: Courtney Robertson  
(Blank)  
(Blank), (Blank) (Blank)

Site ID: MVVE-4WFAYM Lab: BCCDC  
Sample ID: KKIS-BQXPYD Lab Sample ID: F1211554

WATER TEST RESULTS:  
Total Coliform per 100 mL: LT1  
E. Coli per 100 mL: LT1

Comments:  
LT1: Less than 1

FOR FURTHER INFORMATION PLEASE CALL: Michael Nguyen

**From:** HS Agent HAgent@healthspace.com  
**Subject:** Drinking Water Report for Savary Shores Improvement District - 8/18/2020 9:56:00 AM  
**Date:** August 21, 2020 at 1:26 AM  
**To:** administrator@savaryshoreswater.ca, courtney.robertson808@gmail.com

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DRINKING WATER REPORT  
VANCOUVER COASTAL HEALTH

Facility Name: Savary Shores Improvement District  
Sample Location: Savary Shores, Sample Station #1  
Date Collected: 08/18/2020

Operator: Courtney Robertson  
(Blank)  
(Blank), (Blank) (Blank)

Site ID: MVVE-4WFAYL Lab: BCCDC  
Sample ID: KKIS-BQXPYA Lab Sample ID: F1211549

WATER TEST RESULTS:  
Total Coliform per 100 mL: LT1  
E. Coli per 100 mL: LT1

Comments:  
LT1: Less than 1

FOR FURTHER INFORMATION PLEASE CALL: Michael Nguyen

**From:** HS Agent HAgent@healthspace.com  
**Subject:** Drinking Water Report for Savary Shores Improvement District - 8/18/2020 9:29:00 AM  
**Date:** August 21, 2020 at 1:26 AM  
**To:** administrator@savaryshoreswater.ca, courtney.robertson808@gmail.com

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DRINKING WATER REPORT  
VANCOUVER COASTAL HEALTH

Facility Name: Savary Shores Improvement District  
Sample Location: Savary Shores, Sample Station #2  
Date Collected: 08/18/2020

Operator: Courtney Robertson  
(Blank)  
(Blank), (Blank) (Blank)

Site ID: DGLR-7TWTFM Lab: BCCDC  
Sample ID: KKIS-BQXPY5 Lab Sample ID: F1211557

WATER TEST RESULTS:  
Total Coliform per 100 mL: LT1  
E. Coli per 100 mL: LT1

Comments:  
LT1: Less than 1

FOR FURTHER INFORMATION PLEASE CALL: Michael Nguyen

**From:** HS Agent HAgent@healthspace.com  
**Subject:** Drinking Water Report for Savary Shores Improvement District - 8/18/2020 9:07:00 AM  
**Date:** August 21, 2020 at 1:26 AM  
**To:** administrator@savaryshoreswater.ca, courtney.robertson808@gmail.com

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DRINKING WATER REPORT  
VANCOUVER COASTAL HEALTH

Facility Name: Savary Shores Improvement District  
Sample Location: Savary Shores, Sample Station #3  
Date Collected: 08/18/2020

Operator: Courtney Robertson  
(Blank)  
(Blank), (Blank) (Blank)

Site ID: MVVE-4WFB2F Lab: BCCDC  
Sample ID: KKIS-BQXPXY Lab Sample ID: F1211550

WATER TEST RESULTS:  
Total Coliform per 100 mL: LT1  
E. Coli per 100 mL: LT1

Comments:  
LT1: Less than 1

FOR FURTHER INFORMATION PLEASE CALL: Michael Nguyen

**From:** HS Agent HAgent@healthspace.com  
**Subject:** Drinking Water Report for Savary Shores Improvement District - 8/18/2020 9:20:00 AM  
**Date:** August 21, 2020 at 1:26 AM  
**To:** administrator@savaryshoreswater.ca, courtney.robertson808@gmail.com

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DRINKING WATER REPORT  
VANCOUVER COASTAL HEALTH

Facility Name: Savary Shores Improvement District  
Sample Location: Savary Shores, Sample Station #4  
Date Collected: 08/18/2020

Operator: Courtney Robertson  
(Blank)  
(Blank), (Blank) (Blank)

Site ID: BFOH-68SPPJ Lab: BCCDC  
Sample ID: KKIS-BQXPY9 Lab Sample ID: F1211552

WATER TEST RESULTS:  
Total Coliform per 100 mL: LT1  
E. Coli per 100 mL: LT1

Comments:  
LT1: Less than 1

FOR FURTHER INFORMATION PLEASE CALL: Michael Nguyen