



# DRINKING WATER SYSTEM INSPECTION REPORT

Health Protection

SYSTEM NAME: Cowichan Bay Waterworks District  
ADDRESS: 1760 Parentham rd.  
OPERATOR: Dave Martin

E.H.O. NAME: Mark Hall  
POSTAL CODE: [blank]  
SYSTEM NUMBER: [blank]

INSPECTION DATE (DMY): 30 April 2018  
TIME SPENT (Hrs - nearest 1/4): 1.0

### SYSTEM TYPE (CHECK One)

- > 20,000 (DWP)
- 10,001 - 20,000 (DWM)
- 301 - 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

Comments: Bacteria sampling results and frequency, have been satisfactory  
 - Annual Report for 2017 has been completed  
 - Emergency Response Plan is up to date  
 - Most recent chemical analysis on file is from 2015  
 - well heads are protected from contamination  
 - Chlorine residuals monitored and recorded routinely

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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

*[Signature]*

PRINT NAME

E.H.O.

*[Signature]*