

DRINKING WATER SYSTEM ANNU	JAL REPORT				
Reporting Period:	January 1 st to December 31 st , 2023 (year)				
Water System Kerry Park	Arena #1318	35			
Water System Owner Cow	ichan Valley	Regional District			
Primary Contact Name (Opera	ntor or Manager) To	ony Liddle, South C	owichan Facility Ope	erations Manager	
Phone Number (Operator or Man	nager) (250) 74	3.5922 main office	ext 3709, (250) 701.	3120 cell	
E-mail (Operator or Manager) tony.liddle@cvrd.bc.ca NOTE new email format and update records					
DESCRIBE YOUR WATER SUPPLY	SYSTEM				
What is the Source(s) of Rav	v Water?				
■Deep Well	allow Well	Surface Water	Other		
If other, specify details:					
Does the Drinking Water Sys	stem have Prim	ary Disinfection?	Yes	□No	
■Chlorination UI	traviolet Light	Ozone	Other		
If other, specify details:					
Does the Drinking Water Sys		ndary Disinfection?	Yes	■No	
	her				
If other, specify details:					
Does the Drinking Water Sys	stem have Filtr	ation?	Yes	■No	
Check all boxes that apply	de la esta de		□ D O		
	rbon Filter	Sand Filtration	Reverse Osmosis	Other	
If other, specify details:					
Dunia Proportina					
PUBLIC REPORTING	51 /	50.00\			
Emergency Response & Con	tingency Plan (_	□N ₀		
Is your ERCP up to Date? How do you Inform the Syst.	om Usars of the	Yes	∐No		
	lletin Board	Newspaper	Utility Bill Insert	Website	
Other (specify details)	netin board	Писмэрары		website	
Drinking Water System Ann	ual Report				
How do you Inform the System Users of the Annual Report?					
	lletin Board	Newspaper	Utility Bill Insert	■Website	
Other (specify details)				_ _	



COMPLIANCE WITH OPERATING PER	RMIT					
List the conditions of your Ope	rating Permit (Contact the DWO for a	copy if needed):				
None						
Are you in compliance with yo	ur Operating Permit?	■Yes	No			
BACTERIOLOGICAL TESTING AND DR	INKING WATER PROTECTION REGULATION W	ATER QUALITY STANDA	ARDS			
How many bacteriological san	ples were collected during this report	ing period?	26			
What is the minimum required	2 samples/month					
Additional sampling details:						
Was the minimum required sa	No					
Comments:						
Bacteriological summary attached to this report?						
If no, how do the users of the s	system view the results?					
To be provided by August 1	5th, 2024 to local EHO David Par	ker				
WATER QUALITY STANDARDS FOR F	POTABLE WATER					
Parameter:	Standard:	Did this syst	em meet standard?			
Escherichia coli (for all samples)	No detectable <i>Escherichia coli</i> per 100ml	Yes	□No			
Total Coliform Bacteria (if only 1 sample collected in a 30 day period)	No detectable total coliform bacteria per 100	ml Yes	□No			
Total Coliform Bacteria (if more than 1 sample collected in a 30 day period)	No more than 10% of samples contain total coliform bacteria, and No sample has more th 10 total coliform bacteria per 100ml	an Yes	■No			

Date	TC/100ml	E.coli/100ml	Reason	Corrective Action
June 12, 2023	18	LT1	False positive	Re-sample



CHEMICAL SAMI	PLING COMPLETED I	DURING THIS REPO	RTING PERIOD			
Was any chemical sampling conducted during reporting period?						No
If no, when were the last chemical samples conducted for this system? (date) 2020 Don't know						
If yes, attach	a list of the chen	nical results				
	amples did not i w; attach additi		lines for Canadian D ecessary.	rinking Water Qu	ality, record tl	ne results in
Next schedule	ed full chemical t	est (date) 20	024			
Parameter	Result	Corrective Action / Treatment / Comments				
ADDITIONAL TE	STING					
Does the syst	em have analyze	ers for continuo	us monitoring?	Yes	□No)
If yes, check o	ıll boxes that apı	oly:				
Chlorine	Turk	oidity	Other (details)			
Are the result	s available on re	quest?				
If any additional testing or sampling was conducted, record results in the table below; attach additional sheets if necessary.						
Additional Te	sting & Reason f	or Sampling	Corrective Action	Taken		
WATER QUALIT	Y COMPLAINTS					
	ny water quality taste, odour, col	•	his reporting	Yes	■No)
If yes, comple	te the table belo	w; attach addit	tional sheets if nece	ssary.		
Date	Water Quality	Complaint	Corrective Act	tion / Treatment		



OPERATIONAL PROBLEMS					
Were there any operational problems during this reporting period? (e.g. 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 (Correc	tive Action Taken	1	
MAJOR UPGRADES/REPAIRS & EXPENSES					
Were there any major upgrades/rep incurred during this reporting period		jor cos	ts Yes	■No	
If yes, complete the table below; atto	ach additional	sheets	if necessary.		
Major Upgrades/Expenses	Details				
Improvements required by DWO					
Additions/changes to system					
Purchase or install new equipment					
Equipment repair or replacement					
Annual maintenance of system					
Specialist report					
Other	Other				
FUTURE IMPROVEMENTS					
Are there any plans for future improvements?					
If yes, complete the table below; attach additional sheets if necessary.					
Future Upgrades or Improvements				Estimated Date of Completion	
pressure tanks and minor piping improvements			pump room	Spring/summer of 2023 (pushed to 2025)	
Click here to enter a date. Date Completed: Click here to enter a date. Click here to enter a date.			Tony Liddle, South Cowichan COMPLETED BY:		