



DRINKING WATER SYSTEM INSPECTION REPORT

Health Protection

SYSTEM NAME <i>Union Bay Improvement District</i>		E.H.O. NAME <i>David Cherry</i>	
ADDRESS <i>5539 South Island Hwy</i>		POSTAL CODE	SYSTEM NUMBER <i>1441037</i>
OPERATOR <i>Union Bay Improvement District</i>		INSPECTION DATE (DMY) <i>02/17/2011</i>	TIME SPENT (Hrs. - nearest 1/4) <i>3.5</i>
SYSTEM TYPE (CHECK One)		TYPE OF INSPECTION	
<input type="checkbox"/> > 20,000 (DWP) <input type="checkbox"/> 10,001 - 20,000 (DWM) <input checked="" type="checkbox"/> 101 - 10,000 (DWT) <input type="checkbox"/> 15 - 300 (DWC) <input type="checkbox"/> 2 - 14 (DWS) <input type="checkbox"/> 1 - SERVES PUBLIC (DWQ) <input type="checkbox"/> 1 HAULER (DWH)		<input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> COMPLAINT <input type="checkbox"/> FOLLOW-UP	

CRITICAL HAZARD

These items relate to Public Health Safety & MUST RECEIVE IMMEDIATE ATTENTION

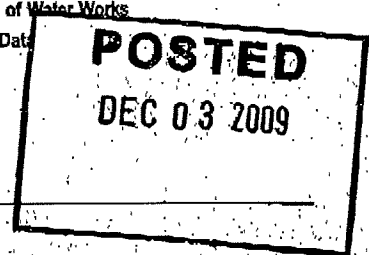
Microbiological Contamination of Raw Water Supply Due to:

- 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
	- Records for water system well maintained
	- Automatic flush valves installed to maintain Chlorine residual
	- Sample stations being installed
	- Level 2 operator training provided
	- Ensure annual report of monitoring is posted on the web
323	Submit turbidity response plan for review by Jan 30 2010
	- Continue review of filtration and treatment options to achieve 4.3.21
	- Conduct Quarterly T.H.M sample at Reservoir outlet DATA sample point

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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 	PRINT NAME <i>Donna M Gill</i>	E.H.O.
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