

City of Duncan ANNUAL REPORT
(Drinking Water System Name)

Reporting Period:	Jan 1, 2014 - Dec 31, 2014
Operating Permit Number:	1192
Drinking Water System Owner:	City of Duncan
Drinking Water System Contact:	
Name:	Abbas Farahbaksh
Phone No:	(250) 746-5321
Email:	abbasf@duncan.ca

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
May 12/14	33		Bad taps for sampling	changed taps
Oct 27/14	1		watermain break	repair break, resample
Dec 15/14	1		unknown	resampled
Dec 15/14	1		unknown	resampled.

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
Fall 2014	dirty water	flushed
Fall 2014	dirty water	flushed.

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)* water main flushing

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:

- 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): _____

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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
Canada Ave Watermain Upgrades	June 2015
Cedar Ave Watermain Upgrades	September 2015

d. Emergency Response Plan can be accessed by:

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