

FACILITY NAME:		INSPECTION DATE (yyyy/mmm/dd):	TIME SPENT:
<i>Thornrock Community well</i>		<i>2024/June 14</i>	<i>0.5</i>
FACILITY ADDRESS:		NEXT INSPECTION DATE (yyyy/mmm/dd):	
<i>10875 -272 nd st., Maple Ridge</i>		<i>2025/June 15</i>	
<input type="checkbox"/> NEW PERSON IN CHARGE: <i>Michael Albrecht</i>		<input type="checkbox"/> New Tel: <i>604-363-6671</i> <input type="checkbox"/> New Fax: ( )	
<input type="checkbox"/> NEW EMERGENCY CONTACT: <i>Michael # Gjattema</i>		<input type="checkbox"/> New Tel: <i>604 862-1625</i> <input type="checkbox"/> New Fax: ( )	
FACILITY TYPE:		INSPECTION TYPE:	
<input type="checkbox"/> WS1 (300+ connections) <input type="checkbox"/> WS2 (15 - 300 connections) <input type="checkbox"/> WS3 (2 - 14 connections)		<input checked="" type="checkbox"/> WS4 (1 public connection) <input type="checkbox"/> WS9 (other)	
<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow Up		<input type="checkbox"/> Consultation <input type="checkbox"/> Sampling <input type="checkbox"/> Investigation	
<b>ACTION TAKEN:</b>  <b>ADMINISTRATIVE</b> <input checked="" type="checkbox"/> Information Provided <input type="checkbox"/> No Action Required <input type="checkbox"/> Permit Issued <input type="checkbox"/> Rescind Public Notification _____		<b>ENFORCEMENT</b> <input type="checkbox"/> Require Corrections <input type="checkbox"/> Ticket Issued <input type="checkbox"/> Written Order <input type="checkbox"/> Order Public Notification _____	
		<b>OTHER INFORMATION:</b> (complete for Routine Inspection) EOCOP (operator certification) Acceptable SWS Training ERCP (emergency plan) Annual Report Provided to Users	
		<b>COMPLY</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	

 HAZARD RATING FOR YOUR FACILITY:  High  Moderate  Low

Follow Up to "Critical" Violations Noted on Previous Inspections (if applicable)							
Code	Corrected?	Code	Corrected?				
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No					

Code	Explanation of Violations, Recommendations or Comments	(✓) Corrected During Insp.	Date To Be Corrected By
	<i>Review &amp; update of ERCP in progress discussed during inspection</i>		
	<i>Chemical &amp; physical health based parameters analysed May 29/2024 and laboratory report submitted to Fraser Health</i>		
	<i>Upgrades planned for treatment system discussed.</i>		
	<i>Bacteriological sampling frequency &amp; water quality in compliance.</i>		
	<i>Backflow prevention valves tested Aug. 2023 Passed</i>		

RECEIVED BY (Signature):	<i>[Signature]</i>	EHO (Signature):	<i>[Signature]</i>
PRINTED NAME:	<i>Michael Albrecht</i>	EHO PRINTED NAME:	<i>Heather Stk</i>