

FACILITY NAME: <i>Whinnock Community well</i>		INSPECTION DATE (yyyy/mm/dd): <i>2024/June 14</i>	TIME SPENT: <i>0.5</i>
FACILITY ADDRESS: <i>10875 - 272 nd St., Maple Ridge</i>		NEXT INSPECTION DATE (yyyy/mm/dd): <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 Albrecht Gjattema</i>		<input type="checkbox"/> New Tel: <i>604 882-1625</i> <input type="checkbox"/> New Fax: ()	
FACILITY TYPE: <input type="checkbox"/> WS1 (300+ connections) <input checked="" type="checkbox"/> WS4 (1 public connection) <input type="checkbox"/> WS2 (15 - 300 connections) <input type="checkbox"/> WS9 (other) <input type="checkbox"/> WS3 (2 - 14 connections)		INSPECTION TYPE: <input type="checkbox"/> Initial <input type="checkbox"/> Consultation <input type="checkbox"/> Follow Up to Lab Report <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Sampling <input type="checkbox"/> Water Quality Complaint <input type="checkbox"/> Follow Up <input type="checkbox"/> Investigation <input type="checkbox"/> Water Borne Illness Complaint	
ACTION TAKEN: ADMINISTRATIVE <input checked="" type="checkbox"/> Information Provided <input type="checkbox"/> No Action Required <input type="checkbox"/> Permit Issued <input type="checkbox"/> Rescind Public Notification		OTHER INFORMATION: (complete for Routine Inspection) EOCB (operator certification) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Acceptable SWS Training <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ERCP (emergency plan) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Annual Report Provided to Users <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
ENFORCEMENT <input type="checkbox"/> Require Corrections <input type="checkbox"/> Ticket Issued <input type="checkbox"/> Written Order <input type="checkbox"/> Order Public Notification			

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 & update of ERCP in progress discussed during inspection</i>		
	<i>Chemical & 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 frequently & 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 Skelton</i>