

FACILITY NAME: <i>City of Maple Ridge Fire Hall # 2</i>		INSPECTION DATE (yyyy/mmm/dd): <i>2022/May/18</i>	TIME SPENT: <i>0.75</i>																		
FACILITY ADDRESS: <i>27501 - 112 Ave, Maple Ridge</i>		NEXT INSPECTION DATE (yyyy/mmm/dd): <i>2023/May/18</i>																			
<input type="checkbox"/> NEW PERSON IN CHARGE: <i>Michael Albrecht</i>		<input type="checkbox"/> New Tel: (<i>604-363-6675</i>)																			
<input type="checkbox"/> NEW EMERGENCY CONTACT: <i>City of Maple Ridge</i>		<input type="checkbox"/> New Fax: ()																			
FACILITY TYPE: <input type="checkbox"/> WS1 (300+ connections) <input type="checkbox"/> WS4 (1 public connection) <input type="checkbox"/> WS2 (15 - 300 connections) <input type="checkbox"/> WS9 (other) <input checked="" type="checkbox"/> WS3 (2 - 14 connections)		INSPECTION TYPE: <input checked="" 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) <table style="width:100%; border: none;"> <tr> <td></td> <td style="text-align: center;">COMPLY</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">Yes No N/A</td> <td></td> </tr> <tr> <td>EOCP (operator certification)</td> <td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>Acceptable SWS Training</td> <td style="text-align: center;"><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> <td></td> </tr> <tr> <td>ERCP (emergency plan)</td> <td style="text-align: center;"><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Annual Report Provided to Users</td> <td style="text-align: center;"><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> <td></td> </tr> </table>			COMPLY			Yes No N/A		EOCP (operator certification)	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Acceptable SWS Training	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		ERCP (emergency plan)	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Annual Report Provided to Users	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	COMPLY																				
	Yes No N/A																				
EOCP (operator certification)	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>																				
Acceptable SWS Training	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																				
ERCP (emergency plan)	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																				
Annual Report Provided to Users	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																				
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>2 connections</i>		
	<i>System well operated</i>		
	<i>Filtration / resin media for metals</i>		
	<i>UV / water softener</i>		
	<i>Pump house well maintained</i>		

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

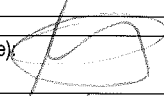

FACILITY NAME: <i>Whonnock Lake Park Water System</i>		INSPECTION DATE (yyyy/mm/dd): <i>2022/May/12</i>	TIME SPENT: <i>0.5</i>																				
FACILITY ADDRESS: <i>27871 - 113rd Ave. Maple Ridge</i>		NEXT INSPECTION DATE (yyyy/mm/dd): <i>2023/May15</i>																					
<input type="checkbox"/> NEW PERSON IN CHARGE: <i>Michael Albrecht</i>		<input type="checkbox"/> New Tel: () <input type="checkbox"/> New Fax: () <i>604-363-6671</i>																					
<input type="checkbox"/> NEW EMERGENCY CONTACT: <i>City of Maple Ridge</i>		<input type="checkbox"/> New Tel: () <input type="checkbox"/> New Fax: ()																					
FACILITY TYPE: <input type="checkbox"/> WS1 (300+ connections) <input type="checkbox"/> WS4 (1 public connection) <input type="checkbox"/> WS2 (15 - 300 connections) <input type="checkbox"/> WS9 (other) <input checked="" 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) <table style="width:100%; border:none;"> <tr> <td>COMPLY</td> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> <tr> <td>EOPC (operator certification)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Acceptable SWS Training</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>ERCP (emergency plan)</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Annual Report Provided to Users</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		COMPLY	Yes	No	N/A	EOPC (operator certification)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Acceptable SWS Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ERCP (emergency plan)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Annual Report Provided to Users	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMPLY	Yes	No	N/A																				
EOPC (operator certification)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																				
Acceptable SWS Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
ERCP (emergency plan)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
Annual Report Provided to Users	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
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>Chemical analysis due in 2022</i>		
	<i>Water system well guarded</i>		
	<i>1 um / 5 um / water system / etc</i>		

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

FACILITY NAME: <i>Whonnock Lake Community Hall W.S.</i>		INSPECTION DATE (yyyy/mm/dd): <i>2022/may/12</i>	TIME SPENT: <i>0.75</i>																				
FACILITY ADDRESS: <i>27871-113 Ave, Maple Ridge</i>		NEXT INSPECTION DATE (yyyy/mm/dd): <i>2023/may/15</i>																					
<input type="checkbox"/> NEW PERSON IN CHARGE: <i>Michael Albrecht</i>		<input type="checkbox"/> New Tel: () <i>604-465-5926</i> <input type="checkbox"/> New Fax: ()																					
<input type="checkbox"/> NEW EMERGENCY CONTACT: <i>Michael Albrecht (City of Maple Ridge)</i>		<input type="checkbox"/> New Tel: () <input type="checkbox"/> New Fax: () <i>604-417-6713</i>																					
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) <table style="width:100%; border: none;"> <tr> <td>COMPLY</td> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> <tr> <td>EOPC (operator certification)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Acceptable SWS Training</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>ERCP (emergency plan)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Annual Report Provided to Users</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> </table>		COMPLY	Yes	No	N/A	EOPC (operator certification)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Acceptable SWS Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>		ERCP (emergency plan)	<input type="checkbox"/>	<input type="checkbox"/>		Annual Report Provided to Users	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
COMPLY	Yes	No	N/A																				
EOPC (operator certification)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																				
Acceptable SWS Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>																					
ERCP (emergency plan)	<input type="checkbox"/>	<input type="checkbox"/>																					
Annual Report Provided to Users	<input checked="" type="checkbox"/>	<input type="checkbox"/>																					
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>New system treatment ⇒ 1µm/5µm water filter (split system) U.V. / also carbon filter</i>		
	<i>Water quality results in compliance</i>		
	<i>Water supply pressure in compliance</i>		
	<i>System well operated</i>		

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

FACILITY NAME: <i>Thorahill Hall Water System</i>		INSPECTION DATE (yyyy/mm/dd): <i>2022/Jun/21</i>	TIME SPENT: <i>1.0</i>																		
FACILITY ADDRESS: <i>260 Block 98th Ave, Maple Ridge</i>		NEXT INSPECTION DATE (yyyy/mm/dd): <i>2023/Jun/21</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>City of Maple Ridge</i>		<input type="checkbox"/> New Tel: () <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) <table style="width:100%; border:none;"> <tr> <td></td> <td style="text-align:center;">COMPLY</td> <td></td> </tr> <tr> <td></td> <td style="text-align:center;">Yes No N/A</td> <td></td> </tr> <tr> <td>EOCP (operator certification)</td> <td style="text-align:center;"><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Acceptable SWS Training</td> <td style="text-align:center;"><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> <td></td> </tr> <tr> <td>ERCP (emergency plan)</td> <td style="text-align:center;"><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Annual Report Provided to Users</td> <td style="text-align:center;"><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> <td></td> </tr> </table>			COMPLY			Yes No N/A		EOCP (operator certification)	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Acceptable SWS Training	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		ERCP (emergency plan)	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Annual Report Provided to Users	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	COMPLY																				
	Yes No N/A																				
EOCP (operator certification)	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																				
Acceptable SWS Training	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																				
ERCP (emergency plan)	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																				
Annual Report Provided to Users	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																				
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 <i>No critical violations</i>		<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>5 um → 5c → UV.</i>		
	<i>Maintenance records on site & up to date.</i>		
	<i>UV changed every January.</i>		
	<i>Good well head protection</i>		
	<i>System well operated</i>		

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

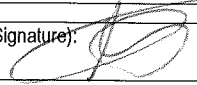

FACILITY NAME: <i>Whonnock Community Well Water System</i>		INSPECTION DATE (yyyy/mm/dd): <i>2022/June/21</i>	TIME SPENT: <i>10.5</i>
FACILITY ADDRESS: <i>10875 - 272nd St., Maple Ridge.</i>		NEXT INSPECTION DATE (yyyy/mm/dd): <i>2023/June/22</i>	
<input type="checkbox"/> NEW PERSON IN CHARGE: <i>Michael Albrecht</i>		<input type="checkbox"/> New Tel: () <input type="checkbox"/> New Fax: () <i>604-363-6671</i>	
<input type="checkbox"/> NEW EMERGENCY CONTACT: <i>City of Maple Ridge</i>		<input type="checkbox"/> New Tel: () <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)		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)	
ENFORCEMENT <input type="checkbox"/> Require Corrections <input type="checkbox"/> Ticket Issued <input type="checkbox"/> Written Order <input type="checkbox"/> Order Public Notification		COMPLY Yes No N/A EOCP (operator certification) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Acceptable SWS Training <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ERCP (emergency plan) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Annual Report Provided to Users <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

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>UV tube replaced every June.</i>		
	<i>5µm → 1µm → U.V.</i>		
	<i>Community well - no connections past treatment building</i>		
	<i>System well maintained.</i>		

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