

FACILITY NAME: <i>Thorn Hill Hall W.S.</i>		INSPECTION DATE (yyyy/mm/dd): <i>2023/08/18</i>	TIME SPENT: <i>1.5</i>
FACILITY ADDRESS: <i>26007 98 Ave.</i>		NEXT INSPECTION DATE (yyyy/mm/dd): <i>2024/08/15</i>	
<input type="checkbox"/> NEW PERSON IN CHARGE: <i>Michael Albrecht.</i>		<input type="checkbox"/> New Tel: (    ) <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: (    )	
<b>FACILITY TYPE:</b> <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)		<b>INSPECTION TYPE:</b> <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	
<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>OTHER INFORMATION:</b> (complete for Routine Inspection) EOCP (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	
<b>ENFORCEMENT</b> <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>Spun → SC → UV. 430ft deep well. Low usage - flushed manually. Water sampling frequency + water quality in compliance. Water System well maintained</i>		

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