

FACILITY NAME: <i>Whonnock Lake Community Hall W.S.</i>		INSPECTION DATE (yyyy/mm/dd): <i>2023/08/10</i>	TIME SPENT: <i>1.0</i>
FACILITY ADDRESS: <i>27871 113 Ave Maple Ridge.</i>		NEXT INSPECTION DATE (yyyy/mm/dd): <i>2024/08/15</i>	
☐ NEW PERSON IN CHARGE: <i>Michael Albrecht.</i>		☐ New Tel: (604-465-5926) ☐ New Fax: () 363-6671	
☐ NEW EMERGENCY CONTACT: <i>City of Maple Ridge.</i>		☐ New Tel: (604-417-6713) ☐ New Fax: ()	
FACILITY TYPE: ☐ WS1 (300+ connections) ☒ WS4 (1 public connection) ☐ WS2 (15 - 300 connections) ☐ WS9 (other) ☐ WS3 (2 - 14 connections)		INSPECTION TYPE: ☐ Initial ☐ Consultation ☐ Follow Up to Lab Report ☒ Routine ☐ Sampling ☐ Water Quality Complaint ☐ Follow Up ☐ Investigation ☐ Water Borne Illness Complaint	
ACTION TAKEN: ADMINISTRATIVE ☒ Information Provided ☐ No Action Required ☐ Permit Issued ☐ Rescind Public Notification		OTHER INFORMATION: (complete for Routine Inspection) EOCP (operator certification) ☒ Yes ☐ No ☒ N/A Acceptable SWS Training ☒ Yes ☐ No ERCP (emergency plan) ☒ Yes ☐ No Annual Report Provided to Users ☒ Yes ☐ No	
ENFORCEMENT ☐ Require Corrections ☐ Ticket Issued ☐ Written Order ☐ 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?
	☐ Yes ☐ No		☐ Yes ☐ No
	☐ Yes ☐ No		☐ Yes ☐ No
	☐ Yes ☐ No		☐ Yes ☐ No

Code	Explanation of Violations, Recommendations or Comments	(✓) Corrected During Insp.	Date To Be Corrected By
	<i>F.H to Send Template for ERCP.</i>		
	<i>Filters maintained & UV unit bulb changed.</i>		
	<i>Water quality & water sampling frequency in compliance.</i>		
	<i>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>Heidi [Signature]</i>

1610-7089