

FACILITY NAME: <i>Whannock Lake Park W.S.</i>		INSPECTION DATE (yyyy/mm/dd): <i>2023/oct/18</i>	TIME SPENT: <i>0.75</i>
FACILITY ADDRESS: <i>27871 - 113 Ave, Maple Ridge</i>		NEXT INSPECTION DATE (yyyy/mm/dd): <i>2024/oct./18</i>	
☐ NEW PERSON IN CHARGE: <i>Michael Albrecht.</i>		☐ New Tel: ()	
☐ NEW EMERGENCY CONTACT: <i>City of Maple Ridge.</i>		☐ 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 ☐ N/A ERCP (emergency plan) ☒ Yes ☐ No ☐ N/A Annual Report Provided to Users ☒ Yes ☐ No ☐ N/A	
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
	UV bulb changed Jan every year.		
	Filters well maintained.		
	SC System manual		
	5 Carbon, 1 um, 5 um. filters		
	water softener		
	flush of system 5x per day during times of low system usage.		
	Water system well maintained.		
	Annual report excellent		
	Water sampling frequency & water quality in compliance.		

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