

**BOARD OF DIRECTORS MEETING  
MINUTES**

**Meeting #85**

**Wednesday, November 25, 2020, 7:00 p.m.**

**BROADCASTED LIVE – VIDEOCONFERENCE**

In Attendance: Mayor Harold Muldowney  
Mayor Danny Breen  
Councillor Maggie Burton  
Councillor Glenn Clarke  
Councillor Wally Collins  
Councillor Ian Froude  
Councillor Kevin McDonald  
Councillor Peggy Roche  
Councillor Deanne Stapleton  
Councillor Lucy Stoyles  
Councillor Sterling Willis  
Deputy Mayor Sam Whalen

Regrets: Councillor Dave Lane  
Mayor Gerald Snook  
Councillor Sandy Hickman  
Councillor Jamie Korab  
Deputy Mayor Sheilagh O’Leary  
Councillor Gerard Tilley

Other Attendees: Ms. Lynn Tucker  
Mr. Craig Drover  
Ms. Christie Dean  
Ms. Holly Coles

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**1. Call to Order**

Mr. Muldowney, Chairperson, called the meeting to order at 7:07 p.m.

2. **Adoption of Agenda**

The agenda was tabled for approval.

**MOTION 2020-077**

**Moved By** Mr. McDonald

**Seconded By** Ms. Stoyles

**BE IT RESOLVED** that the agenda be adopted as tabled.

**Carried Unanimously**

3. **Review of Minutes**

The minutes from the previous meeting were tabled for review and approval.

**MOTION 2020-078**

**Moved By** Mr. Collins

**Seconded By** Mr. Clarke

**BE IT RESOLVED** that the minutes of the meeting of Wednesday, October 28, 2020 be adopted as tabled.

**Carried Unanimously**

4. **Committee Reports**

a) **Finance & Audit Committee**

Mr. Breen delivered the Finance & Audit Committee report.

1. **Board Expenditures**

Board expenditures for the month of October were tabled for review and approval.

**MOTION 2020-079**

**Moved By** Mr. Collins

**Seconded By** Mr. Froude

**BE IT RESOLVED** that the ERSB adopt the Board's expenditures for October as tabled.

**Carried Unanimously**

**2. Incorporated Towns Payment Activity Report**

An update on the incorporated town's payment activity was provided for October. There were no questions or concerns.

**3. Communities Inquiring Regarding Participating in Regional Waste Services**

Mr. Breen reported that several communities contacted the office this fall regarding having waste services provided by the Board. At this time, the Chair, Vice Chair and the management team are working with those communities to ensure that they have all information required to make their decision.

**b) Strategy & Policy Committee**

Mr. Whalen delivered the Strategy & Policy Committee report.

**1. Policy Review: Request for Exemption – Waste Management Services**

Mr. Whalen informed the Board that the criteria, definitions as well as the application form for exemption from waste service has been an issue for the Board and these issues should be addressed.

He noted that the Committee decided to complete a thorough review of the current process, criteria, and form. Once the review is complete, recommendations will be brought back to the Board for consideration.

**2. Regional Water & Wastewater Operator Pilot Program – Quarterly Report**

Mr. Whalen noted that the Board's Regional Water/Wastewater Operator's third quarterly report was included in the meeting package.

He reminded members that the Operator continues to assist and advise 19 communities in the Eastern region and participating communities are pleased with the service and progress.

The Board hopes that the Province will continue to fund this program past March 31, 2021.

**3. Update on Harbour Grace Waste Recovery Facility and Selby Lane Unrestricted Access**

Mr. Whalen reminded the Board that a letter was sent to the Town of Harbour Grace regarding unrestricted access to the Board's waste recovery facility in September. To date, no response has been received.

Mr. Korab informed members that he has reached out to a personal contact on Council to seek the status of this item but no meeting has been set.

Mr. Clarke stated that as the Board's representative in the area, he would reach out to the Mayor regarding this matter.

**c) Governance Committee**

Mr. Clarke delivered the Governance Committee report.

**1. Payroll Remittance Statements**

Mr. Clarke informed members that the Board's statement of account from the Canada Revenue Agency (CRA) for the third quarter was included in the meeting package.

Staff continues to make bi-weekly payroll remittance payments as required, and there are no outstanding balances.

**2. Board Member Resignation and Election for Smith Sound and Isthmus Area**

For member's information, Mr. Bob Gammon, Chairperson of the LSD of Random Sound West, who was acclaimed to the Board in September of 2020 has resigned effective November 16, 2020.

It was decided at Committee level that the Smith Sound and Isthmus Area should have representation for 2021; therefore, the Board Clerk will begin the election process immediately.

**3. Meeting Request with Leader of Opposition and Opposition MHAs**

It was noted that Opposition MHAs have been contacting the Board regarding waste collection and other services.

To ensure that they understand the role of the Board; to address ongoing issues; and to ensure open lines of communication, a meeting will be requested with the Leader of the Opposition and the Opposition MHAs.

**5. Correspondence**

There was no correspondence to review.

**6. New Business**

**a) Report on Meeting with Minister Bennett**

Mr. Mullooney updated members on a meeting that was held with the Hon. Derek Bennett, Minister of Environment, Climate Change, and Municipalities and his staff.

He reported a very positive meeting where items such as regionalization; expansion of the Board's mandate; required changes at the Clarenville Transfer Station; etc., were discussed.

**b) Update on Bell Island Waste Recovery Facility**

An update was provided on the construction of the Bell Island Waste Recovery Facility. It was noted that Service NL has made several site visits.

The Manager Operations reported that the Board will need to go to tender for snow clearing services at this new site once completed. That tender should be available soon.

Construction of the facility is ongoing and staff are pleased with the progress.

**7. Upcoming Meetings**

- a) The next meeting of the Board of Directors will take place by videoconference on Wednesday, January 28, 2021 at 7:00 p.m.
- b) The next meeting of the Finance & Audit Committee will take place by videoconference on Thursday, January 14, 2021 at 12:30 p.m.

- c) The next meeting of the Strategy & Policy Committee will take place by videoconference on Tuesday, January 12, 2021 at 10:30 a.m.
- d) The next meeting of the Governance Committee will take place by videoconference on Tuesday, January 19, 2021 at 10:30 a.m.

8. **Adjournment**

**MOTION 2020-080**

**Moved By** Ms. Stoyles

**Seconded By** Mr. Willis

Seeing no further business to be discussed, **BE IT RESOLVED** that the meeting adjourned at 7:27 p.m.

**Carried Unanimously**

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**Ms. Holly Coles**

Board Clerk and Outreach Coordinator

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**Mayor Harold Mullooney**

Chairperson

**Eastern Regional Service Board**

BNK2 - Bank of Montreal - EW [1060-0002]

Cheques from 000001 to 009229 dated between 10-01-2020 and 10-31-2020

**CHEQUE REGISTER**

Printed: 3:38:41PM 11/04/2020

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Number	Issued		Amount	SC	Status	Status Date
009159	10/14/2020	62167 Newfoundland and Labrador Inc	7,380.30	A/P	OUT-STD	10/14/2020
009160	10/14/2020	Around The Bay Disposals Inc.	77,063.91	A/P	OUT-STD	10/14/2020
009161	10/14/2020	Bell Mobility Inc.	1,540.03	A/P	OUT-STD	10/14/2020
009162	10/14/2020	Brandt Tractor Ltd.	20,762.36	A/P	OUT-STD	10/14/2020
009163	10/14/2020	City of St. John's	33,062.90	A/P	CLEARED	10/23/2020
009164	10/14/2020	Dicks and Company Limited	109.90	A/P	CLEARED	10/23/2020
009165	10/14/2020	Craig Drover	697.79	A/P	CLEARED	10/16/2020
009166	10/14/2020	Dodd's Diesel Repair Ltd.	3,997.31	A/P	CLEARED	10/23/2020
009167	10/14/2020	Kevin Butt	606.72	A/P	OUT-STD	10/14/2020
009168	10/14/2020	Lynn Tucker	1,138.36	A/P	CLEARED	10/16/2020
009169	10/14/2020	McInnes Cooper	511.89	A/P	OUT-STD	10/14/2020
009170	10/14/2020	Miller IT Limited	746.19	A/P	CLEARED	10/23/2020
009171	10/14/2020	M J Hickey Construction Ltd.	575.00	A/P	OUT-STD	10/14/2020
009172	10/14/2020	Modern Business Equipment Limited	90.47	A/P	CLEARED	10/23/2020
009173	10/14/2020	NL News Now	171.49	A/P	OUT-STD	10/14/2020
009174	10/14/2020	North Atlantic	19,669.45	A/P	CLEARED	10/23/2020
009175	10/14/2020	Northern Business Intelligence	1,906.40	A/P	OUT-STD	10/14/2020
009176	10/14/2020	OMB Parts & Industrial Ltd.	342.36	A/P	OUT-STD	10/14/2020
009177	10/14/2020	Sam Pike Masonry Ltd.	77.00	A/P	OUT-STD	10/14/2020
009178	10/14/2020	Scotia Recycling Inc	1,075.83	A/P	OUT-STD	10/14/2020
009179	10/14/2020	Shred-it c/o Stericycle ULC	71.00	A/P	OUT-STD	10/14/2020
009180	10/14/2020	T2 Ventures Inc.	249,574.82	A/P	CLEARED	10/16/2020
009181	10/14/2020	Trinity South Central Fire Department	500.00	A/P	OUT-STD	10/14/2020
009182	10/14/2020	WAJAX (Power Systems)	377.78	A/P	OUT-STD	10/14/2020
009187	10/28/2020	Wabana Volunteer Fire Department	1,000.00	A/P	OUT-STD	10/28/2020
009188	10/28/2020	Smith Sound Fire Department	1,000.00	A/P	OUT-STD	10/28/2020
009189	10/28/2020	Random West Fire Department	1,000.00	A/P	OUT-STD	10/28/2020
009190	10/28/2020	Town of Chance Cove	1,000.00	A/P	OUT-STD	10/28/2020
009191	10/28/2020	North Harbour Volunteer Fire Department	1,000.00	A/P	OUT-STD	10/28/2020
009192	10/28/2020	Placentia Volunteer Fire Department	1,000.00	A/P	OUT-STD	10/28/2020
009193	10/28/2020	Whitbourne Volunteer Fire Department	1,000.00	A/P	OUT-STD	10/28/2020
009194	10/28/2020	Carbonear Volunteer Fire Department	1,000.00	A/P	OUT-STD	10/28/2020
009195	10/28/2020	Bay de Grave Regional Municipal Services Corporation	1,000.00	A/P	OUT-STD	10/28/2020
009196	10/28/2020	Hant's Harbour Fire Department	1,000.00	A/P	OUT-STD	10/28/2020
009197	10/28/2020	Heart's Delight-Islington Volunteer Fire Department	1,000.00	A/P	OUT-STD	10/28/2020
009198	10/28/2020	St.Vincent's-St.Stephen's-Peter's River	1,000.00	A/P	OUT-STD	10/28/2020
009199	10/28/2020	Colinet Volunteer Fire Department	1,000.00	A/P	OUT-STD	10/28/2020
009200	10/28/2020	Town of St. Bride's	1,000.00	A/P	OUT-STD	10/28/2020
009201	10/28/2020	Ferryland Fire Department	1,000.00	A/P	OUT-STD	10/28/2020
009202	10/28/2020	Bell Conferencing Inc.	15.87	A/P	OUT-STD	10/28/2020
009203	10/28/2020	Christie Dean	817.01	A/P	OUT-STD	10/28/2020
009204	10/28/2020	Coish's Trucking & Excavating Ltd.	14,432.50	A/P	OUT-STD	10/28/2020
009205	10/28/2020	Concrete Concepts	174.97	A/P	OUT-STD	10/28/2020
009206	10/28/2020	Dicks and Company Limited	210.32	A/P	OUT-STD	10/28/2020
009207	10/28/2020	Dodd's Diesel Repair Ltd.	15,659.67	A/P	OUT-STD	10/28/2020
009208	10/28/2020	Dodd's Diesel Repair Ltd.	9,714.96	A/P	OUT-STD	10/28/2020

\*\* - Name on Check was modified

**Eastern Regional Service Board**

BNK2 - Bank of Montreal - EW [1060-0002]

Cheques from 000001 to 009229 dated between 10-01-2020 and 10-31-2020

**CHEQUE REGISTER**

Printed: 3:38:41PM 11/04/2020

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Number	Issued		Amount	SC	Status	Status Date
009209	10/28/2020	Eastern Machining & Welding Inc.	3,366.04	A/P	OUT-STD	10/28/2020
009210	10/28/2020	GCR Tires & Service	1,160.07	A/P	OUT-STD	10/28/2020
009211	10/28/2020	Hi Tech Scales Ltd.	2,443.75	A/P	OUT-STD	10/28/2020
009212	10/28/2020	Jenkins Anthony Inc.	3,661.89	A/P	OUT-STD	10/28/2020
009213	10/28/2020	Kevin Power	193.30	A/P	OUT-STD	10/28/2020
009214	10/28/2020	Kevin Fahey	77.66	A/P	OUT-STD	10/28/2020
009215	10/28/2020	Krysta Molloy	16.35	A/P	OUT-STD	10/28/2020
009216	10/28/2020	Lynn Tucker	2,971.16	A/P	OUT-STD	10/28/2020
009217	10/28/2020	Madsen Construction Equipment	341.96	A/P	OUT-STD	10/28/2020
009218	10/28/2020	NATIONAL Public Relations	1,875.36	A/P	OUT-STD	10/28/2020
009219	10/28/2020	Newfoundland Power Inc.	2,486.68	A/P	OUT-STD	10/28/2020
009220	10/28/2020	OMB Parts & Industrial Ltd.	420.53	A/P	OUT-STD	10/28/2020
009221	10/28/2020	ORKIN Canada Corporation	194.35	A/P	OUT-STD	10/28/2020
009222	10/28/2020	PBA Industrial Supplies Ltd.	259.49	A/P	OUT-STD	10/28/2020
009223	10/28/2020	Pik-Fast Express Inc.	80.00	A/P	OUT-STD	10/28/2020
009224	10/28/2020	Revolution Environmental Solutions LP	35,966.25	A/P	OUT-STD	10/28/2020
009225	10/28/2020	Town of Clarendville	1,608.00	A/P	OUT-STD	10/28/2020
009226	10/28/2020	Tulk Tire & Service Ltd.	632.50	A/P	OUT-STD	10/28/2020
009227	10/28/2020	Craig Sheppard	420.00	A/P	OUT-STD	10/28/2020
009228	10/29/2020	Leslie Squires	440.00	A/P	OUT-STD	10/29/2020
Cheque Totals Issued:			536,689.90			
Void:			0.00			
Total Cheques Generated:			536,689.90			
Total # of Cheques Listed:			66			



## EASTERN REGIONAL SERVICE BOARD

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### PAYROLL EXPENSE

#### OCT 2020

Payroll – Staff ( <i>2 pay periods – 28 employees</i> ).....	\$113,723.13
Payroll – Board ( <i>16 members</i> ) .....	<u>\$17,754.65</u>
Total Payroll ( <i>44 employees</i> ) .....	\$131,477.78
Payroll CRA Remittance .....	<u>\$35,205.01</u>
<b>TOTAL GROSS PAYROLL .....</b>	<b><u>\$166,682.79</u></b>

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#### PREVIOUS MONTH

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#### SEP 2020

Payroll – Staff ( <i>2 pay periods – 28 employees</i> ).....	\$112,108.64
Payroll – Board ( <i>18 members</i> ) .....	<u>\$00,000.00</u>
Total Payroll ( <i>28 employees</i> ) .....	\$112,108.64
Payroll CRA Remittance .....	<u>\$ 31,702.82</u>
<b>TOTAL GROSS PAYROLL .....</b>	<b><u>\$143,811.46</u></b>

**TOWNS PAYMENT ACTIVITY 2020 - As of November 4, 2020**  
*(Towns include all incorporated towns and those LSDs who pay collectively)*

CustCode	Town/Local Service District	Number of Units	Number of Units x \$180.00	Prior Year (Credit) Arrears	Total Invoiced	Payments Received	Balance	Amount Due by 31-Oct	Surplus (Arrears)
TOWN503	Town of Arnold's Cove	535	\$96,300.00		\$96,300.00	\$ 96,300.00	\$9,630.00	\$ 96,300.00	0.00
TOWN403	Town of Cape Broyle	277	\$49,860.00		\$49,500.00	\$ 49,500.00	\$4,626.00	\$ 49,500.00	0.00
TOWN502	Town of Chance Cove	148	\$26,640.00		\$26,640.00	\$ 26,640.00	\$2,664.00	\$ 26,640.00	0.00
TOWN514	Town of Colinet	75	\$13,500.00		\$13,500.00	\$ 13,500.00	\$1,350.00	\$ 13,500.00	0.00
TOWN504	Town of Long Harbour-Mount Arlington Heights	196	\$35,280.00		\$35,280.00	\$ 35,280.00	\$3,528.00	\$ 35,280.00	0.00
TOWN504	Town of New Perlican	162	\$29,160.00		\$29,160.00	\$ 29,160.00	\$2,916.00	\$ 29,160.00	0.00
TOWN517	Town of St. Vincent's-St. Stephen's-Peter's River	213	\$38,340.00		\$38,340.00	\$ 38,340.00	\$3,834.00	\$ 38,340.00	0.00
TOWN305	Town of Sunnyside	205	\$36,900.00		\$36,900.00	\$ 36,900.00	\$3,690.00	\$ 36,900.00	0.00
TOWN509	Town of Wabana	1222	\$219,960.00		\$219,960.00	\$ 219,960.00	\$21,996.00	\$ 219,960.00	0.00
TOWN508	Town of Point Lance	47	\$8,460.00		\$8,460.00	\$ 6,345.00	\$2,115.00	\$ 6,345.00	0.00
TOWN511	Town of St. Joseph's	107	\$19,260.00		\$19,260.00	\$ 14,445.00	\$4,815.00	\$ 14,445.00	0.00
LSD0002	LSD of Mobile (E Dalley, Treasurer)	101	\$18,180.00		\$18,180.00	\$ 18,180.00	\$0.00	\$ 18,180.00	0.00
TOWN003	Town of Clarke's Beach	592	\$106,560.00		\$106,560.00	\$ 106,560.00	\$0.00	\$ 106,560.00	0.00
TOWN301	Town of Come by Chance	118	\$21,240.00		\$21,240.00	\$ 21,240.00	\$0.00	\$ 21,240.00	0.00
TOWN302	Town of Norman's Cove-Long Cove	333	\$59,940.00		\$59,940.00	\$ 59,940.00	\$0.00	\$ 59,940.00	0.00
TOWN303	Town of Chapel Arm	256	\$45,900.00		\$45,900.00	\$ 41,634.00	\$4,266.00	\$ 45,900.00	-4,266.00
TOWN304	Town of Southern Harbour	184	\$33,120.00		\$33,120.00	\$ 33,120.00	\$0.00	\$ 33,120.00	0.00
TOWN401	Town of Aquaforte	70	\$12,600.00	\$ 875.73	\$13,475.73	\$ 12,588.36	\$887.37	\$ 13,475.73	-887.37
TOWN402	Town of Bay Bulls	545	\$98,100.00		\$98,100.00	\$ 98,100.00	\$0.00	\$ 98,100.00	0.00
TOWN404	Town of Fermeuse-Kingman's Cove	179	\$32,220.00	\$ (0.02)	\$32,219.98	\$ 24,165.00	\$8,054.98	\$ 24,164.99	0.01
TOWN405	Town of Ferryland	272	\$48,960.00		\$48,960.00	\$ 48,960.00	\$0.00	\$ 48,960.00	0.00
TOWN407	Town of Renew's-Cappahayden	234	\$42,120.00		\$42,120.00	\$ 42,120.00	\$0.00	\$ 42,120.00	0.00
TOWN408	Town of St. Shott's	50	\$9,000.00		\$9,000.00	\$ 9,000.00	\$0.00	\$ 9,000.00	0.00
TOWN410	Town of Witless Bay	685	\$123,300.00		\$123,300.00	\$ 123,300.00	\$0.00	\$ 123,300.00	0.00
TOWN411	Town of Portugal Cove South	92	\$16,560.00		\$16,560.00	\$ 16,560.00	\$0.00	\$ 16,560.00	0.00
TOWN505	Town of Fox Harbour	134	\$24,120.00		\$24,120.00	\$ 19,296.00	\$4,824.00	\$ 24,120.00	-4,824.00
TOWN507	Town of St. Bride's	140	\$25,200.00		\$25,200.00	\$ 25,236.11	-\$36.11	\$ 25,200.00	36.11
TOWN509	Town of Branch	161	\$28,980.00		\$28,980.00	\$ 28,980.00	\$0.00	\$ 28,980.00	0.00
TOWN510	Town of Mount Carmel-Mitchell's Brook-St. Catherine's	299	\$53,820.00		\$53,820.00	\$ 53,820.00	\$0.00	\$ 53,820.00	0.00
TOWN512	Town of Admiral's Beach	82	\$14,760.00		\$14,760.00	\$ 14,760.00	\$0.00	\$ 14,760.00	0.00
TOWN513	Town of Gaskiers-Point LaHaye	144	\$25,920.00		\$25,920.00	\$ 23,328.00	\$2,592.00	\$ 25,920.00	-2,592.00
TOWN515	Town of Riverhead	116	\$20,880.00		\$20,880.00	\$ 20,955.45	-\$75.45	\$ 20,880.00	75.45
TOWN516	Town of St. Mary's	222	\$39,960.00		\$39,960.00	\$ 39,960.00	\$0.00	\$ 39,960.00	0.00
TOWN601	Town of Whiteway	163	\$29,340.00		\$29,340.00	\$ 29,340.00	\$0.00	\$ 29,340.00	0.00
TOWN602	Town of Heart's Delight-Islington	409	\$73,620.00		\$73,620.00	\$ 73,620.00	\$0.00	\$ 73,620.00	0.00
TOWN603	Town of Heart's Desire	125	\$22,500.00		\$22,500.00	\$ 22,500.00	\$0.00	\$ 22,500.00	0.00
TOWN801	Town of Old Perlican	330	\$14,645.40		\$14,645.40	\$ 11,628.00	\$3,017.40	\$ 14,645.40	-3,017.40
TOWN802	Town of Bay de Verde	221	\$39,780.00	\$ 7,956.00	\$47,736.00	\$ 43,758.00	\$3,978.00	\$ 47,736.00	-3,978.00
TOWN805	Town of Hant's Harbour	193	\$34,740.00		\$34,740.00	\$ 28,770.00	\$5,970.00	\$ 28,950.00	-180.00
TOWN806	Town of Heart's Content	239	\$43,020.00		\$43,020.00	\$ 32,265.00	\$10,755.00	\$ 32,265.00	0.00
TOWN807	Town of Winterton	295	\$53,100.00		\$53,100.00	\$ 39,825.00	\$13,275.00	\$ 39,825.00	0.00
<b>10171</b>			<b>1,785,845.40</b>	<b>8,831.71</b>	<b>1,794,317.11</b>	<b>1,729,878.92</b>	<b>118,672.19</b>	<b>1,749,512.12</b>	<b>-19,633.20</b>

TOWNS ACTIVITY - INVOICED MONTHLY (Jan - Dec 2020)									
CustCode	Town/LSD	No. Properties	Prior Year Balance	Total Invoices 2020	Payments Received	Outstanding Balance	Surplus (Arrears)		
LSDOF201	LSD of Georgetown	135	-	18,624.10	9,265.70	7,632.50	(7,632.50)		
LSDOF202	LSD of Marysville	225	-	31,350.00	28,440.88	-	-		
TOWN0001	Town of Carbonear	2150	-	477,730.77	347,283.13	-	-		
TOWN0203	Town of Colliers	285	-	40,967.22	30,047.24	7,106.23	(7,106.23)		
TOWN0205	Town of Holyrood	1035	-	144,915.92	102,249.24	15,559.60	(15,559.60)		
		3830	-	713,588.01	517,286.19	30,298.33	(30,298.33)		

2020 TOTAL ARREARS - INCORPORATED TOWNS

\$ (49,931.53)

PAD\* Set up for pre-authorized debit payments  
SPAR\*\* Special Payment Arrangement in Place

Community Name: Admiral's Beach

Water Supply: 2 Well Fields

1. Is the disinfection system operational? ☒ Yes ☐ No

2. Are chlorine residuals tested on a daily basis?

☐ Yes

☒ No

☐ Free Chlorine Only

☐ Total Chlorine Only

3. Provide the following information for the last quarter:

	Near 1 <sup>st</sup> User		Near End of Line	
	Free Chlorine (mg/L)	Total Chlorine (mg/L)	Free Chlorine (mg/L)	Total Chlorine (mg/L)
Average				
Minimum				
Maximum				

4. Is this system currently on a BWA? ☒ Yes ☐ No

If yes, select reason code: A

If yes, describe plan to address BWA:

5. Is the BWA reason code accurate? ☐ Yes ☒ No

If no, select the accurate reason code: C1

6. Are there other water quality issues? ☐ Yes ☐ No

If yes, describe the issues and the plan to address them: [Click or tap here to enter text.](#)

7. Provide the following information for the last quarter:

Average Daily Water Use	Maximum Day Demand	Unit of Measurement (i.e. USGPM, L/day, m <sup>3</sup> /day)
		USG per day

8. Select which of the following O&M Programs have been developed:

☐ Operational Monitoring Plan

☐ Standard Operating Procedures

☐ Maintenance Assurance Manual

☐ Emergency Plan

☐ Preventative Maintenance Programs

If not all are selected when will the remaining be completed? [Click or tap here to enter text.](#)

9. Select which of the following maintenance activities have been conducted during the last quarter?

☐ Distribution System Flushing

☐ Leak Detection

☐ Hydrant Inspection and Exercising

☐ Valve Inspection and Exercising

bo

Regional Water/Wastewater Operator Program  
Quarterly Report  
Drinking Water System

10. Number of days you visited the community during the last quarter? Choose an item.
11. Provide a summary of meetings or training held in the community during the last quarter. Checked with Town Clerk. They are interested in receiving some more one on one training that Darren Patey and Richard Harvey initiated. Richard Harvey was informed. A request was made for Chlorine residual data but none came.
12. Other comments?

---

Regional Operator Name: Ken Rollings  
Date: 9/30/2020

---

Community Name:      Aquaforte

Water Supply: Davies Pond

1. Is the disinfection system operational?      ☒ Yes      ☐ No
2. Are chlorine residuals tested on a daily basis?  
☐ Yes      ☐ No      ☒ Free Chlorine Only      ☐ Total Chlorine Only

3. Provide the following information for the last quarter:

	Near 1 <sup>st</sup> User		Near End of Line	
	Free Chlorine (mg/L)	Total Chlorine (mg/L)	Free Chlorine (mg/L)	Total Chlorine (mg/L)
Average			0.28	
Minimum			0.04	
Maximum			1.70	

4. Is this system currently on a BWA?      ☒ Yes      ☐ No  
If yes, select reason code:      Choose an item. Unknown at the monment  
If yes, describe plan to address BWA:      Click or tap here to enter text.
5. Is the BWA reason code accurate?      ☐ Yes      ☐ No  
If no, select the accurate reason code:      Choose an item.
6. Are there other water quality issues?      ☐ Yes      ☐ No  
If yes, describe the issues and the plan to address them:      Click or tap here to enter text.

7. Provide the following information for the last quarter:

Average Daily Water Use	Maximum Day Demand	Unit of Measurement (i.e. USGPM, L/day, m <sup>3</sup> /day)
4,638	22,426	USG per day

8. Select which of the following O&M Programs have been developed:  
☒ Operational Monitoring Plan      ☒ Standard Operating Procedures      ☒ Maintenance Assurance Manual  
☒ Emergency Plan      ☒ Preventative Maintenance Programs  
If not all are selected when will the remaining be completed? Click or tap here to enter text.
9. Select which of the following maintenance activities have been conducted during the last quarter?  
☒ Distribution System Flushing  
☐ Leak Detection  
☐ Hydrant Inspection and Exercising  
☐ Valve Inspection and Exercising

Regional Water/Wastewater Operator Program  
Quarterly Report  
Drinking Water System

10. Number of days you visited the community during the last quarter? [Choose an item.](#)
11. Provide a summary of meetings or training held in the community during the last quarter. There were no problems up to the middle of September. BWA was issued mid-September.
12. Other comments? [Click or tap here to enter text.](#)

---

Regional Operator Name: Ken Rollings  
Date: 9/30/2020

---

Community Name: Fermeuse

1. Number of public wastewater outfalls? 1

2. Are any of the outfalls discharging >100 m<sup>3</sup>/day? ☐ Yes ☒ No don't monitor flow, 41 services

If yes, are they registered under the *Wastewater Systems Effluent Regulations*? ☐ Yes ☐ No

3. Provide the following information for the last quarter (if available):

Outfall ID	Average Flow	Peak Flow	Unit of Measurement (i.e. m <sup>3</sup> /day, USGPM)

4. Number of lift stations? 0

5. Number of wastewater treatment plants? (include septic tanks) Choose an item.

6. Select any adverse events that may have occurred in the wastewater system during the past quarter

- ☐ Lift Station Overflow ☐ Leaks ☐ Blockages  
☐ Equipment Malfunction ☐ Odour Complaints  
☐ Other (provide details) [Click or tap here to enter text.](#)

7. Does the wastewater collection system have inflow/infiltration issues?

- ☐ Yes ☒ No

8. Select any maintenance activities that been undertaken on the wastewater system in the last quarter.

- ☐ Inspection of lift station ☐ Hand rodding to clear a blockage  
☐ Flushing ☐ Septic tank clean-out  
☐ Other (provide details) [Click or tap here to enter text.](#)

9. Note any required upgrades for the wastewater system: no problems

Regional Operator Name: Ken Rollings

Date: 9/30/2020



Community Name: Fermeuse

Water Supply: Bear Cove Pond

1. Is the disinfection system operational? ☒ Yes ☐ No

2. Are chlorine residual tested on a daily basis?

☐ Yes

☐ No

☒ Free Chlorine Only

☐ Total Chlorine Only

3. Provide the following information for the last quarter: June data only.

	Near 1 <sup>st</sup> User		Near End of Line	
	Free Chlorine (mg/L)	Total Chlorine (mg/L)	Free Chlorine (mg/L)	Total Chlorine (mg/L)
Average	1.55		0.45	
Minimum	0.07		0.03	
Maximum	1.87		0.64	

4. Is this system currently on a BWA? ☐ Yes ☒ No

If yes, select reason code: Choose an item.

If yes, describe plan to address BWA: Click or tap here to enter text.

5. Is the BWA reason code accurate? ☐ Yes ☐ No

If no, select the accurate reason code: Choose an item.

6. Are there other water quality issues? ☐ Yes ☐ No

If yes, describe the issues and the plan to address them: Click or tap here to enter text.

7. Provide the following information for the last quarter:

Average Daily Water Use	Maximum Day Demand	Unit of Measurement (i.e. USGPM, L/day, m <sup>3</sup> /day)
		USG per day

8. Select which of the following O&M Programs have been developed:

☒ Operational Monitoring Plan

☒ Standard Operating Procedures

☒ Maintenance Assurance Manual

☒ Emergency Plan

☒ Preventative Maintenance Programs

If not all are selected when will the remaining be completed? Click or tap here to enter text.

9. Select which of the following maintenance activities have been conducted during the last quarter?

☒ Distribution System Flushing

☐ Leak Detection

☒ Hydrant Inspection and Exercising

☐ Valve Inspection and Exercising



Regional Water/Wastewater Operator Program  
Quarterly Report  
Drinking Water System

10. Number of days you visited the community during the last quarter? [Choose an item.](#)
11. Provide a summary of meetings or training held in the community during the last quarter. Contacted operator.  
All is well.
12. Other comments? [Click or tap here to enter text.](#)

---

Regional Operator Name: Ken Rollings  
Date: 9/30/2020

---

Community Name: Ferryland

1. Number of public wastewater outfalls? 1

2. Are any of the outfalls discharging >100 m<sup>3</sup>/day? ☐ Yes ☒ No don't monitor flow, about 22 services

If yes, are they registered under the *Wastewater Systems Effluent Regulations*? ☐ Yes ☐ No

3. Provide the following information for the last quarter (if available):

Outfall ID	Average Flow	Peak Flow	Unit of Measurement (i.e. m <sup>3</sup> /day, USGPM)

4. Number of lift stations? 0

5. Number of wastewater treatment plants? (include septic tanks) Choose an item.

6. Select any adverse events that may have occurred in the wastewater system during the past quarter

- ☐ Lift Station Overflow
 ☐ Leaks
 ☐ Blockages  
☐ Equipment Malfunction
 ☐ Odour Complaints  
☐ Other (provide details) [Click or tap here to enter text.](#)

7. Does the wastewater collection system have inflow/infiltration issues?

- ☐ Yes
 ☒ No

8. Select any maintenance activities that been undertaken on the wastewater system in the last quarter.

- ☐ Inspection of lift station
 ☐ Hand rodding to clear a blockage  
☐ Flushing
 ☐ Septic tank clean-out  
☐ Other (provide details) [Click or tap here to enter text.](#)

9. Note any required upgrades for the wastewater system: no problems

Regional Operator Name: Ken Rollings

Date: 9/30/2020

Community Name:      Ferryland

Water Supply: Deep Cove Pond

1. Is the disinfection system operational?      ☒ Yes      ☐ No

2. Are chlorine residuals tested on a daily basis?

☐ Yes

☐ No

☒ Free Chlorine Only

☐ Total Chlorine Only

3. Provide the following information for the last quarter: Apr and Jun data only.

	Near 1 <sup>st</sup> User		Near End of Line	
	Free Chlorine (mg/L)	Total Chlorine (mg/L)	Free Chlorine (mg/L)	Total Chlorine (mg/L)
Average	1.05		0.48	
Minimum	0.26		0.01	
Maximum	2.20		1.18	

4. Is this system currently on a BWA?      ☐ Yes      ☒ No

If yes, select reason code:      Choose an item.

If yes, describe plan to address BWA:      Click or tap here to enter text.

5. Is the BWA reason code accurate?      ☐ Yes      ☐ No

If no, select the accurate reason code:      Choose an item.

6. Are there other water quality issues?      ☐ Yes      ☐ No

If yes, describe the issues and the plan to address them:      Click or tap here to enter text.

7. Provide the following information for the last quarter: Flow data is erratic with new flow meter.

Average Daily Water Use	Maximum Day Demand	Unit of Measurement (i.e. USGPM, L/day, m <sup>3</sup> /day)
51,627	96,912	USG per day

8. Select which of the following O&M Programs have been developed:

☒ Operational Monitoring Plan

☒ Standard Operating Procedures

☒ Maintenance Assurance Manual

☒ Emergency Plan

☒ Preventative Maintenance Programs

If not all are selected when will the remaining be completed?      Click or tap here to enter text.

9. Select which of the following maintenance activities have been conducted during the last quarter?

☐ Distribution System Flushing

☐ Leak Detection

☐ Hydrant Inspection and Exercising

☐ Valve Inspection and Exercising



Regional Water/Wastewater Operator Program  
Quarterly Report  
Drinking Water System

10. Number of days you visited the community during the last quarter? Choose an item.
11. Provide a summary of meetings or training held in the community during the last quarter. New flow meter was installed mid-July.
12. Other comments?

---

Regional Operator Name: Ken Rollings  
Date: 9/30/2020

---

Community Name: Garden Cove

Water Supply: Arch Cove Pond

1. Is the disinfection system operational? ☒ Yes ☐ No
2. Are chlorine residual tested on a daily basis?  
☐ Yes ☐ No ☒ Free Chlorine Only ☐ Total Chlorine Only

3. Provide the following information for the last quarter:

	Near 1 <sup>st</sup> User		Near End of Line	
	Free Chlorine (mg/L)	Total Chlorine (mg/L)	Free Chlorine (mg/L)	Total Chlorine (mg/L)
Average				
Minimum				
Maximum				

4. Is this system currently on a BWA? ☐ Yes ☒ No  
 If yes, select reason code: Choose an item.  
 If yes, describe plan to address BWA: Click or tap here to enter text.

5. Is the BWA reason code accurate? ☐ Yes ☐ No  
 If no, select the accurate reason code: Choose an item.

6. Are there other water quality issues? ☐ Yes ☐ No  
 If yes, describe the issues and the plan to address them: Click or tap here to enter text.

7. Provide the following information for the last quarter:

Average Daily Water Use	Maximum Day Demand	Unit of Measurement (i.e. USGPM, L/day, m <sup>3</sup> /day)

8. Select which of the following O&M Programs have been developed:  
☐ Operational Monitoring Plan ☐ Standard Operating Procedures ☐ Maintenance Assurance Manual  
☐ Emergency Plan ☐ Preventative Maintenance Programs  
 If not all are selected when will the remaining be completed? Click or tap here to enter text.

9. Select which of the following maintenance activities have been conducted during the last quarter?  
☐ Distribution System Flushing  
☐ Leak Detection  
☐ Hydrant Inspection and Exercising  
☐ Valve Inspection and Exercising

Regional Water/Wastewater Operator Program  
Quarterly Report  
Drinking Water System

10. Number of days you visited the community during the last quarter? [Choose an item.](#)
11. Provide a summary of meetings or training held in the community during the last quarter. Operator is not answering the phone.
12. Other comments? [Click or tap here to enter text.](#)

---

Regional Operator Name: Ken Rollings  
Date: 9/30/2020

---

Community Name: Gaskiers – Point La Haye

Water Supply: Big Hare Hill Pond

1. Is the disinfection system operational? ☒ Yes ☐ No

2. Are chlorine residual tested on a daily basis?

☒ Yes

☐ No

☐ Free Chlorine Only

☐ Total Chlorine Only

3. Provide the following information for the last quarter: Less than a month of sporadic data

	Near 1 <sup>st</sup> User		Near End of Line	
	Free Chlorine (mg/L)	Total Chlorine (mg/L)	Free Chlorine (mg/L)	Total Chlorine (mg/L)
Average	0.15	0.25	0.03	0.07
Minimum	0.03	0.07	0.01	0.02
Maximum	0.45	0.65	0.08	0.15

4. Is this system currently on a BWA?

☒ Yes

☐ No

If yes, select reason code: C1

If yes, describe plan to address BWA: a new operator has taken over

5. Is the BWA reason code accurate?

☒ Yes

☒ No

If no, select the accurate reason code: Choose an item.

6. Are there other water quality issues?

☐ Yes

☒ No

If yes, describe the issues and the plan to address them: [Click or tap here to enter text.](#)

7. Provide the following information for the last quarter:

Average Daily Water Use	Maximum Day Demand	Unit of Measurement (i.e. USGPM, L/day, m <sup>3</sup> /day)
		USG per day

8. Select which of the following O&M Programs have been developed:

☐ Operational Monitoring Plan

☐ Standard Operating Procedures

☐ Maintenance Assurance Manual

☐ Emergency Plan

☐ Preventative Maintenance Programs

If not all are selected when will the remaining be completed? [Click or tap here to enter text.](#)

9. Select which of the following maintenance activities have been conducted during the last quarter?

☒ Distribution System Flushing

☐ Leak Detection

☐ Hydrant Inspection and Exercising

☐ Valve Inspection and Exercising



Regional Water/Wastewater Operator Program  
Quarterly Report  
Drinking Water System

10. Number of days you visited the community during the last quarter? Choose an item.
11. Provide a summary of meetings or training held in the community during the last quarter. Several calls were made to Ron Dillon who is the Mayor of Gaskiers Point La Hay and the water supply operator. Chlorine residuals at the First User were 0.15 ppm average. Chlorine residuals near the end of the line were 0.03 ppm average. These readings are a little low. We agreed to increase the dosage from 6 to 7 bottles of Chlorine. It was noted that Chlorine residuals drop dramatically after a heavy rainfall. Lines were flushed to get turbidity under control in July. This maybe a recurrent problem.
12. Other comments?

---

Regional Operator Name: Ken Rollings  
Date: 9/30/2020

---

Community Name: Georgetown

Water Supply: Third Pond

1. Is the disinfection system operational? ☒ Yes ☐ No
2. Are chlorine residuals tested on a daily basis?  
☒ Yes ☐ No ☐ Free Chlorine Only ☐ Total Chlorine Only

3. Provide the following information for the last quarter: 1<sup>st</sup> User is the water plant.

	Near 1 <sup>st</sup> User		Near End of Line	
	Free Chlorine (mg/L)	Total Chlorine (mg/L)	Free Chlorine (mg/L)	Total Chlorine (mg/L)
Average	0.75	0.74	0	
Minimum	0.52	0.54		
Maximum	0.88	0.89		

4. Is this system currently on a BWA? ☒ Yes ☐ No  
 If yes, select reason code: E1  
 If yes, describe plan to address BWA: Chlorine residuals need to be recorded at the end of the line

5. Is the BWA reason code accurate? ☐ Yes ☒ No  
 If no, select the accurate reason code: E2

6. Are there other water quality issues? ☐ Yes ☒ No  
 If yes, describe the issues and the plan to address them: [Click or tap here to enter text.](#)

7. Provide the following information for the last quarter: May is missing

Average Daily Water Use	Maximum Day Demand	Unit of Measurement (i.e. USGPM, L/day, m <sup>3</sup> /day)
11,172	16,900	USG per day

8. Select which of the following O&M Programs have been developed:  
☒ Operational Monitoring Plan ☒ Standard Operating Procedures ☒ Maintenance Assurance Manual  
☒ Emergency Plan ☒ Preventative Maintenance Programs  
 If not all are selected when will the remaining be completed? [Click or tap here to enter text.](#)

9. Select which of the following maintenance activities have been conducted during the last quarter?  
☐ Distribution System Flushing  
☐ Leak Detection  
☐ Hydrant Inspection and Exercising  
☐ Valve Inspection and Exercising

Regional Water/Wastewater Operator Program  
Quarterly Report  
Drinking Water System

10. Number of days you visited the community during the last quarter? Choose an item.
11. Provide a summary of meetings or training held in the community during the last quarter. Operator was contacted. Chlorine readings near end of line were zero or near zero after 30 minutes of tap flow. A flush pipe was identified as needed by the LSD. This would help get Chlorine to the end of the line. The LSD has some money left over from a water main replacement project this summer which it is hoping to use on the flush pipe.
12. Other comments? Click or tap here to enter text.

---

Regional Operator Name: Ken Rollings  
Date: 9/30/2020

---

Community Name:      Goobies

Water Supply: Water Pond

1. Is the disinfection system operational?      ☒ Yes      ☐ No

2. Are chlorine residual tested on a daily basis?

☐ Yes

☐ No

☒ Free Chlorine Only

☐ Total Chlorine Only

3. Provide the following information for the last quarter: 7 data points only

	Near 1 <sup>st</sup> User		Near End of Line	
	Free Chlorine (mg/L)	Total Chlorine (mg/L)	Free Chlorine (mg/L)	Total Chlorine (mg/L)
Average	0.24			
Minimum	0.05			
Maximum	0.46			

4. Is this system currently on a BWA?      ☒ Yes      ☐ No

If yes, select reason code:      F3

If yes, describe plan to address BWA:      This community has started taking Chlorine residual readings

5. Is the BWA reason code accurate?      ☐ Yes      ☒ No

If no, select the accurate reason code:      E1

6. Are there other water quality issues?      ☐ Yes      ☐ No

If yes, describe the issues and the plan to address them: [Click or tap here to enter text.](#)

7. Provide the following information for the last quarter:

Average Daily Water Use	Maximum Day Demand	Unit of Measurement (i.e. USGPM, L/day, m <sup>3</sup> /day)

8. Select which of the following O&M Programs have been developed:

☒ Operational Monitoring Plan

☒ Standard Operating Procedures

☒ Maintenance Assurance Manual

☒ Emergency Plan

☒ Preventative Maintenance Programs

If not all are selected when will the remaining be completed? [Click or tap here to enter text.](#)

9. Select which of the following maintenance activities have been conducted during the last quarter?

☐ Distribution System Flushing

☐ Leak Detection

☐ Hydrant Inspection and Exercising

☐ Valve Inspection and Exercising

Regional Water/Wastewater Operator Program  
Quarterly Report  
Drinking Water System

10. Number of days you visited the community during the last quarter? Choose an item.
11. Provide a summary of meetings or training held in the community during the last quarter. The operator has not collected enough Chlorine residual data to get the LSD off BWA. The average free chlorine residual for the first user is < 0.30 ppm.
12. Other comments? Click or tap here to enter text.

---

Regional Operator Name: Ken Rollings  
Date: 9/30/2020

---

Community Name: Marysvale

Water Supply: Drilled

1. Is the disinfection system operational? ☒ Yes ☐ No

2. Are chlorine residual tested on a daily basis?

☐ Yes

☐ No

☒ Free Chlorine Only

☐ Total Chlorine Only

3. Provide the following information for the last quarter:

	Near 1 <sup>st</sup> User		Near End of Line	
	Free Chlorine (mg/L)	Total Chlorine (mg/L)	Free Chlorine (mg/L)	Total Chlorine (mg/L)
Average	0.56		0.30	
Minimum	0.39		0.12	
Maximum	0.91		0.87	

4. Is this system currently on a BWA? ☒ Yes ☐ No

If yes, select reason code: E1

If yes, describe plan to address BWA: The BWA could be lifted, however there is a Manganese exceedance.

5. Is the BWA reason code accurate? ☒ Yes ☐ No

If no, select the accurate reason code: Choose an item.

6. Are there other water quality issues? ☒ Yes ☐ No

If yes, describe the issues and the plan to address them: There was a manganese exceedance. The Consultants were contacted.

7. Provide the following information for the last quarter:

Average Daily Water Use	Maximum Day Demand	Unit of Measurement (i.e. USGPM, L/day, m <sup>3</sup> /day)
18,358	41,300	USG per day

8. Select which of the following O&M Programs have been developed:

☒ Operational Monitoring Plan

☒ Standard Operating Procedures

☒ Maintenance Assurance Manual

☒ Emergency Plan

☒ Preventative Maintenance Programs

If not all are selected when will the remaining be completed?

9. Select which of the following maintenance activities have been conducted during the last quarter?

☐ Distribution System Flushing

☐ Leak Detection

☐ Hydrant Inspection and Exercising

☐ Valve Inspection and Exercising

Regional Water/Wastewater Operator Program  
Quarterly Report  
Drinking Water System

10. Number of days you visited the community during the last quarter? 1
11. Provide a summary of meetings or training held in the community during the last quarter. There was a site visit mid-July by KD Pratt, the Water Supply Operator, the Chair of the LSD, and the Regional Operator. Free Chlorine was 0.11 ppm after filtration and 0.99 ppm after the second chlorination. The pH was 6.5. The pH was adjusted up to 7.5 over the following week. Subsequent sampling found an exceedance for Manganese. The consultant is planning another visit in early October.
12. Other comments?

---

Regional Operator Name: Ken Rollings  
Date: 9/30/2020

---

Community Name: North Harbour  
(85 people) 2. Communal Well (5 people)

Water Supply: 1. Grandfather's Pond

1. Is the disinfection system operational? ☒ Yes ☐ No Grandfather's Pond

2. Are chlorine residual tested on a daily basis?

☐ Yes ☒ No ☐ Free Chlorine Only ☐ Total Chlorine Only

3. Provide the following information for the last quarter: no data supplied this quarter

	Near 1 <sup>st</sup> User		Near End of Line	
	Free Chlorine (mg/L)	Total Chlorine (mg/L)	Free Chlorine (mg/L)	Total Chlorine (mg/L)
Average				
Minimum				
Maximum				

4. Is this system currently on a BWA? ☒ Yes ☐ No

If yes, select reason code: E2

If yes, describe plan to address BWA: A leak near / under the Chlorination building needs to be fixed

5. Is the BWA reason code accurate? ☒ Yes ☐ No

If no, select the accurate reason code: Choose an item.

6. Are there other water quality issues? ☐ Yes ☒ No

If yes, describe the issues and the plan to address them: [Click or tap here to enter text.](#)

7. Provide the following information for the last quarter:

Average Daily Water Use	Maximum Day Demand	Unit of Measurement (i.e. USGPM, L/day, m <sup>3</sup> /day)

8. Select which of the following O&M Programs have been developed:

☒ Operational Monitoring Plan ☒ Standard Operating Procedures ☒ Maintenance Assurance Manual  
☒ Emergency Plan ☒ Preventative Maintenance Programs

If not all are selected when will the remaining be completed? [Click or tap here to enter text.](#)

9. Select which of the following maintenance activities have been conducted during the last quarter?

☐ Distribution System Flushing  
☐ Leak Detection  
☐ Hydrant Inspection and Exercising  
☐ Valve Inspection and Exercising



Regional Water/Wastewater Operator Program  
Quarterly Report  
Drinking Water System

10. Number of days you visited the community during the last quarter? Choose an item.
11. Provide a summary of meetings or training held in the community during the last quarter. Contacted Operator. Water system had many leaks that were repaired this year. One major leak near / under the Chlorination building still needs to be repaired. A new council was elected to the LSD. An email was sent to the Chair of the water committee after they expressed some interest in water related training to MAE. The situation was explained and next steps outlined.
12. Other comments? The new council has an interest in clean and safe drinking water. Contact will be maintained with them.

---

Regional Operator Name: Ken Rollings  
Date: 9/30/2020

---

Community Name: O'Donnell's

Water Supply: Well Field

1. Is the disinfection system operational? ☐ Yes ☐ No
2. Are chlorine residuals tested on a daily basis?  
☐ Yes ☐ No ☐ Free Chlorine Only ☐ Total Chlorine Only

3. Provide the following information for the last quarter:

	Near 1 <sup>st</sup> User		Near End of Line	
	Free Chlorine (mg/L)	Total Chlorine (mg/L)	Free Chlorine (mg/L)	Total Chlorine (mg/L)
Average				
Minimum				
Maximum				

4. Is this system currently on a BWA? ☒ Yes ☐ No  
 If yes, select reason code: E1  
 If yes, describe plan to address BWA: increase Chlorine dose
5. Is the BWA reason code accurate? ☒ Yes ☐ No  
 If no, select the accurate reason code: Choose an item.
6. Are there other water quality issues? ☐ Yes ☐ No  
 If yes, describe the issues and the plan to address them: Click or tap here to enter text.

7. Provide the following information for the last quarter:

Average Daily Water Use	Maximum Day Demand	Unit of Measurement (i.e. USGPM, L/day, m <sup>3</sup> /day)
		USG per day

8. Select which of the following O&M Programs have been developed:  
☐ Operational Monitoring Plan ☐ Standard Operating Procedures ☐ Maintenance Assurance Manual  
☐ Emergency Plan ☐ Preventative Maintenance Programs  
 If not all are selected when will the remaining be completed? Click or tap here to enter text.
9. Select which of the following maintenance activities have been conducted during the last quarter?  
☐ Distribution System Flushing  
☐ Leak Detection  
☐ Hydrant Inspection and Exercising  
☐ Valve Inspection and Exercising
10. Number of days you visited the community during the last quarter? Choose an item.

Regional Water/Wastewater Operator Program  
Quarterly Report  
Drinking Water System

11. Provide a summary of meetings or training held in the community during the last quarter. I am still trying to get a first meeting with this community. A phone message was left again this quarter with the Chair of the LSD.
12. Other comments? [Click or tap here to enter text.](#)

---

Regional Operator Name: Ken Rollings  
Date: 9/30/2020

---

# Regional Water/Wastewater Operator Program Quarterly Report Drinking Water System

Community Name: Portugal Cove South

Water Supply: Wrights Brook

1. Is the disinfection system operational? ☒ Yes ☐ No

2. Are chlorine residual tested on a daily basis?

☒ Yes

☐ No

☐ Free Chlorine Only

☐ Total Chlorine Only

3. Provide the following information for the last quarter: Sept data missing

	Near 1 <sup>st</sup> User		Near End of Line	
	Free Chlorine (mg/L)	Total Chlorine (mg/L)	Free Chlorine (mg/L)	Total Chlorine (mg/L)
Average	0.18	0.23	0.05	0.08
Minimum	0.01	0.04	0.00	0.00
Maximum	0.51	0.56	0.18	0.21

4. Is this system currently on a BWA?

☒ Yes

☐ No

If yes, select reason code: E1

If yes, describe plan to address BWA: increase chlorine dose

5. Is the BWA reason code accurate?

☒ Yes

☐ No

If no, select the accurate reason code: Choose an item.

6. Are there other water quality issues?

☒ Yes

☐ No

If yes, describe the issues and the plan to address them: turbidity during heavy rainfall

7. Provide the following information for the last quarter:

Average Daily Water Use	Maximum Day Demand	Unit of Measurement (i.e. USGPM, L/day, m <sup>3</sup> /day)
		USG per day

8. Select which of the following O&M Programs have been developed:

☐ Operational Monitoring Plan

☐ Standard Operating Procedures

☐ Maintenance Assurance Manual

☐ Emergency Plan

☐ Preventative Maintenance Programs

If not all are selected when will the remaining be completed? When BWA lifted

9. Select which of the following maintenance activities have been conducted during the last quarter?

☐ Distribution System Flushing

☐ Leak Detection

☐ Hydrant Inspection and Exercising

☐ Valve Inspection and Exercising

Regional Water/Wastewater Operator Program  
Quarterly Report  
Drinking Water System

10. Number of days you visited the community during the last quarter? [Choose an item.](#)
11. Provide a summary of meetings or training held in the community during the last quarter. Chlorine residuals remain a little low. An infiltration gallery is slated for this community next summer.
12. Other comments? [Click or tap here to enter text.](#)

---

Regional Operator Name: Ken Rollings  
Date: 9/30/2020

---

Community Name:      Renew-Cappahayden

Water Supply: #1 Dinn's Well

1. Is the disinfection system operational?      ☒ Yes      ☐ No
2. Are chlorine residual tested on a daily basis?  
☐ Yes      ☐ No      ☒ Free Chlorine Only      ☐ Total Chlorine Only

3. Provide the following information for the last quarter: operator does not provide data

	Near 1 <sup>st</sup> User		Near End of Line	
	Free Chlorine (mg/L)	Total Chlorine (mg/L)	Free Chlorine (mg/L)	Total Chlorine (mg/L)
Average				
Minimum				
Maximum				

4. Is this system currently on a BWA?      ☐ Yes      ☒ No  
If yes, select reason code:      Choose an item.  
If yes, describe plan to address BWA:      Click or tap here to enter text.

5. Is the BWA reason code accurate?      ☐ Yes      ☐ No  
If no, select the accurate reason code:      Choose an item.

6. Are there other water quality issues?      ☐ Yes      ☒ No  
If yes, describe the issues and the plan to address them:      Click or tap here to enter text.

7. Provide the following information for the last quarter:

Average Daily Water Use	Maximum Day Demand	Unit of Measurement (i.e. USGPM, L/day, m <sup>3</sup> /day)
		USG per day

8. Select which of the following O&M Programs have been developed:  
☒ Operational Monitoring Plan      ☒ Standard Operating Procedures      ☒ Maintenance Assurance Manual  
☒ Emergency Plan      ☒ Preventative Maintenance Programs  
If not all are selected when will the remaining be completed?      Click or tap here to enter text.

9. Select which of the following maintenance activities have been conducted during the last quarter?  
☐ Distribution System Flushing  
☐ Leak Detection  
☐ Hydrant Inspection and Exercising  
☐ Valve Inspection and Exercising



Regional Water/Wastewater Operator Program  
Quarterly Report  
Drinking Water System

10. Number of days you visited the community during the last quarter? [Choose an item.](#)
11. Provide a summary of meetings or training held in the community during the last quarter. Operator is not sending in Chlorine residual data.
12. Other comments? [Click or tap here to enter text.](#)

---

Regional Operator Name: Ken Rollings  
Date: 9/30/2020

---

Community Name: Riverhead

Water Supply: Well Field

1. Is the disinfection system operational? ☒ Yes ☐ No
2. Are chlorine residuals tested on a daily basis?  
☐ Yes ☐ No ☒ Free Chlorine Only ☐ Total Chlorine Only

3. Provide the following information for the last quarter:

	Near 1 <sup>st</sup> User		Near End of Line	
	Free Chlorine (mg/L)	Total Chlorine (mg/L)	Free Chlorine (mg/L)	Total Chlorine (mg/L)
Average	1.07		0.26	
Minimum	0.76		0.02	
Maximum	1.58		0.70	

4. Is this system currently on a BWA? ☐ Yes ☒ No  
 If yes, select reason code: Choose an item.  
 If yes, describe plan to address BWA:
5. Is the BWA reason code accurate? ☐ Yes ☐ No  
 If no, select the accurate reason code: Choose an item.
6. Are there other water quality issues? ☐ Yes ☒ No  
 If yes, describe the issues and the plan to address them: Click or tap here to enter text.

7. Provide the following information for the last quarter:

Average Daily Water Use	Maximum Day Demand	Unit of Measurement (i.e. USGPM, L/day, m <sup>3</sup> /day)
		USG per day

8. Select which of the following O&M Programs have been developed:  
☐ Operational Monitoring Plan ☐ Standard Operating Procedures ☐ Maintenance Assurance Manual  
☐ Emergency Plan ☐ Preventative Maintenance Programs  
 If not all are selected when will the remaining be completed? Click or tap here to enter text.
9. Select which of the following maintenance activities have been conducted during the last quarter?  
☐ Distribution System Flushing  
☐ Leak Detection  
☐ Hydrant Inspection and Exercising  
☐ Valve Inspection and Exercising

10. Number of days you visited the community during the last quarter? Choose an item.



Regional Water/Wastewater Operator Program  
Quarterly Report  
Drinking Water System

11. Provide a summary of meetings or training held in the community during the last quarter. This community came off Boil Water Advisory 2 quarters previous. Chlorine residuals continue to be good.
12. Other comments? [Click or tap here to enter text.](#)

---

Regional Operator Name: Ken Rollings  
Date: 9/30/2020

---

Community Name: St. Joseph's

Water Supply: Drilled

1. Is the disinfection system operational? ☐ Yes ☐ No no disinfection system
2. Are chlorine residuals tested on a daily basis?  
☐ Yes ☐ No ☐ Free Chlorine Only ☐ Total Chlorine Only

3. Provide the following information for the last quarter:

	Near 1 <sup>st</sup> User		Near End of Line	
	Free Chlorine (mg/L)	Total Chlorine (mg/L)	Free Chlorine (mg/L)	Total Chlorine (mg/L)
Average				
Minimum				
Maximum				

4. Is this system currently on a BWA? ☒ Yes ☐ No  
If yes, select reason code: A  
If yes, describe plan to address BWA: talk to council regarding the benefits of Chlorination
5. Is the BWA reason code accurate? ☒ Yes ☐ No  
If no, select the accurate reason code: Choose an item.
6. Are there other water quality issues? ☐ Yes ☒ No  
If yes, describe the issues and the plan to address them: Click or tap here to enter text.

7. Provide the following information for the last quarter:

Average Daily Water Use	Maximum Day Demand	Unit of Measurement (i.e. USGPM, L/day, m <sup>3</sup> /day)
		USG per day

8. Select which of the following O&M Programs have been developed:  
☐ Operational Monitoring Plan ☐ Standard Operating Procedures ☐ Maintenance Assurance Manual  
☐ Emergency Plan ☐ Preventative Maintenance Programs  
If not all are selected when will the remaining be completed? Click or tap here to enter text.
9. Select which of the following maintenance activities have been conducted during the last quarter?  
☐ Distribution System Flushing  
☐ Leak Detection  
☐ Hydrant Inspection and Exercising  
☐ Valve Inspection and Exercising
10. Number of days you visited the community during the last quarter? Choose an item.

Regional Water/Wastewater Operator Program  
Quarterly Report  
Drinking Water System

11. Provide a summary of meetings or training held in the community during the last quarter. This community is not in favor of chlorination.
12. Other comments? After the Covid-19 pandemic is over, a public information session might get some results.

---

Regional Operator Name: Ken Rollings  
Date: 9/30/2020

---

Community Name: St. Mary's

1. Number of public wastewater outfalls? 1

2. Are any of the outfalls discharging >100 m<sup>3</sup>/day? ☒ Yes ☐ No don't monitor flow, about 100 services

If yes, are they registered under the *Wastewater Systems Effluent Regulations*? ☐ Yes ☒ No

3. Provide the following information for the last quarter (if available):

Outfall ID	Average Flow	Peak Flow	Unit of Measurement (i.e. m <sup>3</sup> /day, USGPM)

4. Number of lift stations? 1

5. Number of wastewater treatment plants? (include septic tanks) Choose an item.

6. Select any adverse events that may have occurred in the wastewater system during the past quarter

- ☐ Lift Station Overflow
 ☐ Leaks
 ☐ Blockages  
☐ Equipment Malfunction
 ☐ Odour Complaints  
☐ Other (provide details) [Click or tap here to enter text.](#)

7. Does the wastewater collection system have inflow/infiltration issues?

- ☐ Yes
 ☒ No

8. Select any maintenance activities that been undertaken on the wastewater system in the last quarter.

- ☐ Inspection of lift station
 ☐ Hand rodding to clear a blockage  
☐ Flushing
 ☐ Septic tank clean-out  
☐ Other (provide details) [Click or tap here to enter text.](#)

9. Note any required upgrades for the wastewater system: no problems

Regional Operator Name: Ken Rollings  
Date: 9/30/2020

Community Name: St. Mary's

Water Supply: Wellfield

1. Is the disinfection system operational? ☒ Yes ☐ No

2. Are chlorine residuals tested on a daily basis?

☐ Yes

☐ No

☒ Free Chlorine Only

☐ Total Chlorine Only

3. Provide the following information for the last quarter: Most of July and Sept missing

	Near 1 <sup>st</sup> User		Near End of Line	
	Free Chlorine (mg/L)	Total Chlorine (mg/L)	Free Chlorine (mg/L)	Total Chlorine (mg/L)
Average	0.30		0.10	
Minimum	0.08		0.00	
Maximum	0.56		0.25	

4. Is this system currently on a BWA? ☒ Yes ☐ No

If yes, select reason code: E1

If yes, describe plan to address BWA: increase Cl dose

5. Is the BWA reason code accurate? ☒ Yes ☐ No

If no, select the accurate reason code: Choose an item.

6. Are there other water quality issues? ☒ Yes ☐ No

If yes, describe the issues and the plan to address them: well yield is low

7. Provide the following information for the last quarter:

Average Daily Water Use	Maximum Day Demand	Unit of Measurement (i.e. USGPM, L/day, m <sup>3</sup> /day)

8. Select which of the following O&M Programs have been developed:

☐ Operational Monitoring Plan

☐ Standard Operating Procedures

☐ Maintenance Assurance Manual

☐ Emergency Plan

☐ Preventative Maintenance Programs

If not all are selected when will the remaining be completed? [Click or tap here to enter text.](#)

9. Select which of the following maintenance activities have been conducted during the last quarter?

☐ Distribution System Flushing

☐ Leak Detection

☐ Hydrant Inspection and Exercising

☐ Valve Inspection and Exercising

Regional Water/Wastewater Operator Program  
Quarterly Report  
Drinking Water System

10. Number of days you visited the community during the last quarter? Choose an item.
11. Provide a summary of meetings or training held in the community during the last quarter. Chlorine residuals are down from the previous quarter. Removal of the BWA is no longer an option. This community is waiting on the hook up of 2 new wells to bring the water supply up to adequate quantity. A new reservoir is also planned. Several telephone messages went unanswered.
12. Other comments? Click or tap here to enter text.

---

Regional Operator Name: Ken Rollings  
Date: 9/30/2020

---

Community Name: St. Shotts

Water Supply: Unnamed Pond

1. Is the disinfection system operational? ☒ Yes ☐ No

2. Are chlorine residual tested on a daily basis?

☒ Yes ☐ No ☐ Free Chlorine Only ☐ Total Chlorine Only

3. Provide the following information for the last quarter: (2 months of data)

	Near 1 <sup>st</sup> User		Near End of Line	
	Free Chlorine (mg/L)	Total Chlorine (mg/L)	Free Chlorine (mg/L)	Total Chlorine (mg/L)
Average			0.16	0.25
Minimum			0.00	0.07
Maximum			0.60	0.76

4. Is this system currently on a BWA? ☒ Yes ☐ No

If yes, select reason code: E1

If yes, describe plan to address BWA: increase Cl dose

5. Is the BWA reason code accurate? ☒ Yes ☐ No

If no, select the accurate reason code: Choose an item.

6. Are there other water quality issues? ☒ Yes ☐ No

If yes, describe the issues and the plan to address them: suspended solids during rainfall..

7. Provide the following information for the last quarter: (Flow is average July to Dec 1)

Average Daily Water Use	Maximum Day Demand	Unit of Measurement (i.e. USGPM, L/day, m <sup>3</sup> /day)
		USG per day

8. Select which of the following O&M Programs have been developed:

☐ Operational Monitoring Plan ☐ Standard Operating Procedures ☐ Maintenance Assurance Manual  
☐ Emergency Plan ☐ Preventative Maintenance Programs

If not all are selected when will the remaining be completed? As soon as possible

9. Select which of the following maintenance activities have been conducted during the last quarter?

☐ Distribution System Flushing  
☐ Leak Detection  
☐ Hydrant Inspection and Exercising  
☐ Valve Inspection and Exercising



Regional Water/Wastewater Operator Program  
Quarterly Report  
Drinking Water System

10. Number of days you visited the community during the last quarter? [Choose an item.](#)
11. Provide a summary of meetings or training held in the community during the last quarter. The town is waiting on an infiltration gallery, which is scheduled next summer, before proceeding with BWA removal.
12. Other comments? [Click or tap here to enter text.](#)

---

Regional Operator Name: Ken Rollings  
Date: 9/30/2020

---



Community Name:      Swift Current

Water Supply: Drilled Well

1. Is the disinfection system operational?      ☒ Yes      ☐ No

2. Are chlorine residuals tested on a daily basis?

☐ Yes

☐ No

☐ Free Chlorine Only

☐ Total Chlorine Only

3. Provide the following information for the last quarter:

	Near 1 <sup>st</sup> User		Near End of Line	
	Free Chlorine (mg/L)	Total Chlorine (mg/L)	Free Chlorine (mg/L)	Total Chlorine (mg/L)
Average				
Minimum				
Maximum				

4. Is this system currently on a BWA?      ☒ Yes      ☐ No

If yes, select reason code:      E1

If yes, describe plan to address BWA:      This community needs an iron/manganese filter

5. Is the BWA reason code accurate?      ☐ Yes      ☐ No

If no, select the accurate reason code: Choose an item.

6. Are there other water quality issues?      ☒ Yes      ☐ No

If yes, describe the issues and the plan to address them: iron and manganese, filter

7. Provide the following information for the last quarter:

Average Daily Water Use	Maximum Day Demand	Unit of Measurement (i.e. USGPM, L/day, m <sup>3</sup> /day)

8. Select which of the following O&M Programs have been developed:

☐ Operational Monitoring Plan

☐ Standard Operating Procedures

☐ Maintenance Assurance Manual

☐ Emergency Plan

☐ Preventative Maintenance Programs

If not all are selected when will the remaining be completed? As soon as possible

9. Select which of the following maintenance activities have been conducted during the last quarter?

☐ Distribution System Flushing

☐ Leak Detection

☐ Hydrant Inspection and Exercising

☐ Valve Inspection and Exercising



Regional Water/Wastewater Operator Program  
Quarterly Report  
Drinking Water System

10. Number of days you visited the community during the last quarter? Choose an item.
11. Provide a summary of meetings or training held in the community during the last quarter.
12. Other comments? This community has only 6 services. It would be hard to justify a manganese removal system based on the small tax base.

---

Regional Operator Name: Ken Rollings  
Date: 9/30/2020

---

Community Name: Trepassey

1. Number of public wastewater outfalls? 1

2. Are any of the outfalls discharging >100 m<sup>3</sup>/day? ☒ Yes ☐ No don't monitor flow, about 250 services

If yes, are they registered under the *Wastewater Systems Effluent Regulations*? ☐ Yes ☒ No

3. Provide the following information for the last quarter (if available): Town is looking to install a flow gauge on one of its lift stations.

Outfall ID	Average Flow	Peak Flow	Unit of Measurement (i.e. m <sup>3</sup> /day, USGPM)

4. Number of lift stations? 3

5. Number of wastewater treatment plants? (include septic tanks) 2  
2 septic tanks serve 5 homes

6. Select any adverse events that may have occurred in the wastewater system during the past quarter

- ☐ Lift Station Overflow ☐ Leaks ☐ Blockages  
☐ Equipment Malfunction ☐ Odour Complaints  
☐ Other (provide details) [Click or tap here to enter text.](#)

7. Does the wastewater collection system have inflow/infiltration issues?

- ☐ Yes ☒ No

8. Select any maintenance activities that been undertaken on the wastewater system in the last quarter.

- ☐ Inspection of lift station ☐ Hand rodding to clear a blockage  
☐ Flushing ☐ Septic tank clean-out  
☐ Other (provide details) removed section, cleared and reinstalled

9. Note any required upgrades for the wastewater system: no problems

Regional Operator Name: Ken Rollings

Date: 9/30/2020

Community Name:      Trepassey

Water Supply: Miller's Pond, Broom Cove Pond

1. Is the disinfection system operational?      ☒ Yes      ☐ No

2. Are chlorine residuals tested on a daily basis?

☒ Yes      ☐ No      ☐ Free Chlorine Only      ☐ Total Chlorine Only

3. Provide the following information for the last quarter:

	Near 1 <sup>st</sup> User		Near End of Line	
	Free Chlorine (mg/L)	Total Chlorine (mg/L)	Free Chlorine (mg/L)	Total Chlorine (mg/L)
Average	3.21	3.84	0.05	0.06
Minimum	1.30	1.60	0.02	0.00
Maximum	4.60	5.30	0.12	0.17

4. Is this system currently on a BWA?      ☒ Yes      ☐ No

If yes, select reason code:      E1

If yes, describe plan to address BWA:      Not sure what to do. Cl residuals are high at the beginning of the system

5. Is the BWA reason code accurate?      ☐ Yes      ☒ No

If no, select the accurate reason code:      E2

6. Are there other water quality issues?      ☐ Yes      ☒ No

If yes, describe the issues and the plan to address them:      [Click or tap here to enter text.](#)

7. Provide the following information for the last quarter:

Average Daily Water Use	Maximum Day Demand	Unit of Measurement (i.e. USGPM, L/day, m <sup>3</sup> /day)
144,818	277,935	USG per day

8. Select which of the following O&M Programs have been developed:

☐ Operational Monitoring Plan      ☐ Standard Operating Procedures      ☐ Maintenance Assurance Manual  
☐ Emergency Plan      ☐ Preventative Maintenance Programs

If not all are selected when will the remaining be completed? After some other items get ironed out

9. Select which of the following maintenance activities have been conducted during the last quarter?

☐ Distribution System Flushing  
☐ Leak Detection  
☐ Hydrant Inspection and Exercising  
☐ Valve Inspection and Exercising

Regional Water/Wastewater Operator Program  
Quarterly Report  
Drinking Water System

10. Number of days you visited the community during the last quarter? Choose an item.
11. Provide a summary of meetings or training held in the community during the last quarter. Contacted operator. He said BWA could be lifted. He consulted with SNL. Council was consulted and they decided not to proceed at this time due to Covid.
12. Other comments?

---

Regional Operator Name: Ken Rollings  
Date: 9/30/2020

---

Eastern Regional Service Board  
3-255 MAJORS PATH  
ST JOHN'S NL A1A 0L5

## Statement details

Account number

Date issued

Oct 20, 2020

## Account summary

This statement shows transactions posted to your account since your last statement. To view all transactions related to your account, go to [canada.ca/my-cra-business-account](https://canada.ca/my-cra-business-account).

The **Remittance account balances** section below includes paid and unpaid amounts for 2020. For more information on withholding requirements and calculating your deduction and remittance amounts, go to [canada.ca/payroll](https://canada.ca/payroll).

### Remittance account balances

Date posted	Description	Date received	\$ Amount	CR/DR
	<b>Previous balance</b>		<b>263,371.93</b>	<b>CR</b>
Jul 30, 2020	Payment Jul 2020	Jul 27, 2020	17,441.99	CR
Aug 10, 2020	Credit transferred from 2020		3,679.47	DR
Aug 10, 2020	Credit transferred to 2019		3,679.47	CR
Aug 13, 2020	Payment Jul 2020	Aug 10, 2020	23,206.09	CR
Aug 13, 2020	Payment Jul 2020	Aug 10, 2020	15,979.36	CR
Aug 28, 2020	Payment Aug 2020	Aug 25, 2020	16,501.70	CR
Sep 15, 2020	Payment Aug 2020	Sep 10, 2020	15,763.66	CR
Sep 30, 2020	Payment Sep 2020	Sep 25, 2020	15,278.18	CR
Oct 16, 2020	Payment Sep 2020	Oct 13, 2020	16,424.64	CR
	<b>Current balance</b>		<b>380,288.08</b>	<b>CR</b>

### Explanation of changes and other important information

Are you eligible to take advantage of the temporary wage subsidy? To help Canadians with the economic impact of the COVID-19 pandemic, the Canada Revenue Agency will allow employers to reduce their remittances in 2020. For more information about the timeframes, reduction calculation and eligibility criteria, go to [canada.ca/cra-coronavirus-employers](https://canada.ca/cra-coronavirus-employers).

Did you know you can submit payroll documents online? The "Submit documents" service lets you or your representative securely send documents electronically to the CRA. You can access this service directly through My Business Account or Represent a Client. If you have not already registered for My Business Account or Represent a Client, go to [canada.ca/taxes-business-online](https://canada.ca/taxes-business-online).