

## HEALTH PROTECTION

# PERMIT TO OPERATE

### A Water Supply System

Purveyor: Powell River Regional District  
Facility Name: Myrtle Pond Water System

### Conditions of Permit

Minimum bacteriological sampling frequency is monthly.  
Provide and make public an Annual Report within 6 months of the end of each calendar year.  
Review and update the Emergency Response Plan annually.

  
Drinking Water Officer

**March 22, 2019**  
Revised Date

This permit must be displayed in a conspicuous place and is not transferable