DRINKING WATER SYSTEM ANNUAL REPORT	January 4St to Document	abox 21 <sup>st</sup> 2021 /					
Reporting Period: January 1 <sup>st</sup> to December 31 <sup>st</sup> , 2021 (year)							
Water System Gillies Bay Airport							
Water System Owner qathet Regional District							
· · · · · · · · · · · · · · · · · · ·	Primary Contact Name (Operator or Manager) Regan Keil, Parks and Properties Supervisor						
, , , , , , , , , , , , , , , , , , ,	04-485-2260 ext 408						
E-mail (Operator or Manager)	keil@qathet.ca						
DESCRIBE YOUR WATER SUPPLY SYSTEM							
What is the Source(s) of Raw Water?							
✓ Deep Well Shallow Well	Surface Water	Other					
If other, specify details:							
Does the Drinking Water System have P	_	∐Yes	<b>✓</b> No				
Chlorination Ultraviolet Light	ntOzone	Other					
If other, specify details:							
Does the Drinking Water System have S	econdary Disinfection?	Yes	<b>✓</b> No				
Chlorination Other							
If other, specify details:	w 2						
Does the Drinking Water System have F	iltration?	✓Yes	∐No				
Check all boxes that apply  Cartridge Filter(s)  Carbon Filter	Sand Filtration	Reverse Osmosis	Othor				
If other, specify details:			Other				
ii other, specify details.							
Punita Proportina							
PUBLIC REPORTING	(5000)						
Emergency Response & Contingency Pla	<u> </u>	Пис					
Is your ERCP up to Date?	✓ Yes	∐No					
How do you Inform the System Users of		Utility Bill Insert	Mobsita				
Hand Delivered Bulletin Board Other (specify details)	Newspaper		₩ebsite				
Drinking Water System Annual Report	the Annual Penart?						
Drinking Water System Annual Report  How do you Inform the System Users of		Ultility Rill Incert	Wehsite				
Drinking Water System Annual Report	the Annual Report?	Utility Bill Insert	✓Website				

COMPLIANCE	WITH OPERATING	PERMIT				
List the cond	ditions of your	Operating Perr	mit (Contact the DWC	for a copy if ne	eded):	
Ensure bacte	riological samp	oles are submitt	ed on a minimum qua	rterly basis.		
Ensure Emer	gency Respons	se Plan is revie	wed at least annually	and updated as	required.	
Are you in co	ompliance with	n your Operatir	ng Permit?	✓Yes		□No
BACTERIOLOG	ICAL TESTING ANI	D DRINKING WAT	ER PROTECTION REGULA	TION WATER QUA	ITY STANDA	RDS
How many b	acteriological	samples were	collected during this	reporting period	?	5
	<i>minimum requ</i> ampling details		frequency for this sys	tem? (#samples	/month)	quarterly
Was the mir	nimum require	d sampling free	quency achieved?	✓Yes		□No
Comments:						
Bacteriologi	cal summary a	ttached to this	report?	✓Yes		□No
			v the results?			
Water Quali	ITY STANDARDS F	OR POTABLE WA				
	ITY <b>S</b> TANDARDS F		TER	Die	d this syste	em meet standard?
<b>Parameter:</b> Escherichia ( (for all samples	coli )	OR POTABLE WA	TER		<b>d this syste</b> Yes	em meet standard?
Parameter: Escherichia of (for all samples) Total Colifor (if only 1 samples)	coli )	OR POTABLE WA Standard No detectab	TER ':	ml 🔽		
Parameter: Escherichia of (for all samples) Total Colifor (if only 1 sampled day period) Total Colifor (if more than 1	coli ) m Bacteria le collected in a 30	OR POTABLE WA  Standard  No detectable  No more the coliform back to a coliform back.	TER !: ble <i>Escherichia coli</i> per 100	ml ver 100ml v	Yes	□No
Parameter: Escherichia of (for all samples) Total Colifor (if only 1 sampled day period) Total Colifor (if more than 1 30 day period)  If the systen	coli ) m Bacteria le collected in a 30 m Bacteria sample collected i	OR POTABLE WAY  Standard  No detectable  No more the coliform bay 10 total coli	TER  ble Escherichia coli per 100  ble total coliform bacteria  an 10% of samples contair cteria, and No sample has iform bacteria per 100ml  Drinking Water Protect	oer 100ml  total more than	Yes Yes Yes	□No
Parameter: Escherichia of (for all samples) Total Colifor (if only 1 sampled day period) Total Colifor (if more than 1 30 day period)  If the system	coli ) m Bacteria le collected in a 30 m Bacteria sample collected i	No detectable No more the coliform bar 10 total coli	TER  ble Escherichia coli per 100  ble total coliform bacteria  an 10% of samples contair cteria, and No sample has iform bacteria per 100ml  Drinking Water Protect	ml  per 100ml  total more than  tion Regulation	Yes Yes Yes	□No □No
Parameter: Escherichia of (for all samples) Total Colifor (if only 1 sampled) Total Colifor (of more than 1 30 day period)  If the system the table be	coli ) m Bacteria le collected in a 30 m Bacteria sample collected in a did not meet low; attach ad	No detectable No more the coliform bar 10 total colimany of above Editional sheets	ter  ble Escherichia coli per 100  ble total coliform bacteria  an 10% of samples contair cteria, and No sample has iform bacteria per 100ml  Drinking Water Protect if necessary.	ml  per 100ml  total more than  tion Regulation	Yes Yes Yes <i>standards</i>	□No □No
Parameter: Escherichia of (for all samples) Total Colifor (if only 1 sampled) Total Colifor (of more than 1 30 day period)  If the system the table be	coli ) m Bacteria le collected in a 30 m Bacteria sample collected in a did not meet low; attach ad	No detectable No more the coliform bar 10 total colimany of above Editional sheets	ter  ble Escherichia coli per 100  ble total coliform bacteria  an 10% of samples contair cteria, and No sample has iform bacteria per 100ml  Drinking Water Protect if necessary.	ml  per 100ml  total more than  tion Regulation	Yes Yes Yes <i>standards</i>	□No □No
Parameter: Escherichia of (for all samples) Total Colifor (if only 1 sampled) Total Colifor (of more than 1 30 day period)  If the system the table be	coli ) m Bacteria le collected in a 30 m Bacteria sample collected in a did not meet low; attach ad	No detectable No more the coliform bar 10 total colimany of above Editional sheets	ter  ble Escherichia coli per 100  ble total coliform bacteria  an 10% of samples contair cteria, and No sample has iform bacteria per 100ml  Drinking Water Protect if necessary.	ml  per 100ml  total more than  tion Regulation	Yes Yes Yes <i>standards</i>	□No □No
Parameter: Escherichia of for all samples Total Colifor (if only 1 sampled period) Total Colifor (of more than 1 and period) If the system the table be	coli ) m Bacteria le collected in a 30 m Bacteria sample collected in a did not meet low; attach ad	No detectable No more the coliform bar 10 total colimany of above Editional sheets	ter  ble Escherichia coli per 100  ble total coliform bacteria  an 10% of samples contair cteria, and No sample has iform bacteria per 100ml  Drinking Water Protect if necessary.	ml  per 100ml  total more than  tion Regulation	Yes Yes Yes <i>standards</i>	□No □No

CHEMICAL SAM	PLING COMPLETE	DURING THIS REF	PORTING PERI	OD			
					es	□No	
Was any chemical sampling conducted during reporting period? ✓ Yes No  If no, when were the last chemical samples conducted for this system?  (date) Don't Know Never ✓ Yes No							
If any water samples did not meet the Guidelines for Canadian Drinking Water Quality, record the results in the table below; attach additional sheets if necessary.							
Parameter	Result Corrective Action / Treatment / Comments						
ADDITIONAL TE	STING						
	_		nducted, re	cord results in the	table be	low; attach additional	
Additional Te	sting & Reason	n for Sampling	Correctiv	e Action Taken			
Water Qualit	Y COMPLAINTS						
Were there any water quality complaints in this reporting period? (e.g. taste, odour, colour etc.)							
If yes, complete the table below; attach additional sheets if necessary.							
Date	Water Qual	ity Complaint	Corre	ective Action / Tre	eatment		

OPERATIONAL PROBLEMS							
Were there any operational problems during this reporting period? (e.g. insufficient water supply, malfunction of disinfection equipment, line breaks, elevated turbidity etc.).							
If yes, complete the table below; at	tach additional s	heets if necessary	<i>'</i> .				
Incident Date Type of Operational	l Problem C	orrective Action 1	aken				
MAJOR UPGRADES/REPAIRS & EXPENSES							
Were there any major upgrades/regincurred during this reporting period		or costs	Yes	✓No			
		heets if necessary	,				
If yes, complete the table below; attach additional sheets if necessary.							
Major Upgrades/Expenses	Details						
Improvements required by DWO							
Additions/changes to system							
Purchase or install new equipment							
Equipment repair or replacement							
Annual maintenance of system							
Specialist report							
Other							
<b>-</b>							
FUTURE IMPROVEMENTS	_	_	_				
Are there any plans for future impro	ovements?		Yes	✓No			
If yes, complete the table below; attach additional sheets if necessary.							
Future Upgrades or Improvements Estimated Date of Completion							
Click here to enter a date.  DATE COMPLETED: March 15, 2022		COMPLETED BY	√ Regan Keil				
DATE CONTPLETED.		CONFLETED BY	. regairiteil				

#### YGB - POWELL RIVER COMMUNITY HEALTH

DATE COLLECTED	W	ashroom T	Гар		Hose Bib	
YEAR DATE	TC*	FC**	CMT	TC*	FC**	CMT
2021						
2-Feb	L1	L1		L1	L1	
5-May	L1	L1		L1	L1	
5-Oct	L1	L1		L1	L1	
14-Dec	L1	L1		L1	L1	

EST: EST result indicates high colony density on membrane preventing accurate coliform counting.

BWA: Boil Water Advisory

OG: Overgrown - confluent bacterial growth on membrane preventing accurate coliform determination

 More than 200 background colonies noted on total coliform membrane filter per 100 ml. Indicates system requires flushing

# Indicates high colony density on membrane preventing accurate coliform counting

\* Total Coliform per 100 mL

\*\* E. Coli per 100 mL

CMT Comment L Less than



### Small Water System Emergency Response Plan

Name of Water System: GILLIES BAY AIRPORT- #11283

Date Prepared: March 14, 2022 Prepared By: Caroline Visser

#### **Emergency Contact Information**

Contact Name(s)	Phone #	Cell #	Fax # or other #'s	Email
Operator If certified operator give EOCP #: Regan Keil #9197	604-487-1380	604-223-7856		rkeil@qathet.ca
Owner's Name and Address: qathet Regional District 202 – 4675 Marine Ave. Powell River, BC V8A 2L2	604-487-1380	604-483-8201		operations@qathet.ca
<b>Electrician:</b> Foxtrot Electrical Solutions	604-414-3929			
Plumber: Target Plumbing	604-483-5192	604-414-8450		
Equipment Supplier(s): Pete's Plumbing Fred Surridge	604-485-9761 250-954-0368			
Other: Larry Newman (Airport Caretaker)	604-223-4530			ygbcaretaker@qathet.ca
	Public Healtl	n Contact Inform	ation	
<b>Drinking Water Officer:</b> Michael Nguyen, DWO	604-485-3324	604-414-5545	778-317-8567	Michael.nguyen@vch.ca
<b>Back-up Health Contact</b> Darren Molder, SEHO	604-885-8711	604-989-1357	604-885-5200	Darren.molder@vch.ca
<b>Back-up Health Contact</b> Jack Davidson, EHO	604-815-3335	604-483-1931	604-314-0596	Jack.Davidson@vch.ca
Medical Health Officer: Dr. Geoff McKee, MHO	604-983-6701	604-842-2357	604-983-6715	geoff.mckee@vch.ca
<b>Back-up Health Contact</b> Mark Ritson, DWO, Manager Health Protection	604-983-6751	604-219-7359	604-988-6516	Mark.ritson@vch.ca

#### **Location of Water Source(s)**

Directions to Site: Well lis located 100m NW@ of airport building in a cedar-sided shed at the edge of the apron.

Attach photo's (Optional)

GPS settings: N 49 41.65' W 124 31.07'

#### IN CASE OF EMERGENCY: Enter name of the person responsible for tasks.

If the water in the water system becomes contaminated or you receive an unsatisfactory water result, or in the event of an interruption in the treatment process:

- 1. Shut off water supply, if appropriate.
- 2. **Regan** Keil will notify DWO or back-up health contact.
- 3. Contact other appropriate person(s) from the list of emergency numbers.
- 4. **Larry Newman** will notify any affected water users. Please keep a phone and address list of users and warning signs handy. May need to phone or hand-deliver the notice (and water disinfection procedures) to the users.
- 5. **Larry Newman** will post warning signs.
- 6. **Regan Keil** will coordinate repair.
- 7. Organize alternate source of safe drinking water (if available).

#### **Start-up Procedure**

- 1. Identify and correct source of contamination.
- 2. Entire system should be flushed and disinfected. Follow attached guideline.
- 3. Submit water sample(s) to appropriate approved Lab for testing. For bacteriological contamination three negative successive samples are usually required. Contact your DWO to confirm the number of samples necessary.
- 4. Contact DWO for approval to resume use of water supply.

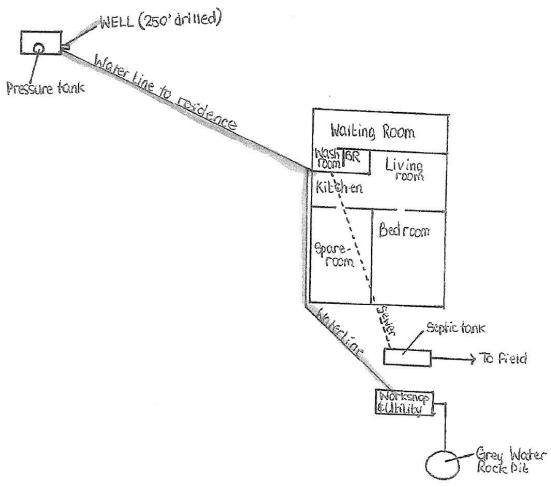
#### Posting the Emergency Response Plan

### The ERP must be posted in a conspicuous location that is easily accessible to the operator and management of the water supply.

Location of ERP: Hanging on the wall (right hand side) just inside entrance to airport office with copy at the gathet Regional District Maintenance Facility.

#### **Additional Information**

- 1. Include a schematic drawing of the water supply system; from the source to the tap. Include all sources, storage, reservoirs, treatment and distribution system.
- 2. Include public notices which may be required in the event of a "boil advisory" or "do not consume" notice. Templates are attached.



TEXADA AIRPORT WATER SYSTEM OUTLINE

DRAWING BY: RON CAVIN JULY 2006

Edited By: SARAH DOWDING

## DO NOT USE WATER NOTICE

HAYWIRE BAY PARK
WATER SYSTEM
IS ADVISING ALL USERS
THAT THE DOMESTIC
WATER SUPPLY IS NOT
SAFE FOR DRINKING OR
DOMESTIC USE.

\*\*DUE TO THE NATURE OF THE CONTAMINATION, BOILING MAY NOT ACHIEVE SAFE DRINKING WATER



# **BOIL WATER ADVISORY**

Haywire Bay Park Water System is advising all users to boil their water before using it for drinking, cooking, washing food, or brushing teeth, due to a potential problem with the water system.

The water can be made safe by boiling it for one minute at a rolling boil. Boiled water should be stored in a clean container in the refrigerator.

Alternatively, bottled water can be used.

You will be notified when service is returned to normal and the water is again safe to drink. Thank you for your co-operation in this matter.

