	NUAL REPORT					
Reporting Period: January 1 <sup>st</sup> to December 31 <sup>st</sup> , 2021 (year)						
Water System Mala	spina Firehall #1					
Water System Owner qath	et Regional Distr	ict				
Primary Contact Name (Ope	rator or Manager) Ro	egan Keil, Parks and P	roperties Supervisor			
Phone Number (Operator or M	lanager) 604-	485-2260 ext 408				
E-mail (Operator or Manager)	rkeil	@qathet.ca				
DESCRIBE YOUR WATER SUPPLY	/ <b>S</b> YSTEM					
What is the Source(s) of Ro	ıw Water?					
<b>✓</b> Deep Well S	hallow Well	Surface Water	Other			
If other, specify details:						
Does the Drinking Water S	ystem have Prim	ary Disinfection?	✓Yes	No		
☐ Chlorination ✓ U	Iltraviolet Light	Ozone	Other			
If other, specify details:						
Does the Drinking Water S	ystem have Seco	ndary Disinfection?	Yes	✓No		
☐ Chlorination ☐ C	ther					
If other, specify details:						
Does the Drinking Water S	ystem have Filtro	ation?	✓Yes	□No		
Check all boxes that apply						
✓ Cartridge Filter(s)	arbon Filter	Sand Filtration	Reverse Osmosis	Other		
If other, specify details:						
PUBLIC REPORTING						
<b>Emergency Response &amp; Co</b>	ntingency Plan (I	ERCP)				
Is your ERCP up to Date?		✓Yes	□No			
How do you Inform the Sys	tem Users of the	ERCP?				
Hand Delivered B	ulletin Board	Newspaper	Utility Bill Insert	Website		
Other (specify details)						
	nual Report					
Other (specify details)  Drinking Water System And How do you Inform the Sys	tem Users of the	Annual Report?	_	_		
Other (specify details)  Drinking Water System And How do you Inform the Sys	-	Annual Report?	Utility Bill Insert	<b>✓</b> Website		

COMPLIANCE	WITH OPERATING	PERMIT				
List the con	nditions of your	Operating Peri	mit (Contact the DW	O for a copy	if needed):	
nsure Eme	ergency Respons	se Plan is revie	wed at least annually	and updated	d as required.	
Submit a bad	cteriological sam	nple at least ve	ry 6 months.			
Sample for N	Nitrates annually	and forward sa	ample results to DW0	).		
Are you in (	compliance with	n your Operatii	ng Permit?	<b>✓</b> Yes	S	No
BACTERIOLOG	GICAL TESTING ANI	D DRINKING WAT	TER PROTECTION REGULA	ATION WATER	Quality Stand	ARDS
How many	bacteriological	samples were	collected during this	reporting pe	eriod?	4
What is the	e minimum requ	ired sampling	frequency for this sy	stem? (#sam	ples/month)	every 6 months
Additional	sampling details	:				
Was the mi	inimum required	d sampling free	quency achieved?	<b>✓</b> Yes	<u> </u>	□No
Comments:	:					
Bacteriolog	gical summary a	ttached to this	s report?	<b>✓</b> Yes	 S	□No
Water Qua	LITY STANDARDS F	OR POTABLE WA	TER			
Parameter:		Standard	l:		Did this syst	em meet standard?
Escherichia (for all sample	es)	No detecta	ble <i>Escherichia coli</i> per 10	0ml	✓Yes	□No
	Total Coliform Bacteria  if only 1 sample collected in a 30 No detectable total coliform bacteria per 100ml  Ves			□No		
Total Coliform Bacteria  No more than 10% of samples contain total  (if more than 1 sample collected in a coliform bacteria, and No sample has more than 30 day period)  Ves  10 total coliform bacteria per 100ml			□No			
-	m did not meet elow; attach ad		•	ection Regulo	ation standard	ls, record the results in
Date	TC/100ml	E.coli/100ml	Reason	Cori	rective Action	

CHEMICAL SAM	PLING COMPLETE	D DURING THIS REPORTING P	RIOD			
		conducted during reporti				
If no, when were the last chemical samples conducted for this system?  Landian Drinking Water Quality?						
(date) 02/18/20	Don't	Know Never	✓ YesNo			
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 / Tr	eatment / Comments			
ADDITIONAL TE	STING					
Does the syst	em have analy	zers for continuous monit	oring?			
If yes, check of	all boxes that a	pply:				
Chlorine	□Tu	rbidity Othe	r (details)			
Are the result	s available on	request?				
If any additio sheets if nece	_	ampling was conducted,	record results in the table below; attach additional			
Additional Te	sting & Reasor	for Sampling Correc	tive 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 Quali	ity Complaint Co	rrective Action / Treatment			
	1					

Revised June 2014

OPERATIONAL PROBLEMS					
Were there any operational problem period? (e.g. insufficient water supp disinfection equipment, line breaks,	ly, malfunction of	□Y€	es 🔽 No		
If yes, complete the table below; at	ach additional she	eets if necessary.			
Incident Date Type of Operational	Problem Cor	rective Action Take	en		
MAJOR UPGRADES/REPAIRS & EXPENSES					
Were there any major upgrades/repincurred during this reporting period		costs Ye	es No		
If yes, complete the table below; at	ach additional she	eets 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					
FUTURE IMPROVEMENTS					
Are there any plans for future impro	vements?	□Y€	es 🔽 No		
If yes, complete the table below; at	ach additional she	eets if necessary.			
Future Upgrades or Improvements Estimated Date of Completion					
Click here to enter a date.					
DATE COMPLETED: March 15, 2022		COMPLETED BY: R	egan Keil		

### **'D - POWELL RIVER COMMUNITY HEA**

DATE COLLECTED			OWNST <i>A</i> ASHRO		KIT	CHEN S	SINK
YEAR	DATE	TC*	FC**	CMT	TC	FC	CMT
2021							
	26-Jan				L1	L1	
	20-Apr	L1	L1				
	28-Sep	L1	L1				
	7-Dec	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: MALASPINA VOLUNTEER FIRE DEPARTMENT #1

- #11035

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

### **Emergency Contact Information**

Contact Name(s)	Phone #	Cell #	Fax # or other #'s	Email
<b>Operator</b> 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
Electrician: 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: Regan Keil	604-487-1380	604-223-7856		rkeil@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
Back-up Health Contact Darren Molder, SEHO	604-885-8711	604-989-1357	604-885-5200	Darren.molder@vch.ca
Back-up Health Contact Jack Davidson, EHO	604-485-3335	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: 10 kms south of Powell River at the corner of Ramsey Road and Highway 101. Well is located on right side of the fire hall in a cement well ring on the paved area.



GPS settings: 49° 46′ 19.8" N 124° 23′ 38.31" W

#### 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. **Regan Keil** 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. Regan Keil 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**

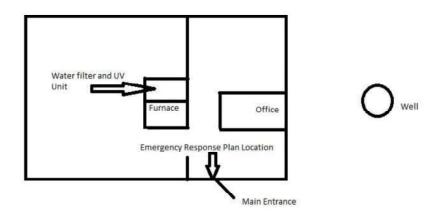
### The ERP must be posted in a conspicuous location that is easily accessible to the operator and management of the water supply.

Location of ERP: In office/radio room hanging on the wall (inside main entrance on left side wall). A copy is also kept 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.

#### Malaspina Volunteer Fire Department Water System



Highway 101

## 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.

