

DRINKING WATER SYSTEM ANNUAL REPORT

Reporting Period: January 1st to December 31st, 2023 (year)

Water System Myrtle Pond

Water System Owner qathet Regional District

Primary Contact Name (Operator or Manager) Courtney Robertson, Operator

Phone Number (Operator or Manager) 604-483-1410

E-mail (Operator or Manager) courtney.robertson808@gmail.com

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 Primary Disinfection? Yes No

Chlorination Ultraviolet Light Ozone Other

If other, specify details:

Does the Drinking Water System have Secondary Disinfection? Yes No

Chlorination Other

If other, specify details:

Does the Drinking Water System have Filtration? Yes No

Check all boxes that apply

Cartridge Filter(s) Carbon Filter Sand Filtration Reverse Osmosis Other

If other, specify details:

PUBLIC REPORTING

Emergency Response & Contingency Plan (ERCP)

Is your ERCP up to Date? Yes No

How do you Inform the System Users of the ERCP?

Hand Delivered Bulletin Board Newspaper Utility Bill Insert Website

Other (specify details)

Drinking Water System Annual Report**How do you Inform the System Users of the Annual Report?**

Hand Delivered Bulletin Board Newspaper Utility Bill Insert Website

Other (specify details)

COMPLIANCE WITH OPERATING PERMIT

List the conditions of your Operating Permit (Contact the DWO for a copy if needed):

- _____
Ensure certified operator available to operate water system.
- _____
Ensure Emergency Response Plan is reviewed at least annually and updated as required.
- _____
Ensure bacteriological samples are submitted on a regular basis throughout the year.

Are you in compliance with your Operating Permit? Yes No

BACTERIOLOGICAL TESTING AND DRINKING WATER PROTECTION REGULATION WATER QUALITY STANDARDS

How many bacteriological samples were collected during this reporting period? 60

What is the minimum required sampling frequency for this system? (#samples/month) "regular basis"

Additional sampling details:

Was the minimum required sampling frequency achieved? Yes No

Comments:

Bacteriological summary attached to this report? Yes No

If no, how do the users of the system view the results?

WATER QUALITY STANDARDS FOR POTABLE WATER

Parameter:	Standard:	Did this system meet standard?	
Escherichia coli (for all samples)	No detectable <i>Escherichia coli</i> per 100ml	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Total Coliform Bacteria (if only 1 sample collected in a 30 day period)	No detectable total coliform bacteria per 100ml	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Total Coliform Bacteria (if more than 1 sample collected in a 30 day period)	No more than 10% of samples contain total coliform bacteria, and No sample has more than 10 total coliform bacteria per 100ml	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

If the system did not meet any of above Drinking Water Protection Regulation standards, record the results in the table below; attach additional sheets if necessary.

Date	TC/100ml	E.coli/100ml	Reason	Corrective Action

CHEMICAL SAMPLING COMPLETED DURING THIS REPORTING PERIOD

Was any chemical sampling conducted during reporting period? Yes No

<p>If no, when were the last chemical samples conducted for this system? (date) 03/12/2020 <input type="checkbox"/> Don't Know <input type="checkbox"/> Never</p>	<p>If yes, did all water samples meet the Guidelines for Canadian Drinking Water Quality? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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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 TESTING

Does the system have analyzers for continuous monitoring? Yes No

If yes, check all boxes that apply:

Chlorine Turbidity Other (details)

Are the results available on request?

If any additional testing or sampling was conducted, record results in the table below; attach additional sheets if necessary.

Additional Testing & Reason for Sampling	Corrective Action Taken

WATER QUALITY COMPLAINTS

Were there any water quality complaints in this reporting period? (e.g. taste, odour, colour etc.) Yes No

If yes, complete the table below; attach additional sheets if necessary.

Date	Water Quality Complaint	Corrective Action / Treatment
		Smelly water

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.). Yes No

If yes, complete the table below; attach additional sheets if necessary.

Incident Date	Type of Operational Problem	Corrective Action Taken

MAJOR UPGRADES/REPAIRS & EXPENSES

Were there any major upgrades/repairs or any major costs incurred during this reporting period? Yes No

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	

FUTURE IMPROVEMENTS

Are there any plans for future improvements? Yes No

If yes, complete the table below; attach additional sheets if necessary.

Future Upgrades or Improvements	Estimated Date of Completion
Partial main upgrade	Early 2024

<p>Click here to enter a date. DATE COMPLETED: April 18, 2024</p>	<p>COMPLETED BY: Regan Keil</p>
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Myrtle Pond Water System

DATE COLLECTED YEAR	Filterhouse - Wells #1 & #2 - Post-Treatment		Storage Tank		Sample Stn #1 End of Centennial Dr		Sample Stn #2 Olin Rd		Sample Stn #3 End of Butler Rd		Sample Stn #4 Byron Rd	
	TC*	FC**	CMT	TC*	FC**	CMT	TC*	FC**	CMT	TC*	FC**	CMT
2023												
3-Jan	L1	L1		L1	L1		L1	L1	L1	L1	L1	L1
8-Feb	L1	L1		L1	L1		L1	L1	L1	L1	L1	L1
8-Mar	L1	L1		L1	L1		L1	L1	L1	L1	L1	L1
12-Apr	L1	L1		L1	L1		L1	L1	L1	L1	L1	L1
17-May	L1	L1		L1	L1		L1	L1	L1	L1	L1	L1
19-Jun	L1	L1		L1	L1		L1	L1	L1	L1	L1	L1
11-Jul	L1	L1		L1	L1		L1	L1	L1	L1	L1	L1
Aug												
19-Sep	L1	L1		L1	L1		L1	L1	L1	L1	L1	L1
18-Oct	L1	L1		L1	L1		L1	L1	L1	L1	L1	L1
29-Nov	L1	L1		L1	L1		L1	L1	L1	L1	L1	L1
Dec												

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

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 & Contingency Plan

Name of Water System: Myrtle Pond Water System

Date Prepared: April 17, 2024

Prepared By: Regan Keil

Contact Name(s)	Phone #	Cell#	Alternate#	E-mail
OPERATOR Name: Courtney Robertson EOCP#: 8490		604-483-1410		courtney.robertson808@gmail.com
OWNER(S) Name: qathet Regional Dist Address: 202 4675 Marine Ave	604-485-2260		Patrick Devereaux 604-483-8201	operations@qathet.ca
ELECTRICIAN Name: Foxtrot	604-414-3929			
PLUMBER Name: Shorefront	604-483-6064			
EQUIPMENT SUPPLIER Name: Petes Plumbing Fred Surridge	604-485-9761 250-954-0368			
OTHER Name: Regan Keil	604-223-7856			rkeil@qathet.ca
PUBLIC HEALTH CONTACT INFORMATION				
PRIMARY CONTACT				
Jack Davidson DWO	604-485-3335	604-483-1981	604-314-0596	jack.davidson@vch.ca
BACK-UP HEALTH CONTACTS				
1. Darren Molder DWO	604-885-8711	604-989-1357	604-989-7678	darren.molder@vch.ca
2. Michael Nguyen DWO	604-485-3324	604-414-5545	778-317-8567	michael.nguyen@vch.ca
3. Dan Glover DWO	604-815-6846	604-815-3128	n.a.	dan.glover@vch.ca
4. Phil Muirhead DWO	604-983-6756	604-306-2717	n.a.	phil.muirhead@vch.ca
5. Moliéhi Khaketla MHO*	604-984-5070	604-612-9433	n.a.	moliehi.khaketla1@vch.ca
6. Mark Ritson DWO	604-983-6813	604-219-7359	604-988-6516	mark.ritson@vch.ca

(Manager Health Protection)				
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*Note: For the purpose of the Drinking Water Protection Act and Regulation, Dr. Molihi Khaketla is both a Medical Health Officer and a Drinking Water Officer.

DWO; Drinking Water Officer

MHO; Medical Health Officer

Location of Water Source(s)

Directions to Site: 8km SE of Powell River in Myrtle Creek Estates at north end of Bradford Road

Attach photo's (Optional)

GPS settings: (if Known) 49° 48' 8.09" N 124° 28' 58.75" 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. **Courtney Robertson** will notify DWO or back-up health contact.
3. Contact other appropriate person(s) from the list of emergency numbers.
4. **Courtney Robertson** 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. **Courtney Robertson** 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.

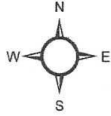
Posting the Emergency Response Plan

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 treatment building

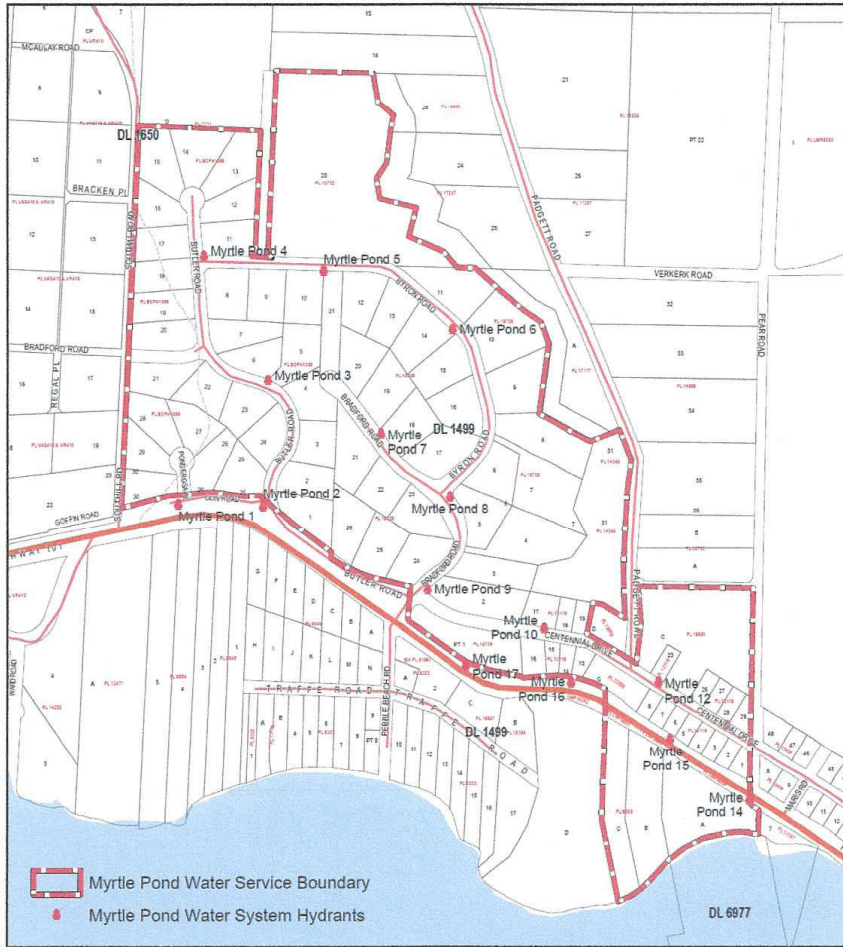
Additional Information

1. Include a schematic drawing of the water supply system; from the source to the tap. Include all sources, storage, reservoirs, and 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.



Myrtle Pond Water System

SCALE 1:7,000



DISCLAIMER

This mapping data has been compiled by the qathet Regional District using data derived from a number of different sources with varying levels of accuracy. The qathet Regional District disclaims all responsibility for the accuracy or completeness of this information.

DO NOT USE WATER NOTICE

**MYRTLE POND WATER
SYSTEM (qathet Regional
District)**

**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

Myrtle Pond Water System (qathet Regional District) 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.

