

DRINKING WATER SYSTEM ANNUAL REPORT

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

Water System Northside Firehall #2

Water System Owner qathet Regional District

Primary Contact Name (Operator or Manager) Regan Keil, Parks and Properties Supervisor

Phone Number (Operator or Manager) 604-485-2260 ext 408

E-mail (Operator or Manager) rkeil@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 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):

Minimum bacteriological sampling frequency is monthly.

Review and update the Emergency Response Plan annually.

Wellhead protection plan to be submitted by Nov. 1, 2022.

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? 13

What is the minimum required sampling frequency for this system? (#samples/month) 1/month

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?

VCH Website

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) 07/14/2021 <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
--	---

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

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

Click here to enter a date.

DATE COMPLETED: 2024 04 18

COMPLETED BY: Regan Keil

Small Water System – Emergency Response & Contingency Plan

Name of Water System: Northside Volunteer Fire Department #2 Hall

Date Prepared: April 17, 2024

Prepared By: Regan Keil

Contact Name(s)	Phone #	Cell#	Alternate#	E-mail
OPERATOR Name: Regan Keil EOCP#: 9197	604-485-2260	604-223-7856		rkeil@qathet.ca
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: Chief Jim Brown	604-483-9303			nvdchied@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. Moliehi Khaketla MHO*	604-984-5070	604-612-9433	n.a.	moliehi.khaketla1@vch.ca
6. Mark Ritson DWO (Manager Health Protection)	604-983-6813	604-219-7359	604-988-6516	mark.ritson@vch.ca

*Note: For the purpose of the Drinking Water Protection Act and Regulation, Dr. Moliehi 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: 1.2 km SE of Lund Harbour along Highway 101

Attach photo's (Optional)

GPS settings: (if Known) 49.976832 N 124.748450 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. Jim Brown 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. Jim Brown 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.

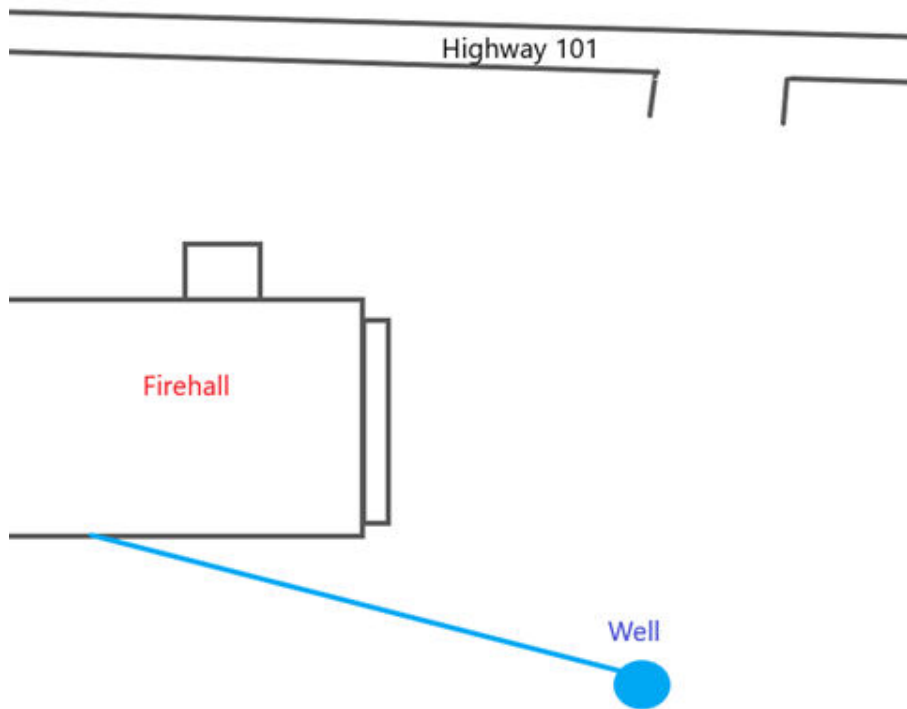
Posting the Emergency Response Plan

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 the mechanical room

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.



DO NOT USE WATER NOTICE

NVFD (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**



BOIL WATER ADVISORY

NVFD (qathet Regional District)

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.

