

**DRINKING WATER SYSTEM ANNUAL REPORT**

**Reporting Period:** January 1<sup>st</sup> to December 31<sup>st</sup>, 2023 (year)

**Water System** Shelter Point Regional Park

**Water System Owner** qathet Regional District

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

**Phone Number** (Operator or Manager) 604-45-2260 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: UV

**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):**

Provide a certified operator to operate the system.

Review Drinking Water System Emerge Response Plan at least annually & update contact info as required.

Continue submitted bacteriological samples regularly 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?** 71

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

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**

<b>Parameter:</b>	<b>Standard:</b>	<b>Did this system meet standard?</b>	
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, <b>and</b> 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.**

<b>Date</b>	<b>TC/100ml</b>	<b>E.coli/100ml</b>	<b>Reason</b>	<b>Corrective Action</b>

**CHEMICAL SAMPLING COMPLETED DURING THIS REPORTING PERIOD**

Was any chemical sampling conducted during reporting period?  Yes  No

If no, when were the last chemical samples conducted for this system?

(date) 11/23/2023  Don't Know  Never

If yes, did all water samples meet the Guidelines for Canadian Drinking Water Quality?

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 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
	Lack of water summer months	New well for summer 2024

**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	New well started to be completed in 2024
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
New well	2024

Click here to enter a date.

DATE COMPLETED: 2024 04 17

COMPLETED BY: Regan Keil

## SHELTER POINT PARK - POWELL RIVER COMMUNITY HEALTH

DATE COLLECTED YEAR DATE	RESIDENCE		TAP# 4		CAMPSITE #5		CAMPSITE #34		BELLA MARIA		WELLHEAD-RAW		CABIN	
	TC*	FC**	TC*	FC**	TC*	FC**	TC*	FC**	TC*	FC**	TC*	FC**	TC*	FC**
2023														
4-Jan					L1									L1
25-Jan					L1									L1
8-Feb			L1	L1										L1
22-Feb					L1									L1
8-Mar					L1									L1
22-Mar					L1									L1
11-Apr			L1	L1										L1
25-Apr			L1	L1										L1
9-May			L1	L1										L1
15-May			L1	L1										L1
24-May			L1	L1										L1
7-Jun					L1									L1
21-Jun			L1	L1										L1
5-Jul					L1									L1
19-Jul			L1	L1										L1
2-Aug					L1									L1
16-Aug			L1	L1										L1
6-Sep			L1	L1										L1
20-Sep			L1	L1										L1
4-Oct					L1									L1
18-Oct			L1	L1										L1
1-Nov					L1									L1
15-Nov			L1	L1										L1
13-Dec			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

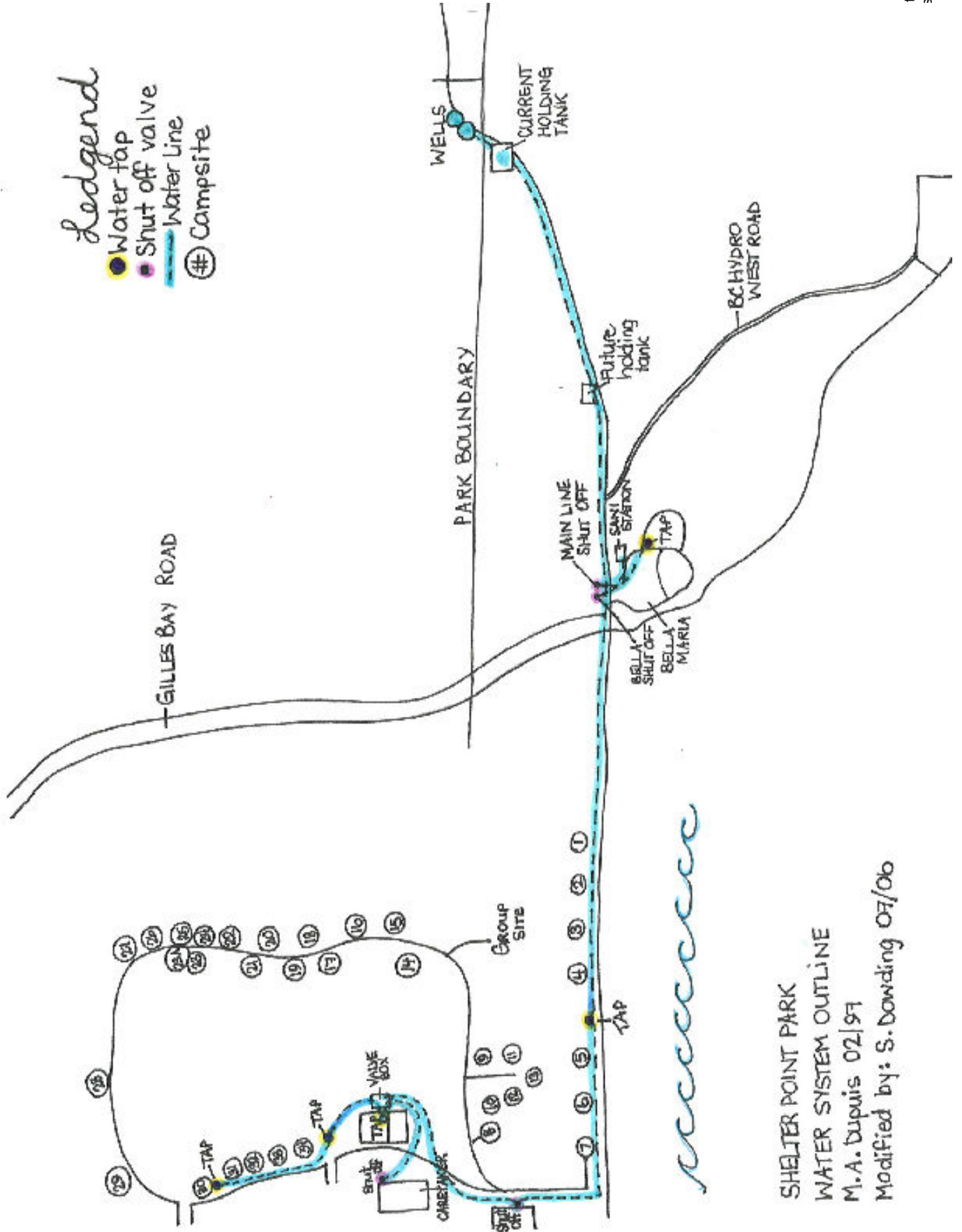
\*\* E. Coli per 100 mL

CMT Comment

L Less than

*Legend*

- Water tap
- Shut off valve
- Water line
- Ⓜ Campsite



SHELTER POINT PARK  
 WATER SYSTEM OUTLINE  
 M.A. Dupuis 02/97  
 Modified by: S. Dowding 07/06

## Small Water System – Emergency Response & Contingency Plan

Name of Water System: Shelter Point Park

Date Prepared: April 17, 2024

Prepared By: Regan Keil

Contact Name(s)	Phone #	Cell#	Alternate#	E-mail
<b>OPERATOR</b> Name: Regan Keil EOCP#: 9197	604-485-2260	604-223-7856		rkeil@qathet.ca
<b>OWNER(S)</b> Name: qathet Regional Dist Address: 202 4675 Marine Ave	604-485-2260		Patrick Devereaux 604-483-8201	operations@qathet.ca
<b>ELECTRICIAN</b> Name: Foxtrot	604-414-3929			
<b>PLUMBER</b> Name: Shorefront	604-483-6064			
<b>EQUIPMENT SUPPLIER</b> Name: Petes Plumbing Fred Surridge	604-485-9761 250-954-0368			
<b>OTHER</b> Name: Tyler Danczak Caretaker	604-486-7228			ShelterPointPark@qathet.ca
PUBLIC HEALTH CONTACT INFORMATION				
PRIMARY CONTACT				
Jack Davidson <b>DWO</b>	604-485-3335	604-483-1981	604-314-0596	<a href="mailto:jack.davidson@vch.ca">jack.davidson@vch.ca</a>
BACK-UP HEALTH CONTACTS				
1. Darren Molder <b>DWO</b>	604-885-8711	604-989-1357	604-989-7678	<a href="mailto:darren.molder@vch.ca">darren.molder@vch.ca</a>
2. Michael Nguyen <b>DWO</b>	604-485-3324	604-414-5545	778-317-8567	<a href="mailto:michael.nguyen@vch.ca">michael.nguyen@vch.ca</a>
3. Dan Glover <b>DWO</b>	604-815-6846	604-815-3128	n.a.	<a href="mailto:dan.glover@vch.ca">dan.glover@vch.ca</a>
4. Phil Muirhead <b>DWO</b>	604-983-6756	604-306-2717	n.a.	<a href="mailto:phil.muirhead@vch.ca">phil.muirhead@vch.ca</a>
5. Moliehi Khaketla <b>MHO*</b>	604-984-5070	604-612-9433	n.a.	<a href="mailto:moliehi.khaketla1@vch.ca">moliehi.khaketla1@vch.ca</a>
6. Mark Ritson <b>DWO</b> (Manager Health Protection)	604-983-6813	604-219-7359	604-988-6516	<a href="mailto:mark.ritson@vch.ca">mark.ritson@vch.ca</a>

\*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: Well is located 1.5 km SE on Shelter Point Road, then 10 m east of park boundary. Second well is location at 5261 Shelter Point Road

Attach photo's (Optional)

GPS settings: (if Known) 49 39' 29.65"N 124 27' 3.97"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. Tyler Danczak 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. Tyler Danczak will post warning signs.
6. Tyler Danczak 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

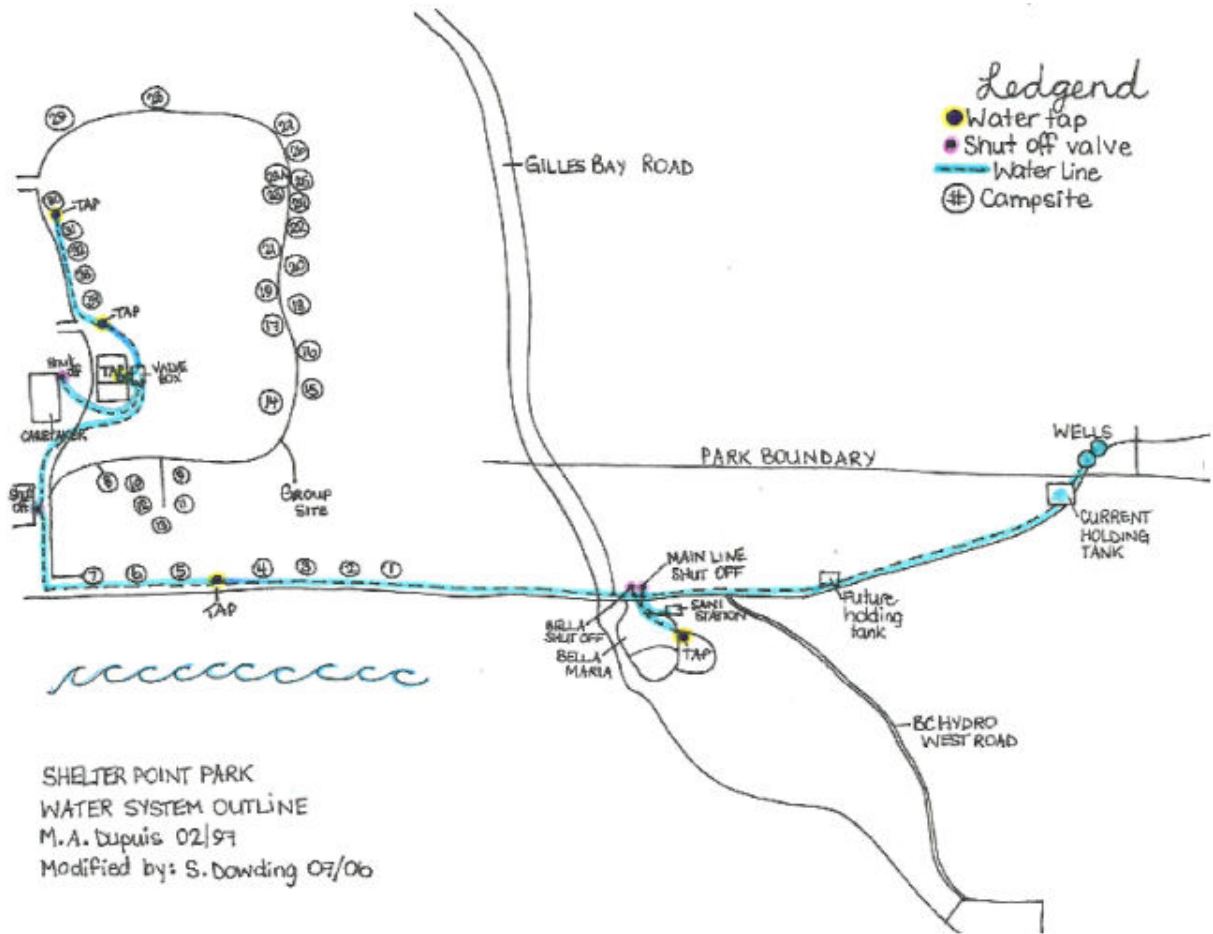
**The ERP must be posted in a conspicuous location that is easily accessible to the operator and management of the water supply.**

Location of ERP: 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.**





# **DO NOT USE WATER NOTICE**

Shelter Point Park (qathet Regional District)

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**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

Shelter Point Park (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.**

