

**DRINKING WATER SYSTEM ANNUAL REPORT**

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

**Water System**

**Water System Owner**

**Primary Contact Name** (Operator or Manager)

**Phone Number** (Operator or Manager)

**E-mail** (Operator or Manager)

**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):**

**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?**

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

### WATER QUALITY STANDARDS FOR POTABLE WATER

| <b>Parameter:</b>   | <b>Standard:</b>   | <b>Did this system meet standard?</b> |                             |
|---|--|---------------------------------------|-----------------------------|
| Escherichia coli<br>(for all samples)   | No detectable <i>Escherichia coli</i> per 100ml  | <input type="checkbox"/> Yes          | <input type="checkbox"/> No |
| Total Coliform Bacteria<br>(if only 1 sample collected in a 30 day period)      | No detectable total coliform bacteria per 100ml  | <input type="checkbox"/> Yes          | <input type="checkbox"/> No |
| Total Coliform Bacteria<br>(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 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) ☐ 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 |
|---------------|-----------------------------|-------------------------|
|               |                             |                         |
|               |                             |                         |
|               |                             |                         |

### 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:**

**COMPLETED BY:**

## Report Transmission Cover Page

|  |   |  |
|--|---|--|
| Bill To: Aaron Service<br>4703 Marine Avenue<br>Powell River, BC, Canada<br>V8A 2L2<br>Attn: Coranne Anderson<br>Sampled By:<br>Company: | Project ID:<br>Project Name: Keil, Regan<br>Project Location: MVED<br>LSD: 9999 Hwy 101<br>P.O.:<br>Proj. Acct. code: | Lot ID: <b>1631560</b><br>Control Number:<br>Date Received: Feb 9, 2023<br>Date Reported: Feb 13, 2023<br>Report Number: 2842723 |
|--|---|--|

| Contact          | Company       | Address  |
|------------------|---------------|--|
| Accounts Payable | Aaron Service | 4703 Marine Avenue<br>Powell River, BC V8A 2L2<br>Phone: (604) 485-5611 Fax: (604) 485-6858<br>Email: sales@aaronservice.com |

| Delivery                   | Format | Deliverables |
|----------------------------|--------|--------------|
| Email - Single Deliverable | PDF    | Invoice      |
| Email - Single Deliverable | PDF    | Test Report  |

|                  |               |  |
|------------------|---------------|--|
| Coranne Anderson | Aaron Service | 4703 Marine Avenue<br>Powell River, BC V8A 2L2<br>Phone: (604) 485-5611 Fax: (604) 485-6858<br>Email: coranne@aaronservice.com |
|------------------|---------------|--|

| Delivery                             | Format | Deliverables      |
|--------------------------------------|--------|-------------------|
| Email - Merge Deliverables           | PDF    | COC / Test Report |
| Email - Merge Deliverables           | PDF    | Invoice           |
| Email - Multiple Deliverables By Lot | PDF    | COA               |

|               |               |   |
|---------------|---------------|---|
| Ryan Anderson | Aaron Service | 4703 Marine Avenue<br>Powell River, BC V8A 2L2<br>Phone: (604) 485-5611 Fax: (604) 485-6858<br>Email: ryan@aaronservice.com,ryan.aaronservice@gmail.com |
|---------------|---------------|---|

| Delivery                   | Format | Deliverables      |
|----------------------------|--------|-------------------|
| Email - Merge Deliverables | PDF    | COC / Test Report |

|                 |               |   |
|-----------------|---------------|---|
| Trevor Anderson | Aaron Service | 4703 Marine Avenue<br>Powell River, BC V8A 2L2<br>Phone: (604) 485-5611 Fax: (604) 485-6858<br>Email: trevor@aaronservice.com |
|-----------------|---------------|---|

| Delivery                   | Format | Deliverables |
|----------------------------|--------|--------------|
| Email - Merge Deliverables | PDF    | Test Report  |

### Notes To Clients:

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**Analytical Report**

Bill To: Aaron Service  
4703 Marine Avenue  
Powell River, BC, Canada  
V8A 2L2  
Attn: Coranne Anderson  
Sampled By:  
Company:

Project ID:  
Project Name: Keil, Regan  
Project Location: MVED  
LSD: 9999 Hwy 101  
P.O.:  
Proj. Acct. code:

Lot ID: **1631560**  
Control Number:  
Date Received: Feb 9, 2023  
Date Reported: Feb 13, 2023  
Report Number: 2842723

Reference Number 1631560-1  
Sample Date February 08, 2023  
Sample Time 10:05  
Sample Location  
Sample Description 9999 Hwy 101 / 6.7 °C  
Sample Matrix Drinking Water

|               |           |       | Nominal Detection Limit | Guideline Limit | Guideline Comments |
|---------------|-----------|-------|-------------------------|-----------------|--------------------|
| Analyte       |           | Units | Result                  |                 |                    |
| Routine Water |           |       |                         |                 |                    |
| Nitrate - N   | Dissolved | mg/L  | 5.76                    | 0.01            | 10                 |
|               |           |       |                         |                 | Below MAC          |

Approved by:



Max Hewitt  
Operations Manager

Data have been validated by Analytical Quality Control and Element's Integrated Data Validation System (IDVS).

Generation and distribution of the report, and approval by the digitized signature above, are performed through a secure and controlled automatic process.

## Methodology and Notes

|  |   |  |
|--|---|--|
| Bill To: Aaron Service<br>4703 Marine Avenue<br>Powell River, BC, Canada<br>V8A 2L2<br>Attn: Coranne Anderson<br>Sampled By:<br>Company: | Project ID:<br>Project Name: Keil, Regan<br>Project Location: MVED<br>LSD: 9999 Hwy 101<br>P.O.:<br>Proj. Acct. code: | Lot ID: <b>1631560</b><br>Control Number:<br>Date Received: Feb 9, 2023<br>Date Reported: Feb 13, 2023<br>Report Number: 2842723 |
|--|---|--|

## Method of Analysis

| Method Name                  | Reference | Method   | Date Analysis Started | Location          |
|------------------------------|-----------|--|-----------------------|-------------------|
| Anions by IEC in water (VAN) | APHA      | * Ion Chromatography with Chemical Suppression of Eluent Cond., 4110 B<br><i>* Reference Method Modified</i> | Feb 10, 2023          | Element Vancouver |

## References

|      |  |
|------|--|
| APHA | Standard Methods for the Examination of Water and Wastewater |
|------|--|

## Guidelines

|                       |   |
|-----------------------|---|
| Guideline Description | Health Canada GCDWQ   |
| Guideline Source      | Guidelines for Canadian Drinking Water Quality, Health Canada, Sept 2020  |
| Guideline Comments    | MAC = Maximum Acceptable Concentration<br>AO = Aesthetic Objective<br>OG = Operational Guideline for Water Treatment Plants<br>(does not apply to private groundwater wells).<br>Refer to Health Canada for complete guidelines at <a href="http://www.hc-sc.gc.ca">www.hc-sc.gc.ca</a> |

The comparison of test results to guideline limits is provided for information purposes only. This is not to be taken as a statement of conformance / nonconformance to any guideline, regulation or limit. The data user is responsible for all conclusions drawn with respect to the data and is advised to consult official regulatory references when evaluating compliance.

Please direct any inquiries regarding this report to our Client Services group.

Results relate only to samples as submitted.

The test report shall not be reproduced except in full, without the written approval of the laboratory.