

**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 (for all samples)	No detectable <i>Escherichia coli</i> per 100ml	<input 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 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 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
	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	
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:**

## 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**	CMT	TC*	FC**	CMT	TC*	FC**	CMT	TC*	FC**	CMT	TC*	FC**	CMT	TC*	FC**	CMT	TC*	FC**	CMT
<b>2024</b>																					
3-Jan				L1	L1														L1	L1	
7-Feb				L1	L1														L1	L1	
20-Feb																			L1	L1	
6-Mar																			L1	L1	
20-Mar				L1	L1														L1	L1	
3-Apr				L1	L1					L1	L1								L1	L1	
17-Apr								L1	L1	L1	L1								L1	L1	
1-May				L1	L1					L1	L1								L1	L1	
22-May				L1	L1					L1	L1		L1	L1					L1	L1	
June																					
June																					
Jul																					
31-Jul				L1	L1					L1	L1		L1	L1					L1	L1	
14-Aug				L1	L1					L1	L1		L1	L1					L1	L1	
27-Aug				L1	L1					L1	L1		L1	L1					L1	L1	
11-Sep				L1	L1					L1	L1								L1	L1	
2-Oct				L1	L1					L1	L1								L1	L1	
16-Oct				L1	L1														L1	L1	
30-Oct				L1	L1														L1	L1	
13-Nov				L1	L1														L1	L1	
26-Nov				L1	L1														L1	L1	
11-Dec				L1	L1														L1	L1	
17-Dec				L1	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