	OF 4	

DRINKING	MAATED	CVCTERA	A	DEDODE
DRINKING	VVAIFR	SYSTEM	ANNUAL	KFPORT

Reporting Period:	January 1 st to Decer	mber 31 st , (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 Prin	mary Disinfection?	Yes	No
Chlorination Ultraviolet Light	Ozone	Other	
If other, specify details:			
Does the Drinking Water System have Sec	ondary Disinfection?	Yes	No
Chlorination Other			
If other, specify details:			
Does the Drinking Water System have Filt	ration?	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			
Is your ERCP up to Date?	Yes	No	
How do you Inform the System Users of th	_		
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	_		
Hand Delivered Bulletin Board	Newspaper	Utility Bill Insert	Website
Other (specify details)			

	OF 4

DRINKING	WATER	SVSTEM A	$1 \times 1 \times 1 \times 1 \times 1$	REPORT
DUINNING	VVAIEN	31316141	TININUAL	IXEPUNI

COMPLIANCE W	/ITH OPERATING	PERMIT			
List the condi	itions of your	Operating Permit (Cor	ntact the DWO for a co	opy if needed):	
Are you in co	mpliance with	your Operating Perm	nit?	Yes	□No
BACTERIOLOGIC	CAL TESTING AND	D DRINKING WATER PROT	ECTION REGULATION WA	TER QUALITY STAI	NDARDS
How many bo	acteriological	samples were collecte	ed during this reportin	g period?	
What is the n	ninimum requ	ired sampling frequen	ncy for this system? (#	samples/month)
Additional sar	mpling details	:			
Was the mini	imum required	d sampling frequency	achieved?	Yes	□No
Comments:					
Bacteriologic	•	ttached to this report he system view the re]Yes	□No
lf no, how do	the users of t	•]Yes	□No
Bacteriologic If no, how do	the users of t	he system view the re			□No /stem meet standard?
Bacteriologic If no, how do WATER QUALIT Parameter: Escherichia co (for all samples)	the users of t	he system view the re	sults?		
WATER QUALIT Parameter: Escherichia co (for all samples) Total Coliforn (if only 1 sample	the users of t	OR POTABLE WATER Standard: No detectable Eschel	sults?	Did this sy	/stem meet standard?
WATER QUALIT Parameter: Escherichia co (for all samples) Total Coliforn (if only 1 sample day period) Total Coliforn (if more than 1 s	o the users of the	OR POTABLE WATER Standard: No detectable Eschel No more than 10% o	richia coli per 100ml coliform bacteria per 100m f samples contain total d No sample has more that	Did this sy	ystem meet standard?
WATER QUALIT Parameter: Escherichia co (for all samples) Total Coliforn (if only 1 sample day period) Total Coliforn (if more than 1 s 30 day period)	othe users of the	OR POTABLE WATER Standard: No detectable Eschel No detectable total of the colliform bacteria, and the colliform bacteria and the colliform bacteria.	richia coli per 100ml coliform bacteria per 100m f samples contain total d No sample has more that teria per 100ml	Did this sy Yes Yes Yes	ystem meet standard?
WATER QUALIT Parameter: Escherichia co (for all samples) Total Coliforn (if only 1 sample day period) Total Coliforn (if more than 1 s 30 day period) If the system the table belo	othe users of the	OR POTABLE WATER Standard: No detectable Eschel No more than 10% o coliform bacteria, an 10 total coliform bact	richia coli per 100ml coliform bacteria per 100m f samples contain total d No sample has more that teria per 100ml g Water Protection Re ssary.	Did this sy Yes Yes Yes	ystem meet standard? No No No No
Bacteriologic If no, how do WATER QUALIT Parameter: Escherichia co (for all samples) Total Coliforn (if only 1 sample day period) Total Coliforn (if more than 1 s 30 day period) If the system	othe users of the	OR POTABLE WATER Standard: No detectable Eschel No more than 10% of coliform bacteria, and 10 total coliform bacteria, and	richia coli per 100ml coliform bacteria per 100m f samples contain total d No sample has more that teria per 100ml g Water Protection Re ssary.	Did this sy Yes Yes Yes Yes	ystem meet standard? No No No No
Bacteriologic If no, how do WATER QUALIT Parameter: Escherichia co (for all samples) Total Coliforn (if only 1 sample day period) Total Coliforn (if more than 1 s 30 day period) If the system the table belo	othe users of the	OR POTABLE WATER Standard: No detectable Eschel No more than 10% of coliform bacteria, and 10 total coliform bacteria, and	richia coli per 100ml coliform bacteria per 100m f samples contain total d No sample has more that teria per 100ml g Water Protection Re ssary.	Did this sy Yes Yes Yes Yes	ystem meet standard? No No No No
Bacteriologic If no, how do WATER QUALIT Parameter: Escherichia co (for all samples) Total Coliforn (if only 1 sample day period) Total Coliforn (if more than 1 s 30 day period) If the system the table belo	othe users of the	OR POTABLE WATER Standard: No detectable Eschel No more than 10% of coliform bacteria, and 10 total coliform bacteria, and	richia coli per 100ml coliform bacteria per 100m f samples contain total d No sample has more that teria per 100ml g Water Protection Re ssary.	Did this sy Yes Yes Yes Yes	ystem meet standard? No No No No

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DRINKING	WATER.	SVSTEM	ΔΝΝΙΙΛΙ	REPORT
DRINKING	VVAIFR	3121 EIVI	ANNUAL	REPURI

14/ac ==: =b =	mical assessins	conducted division	nortina -	wind?	NIA
-		conducted during re			No mples meet the Guidelines fo
for this syste		emical samples condi	-	yes, ala ali water sa anadian Drinking Wi	•
(date)	 □Don't	Know Never		Yes	No
dutej			<u> </u>		
	-	t meet the Guidelines itional sheets if neces	-	dian Drinking Water	Quality, record the results in
Parameter	Result	Corrective Action	n / Treatm	ent / Comments	
ADDITIONAL TE	STING				
•	•	zers for continuous m	nonitoring	ı?Yes	∐No
If ups check					
ij yes, eneek i	all boxes that a	pply:			
Chlorine	_	_	Other (de	ails)	
Chlorine	_	rbidity [](Other (de	ails)	
Chlorine Chlorine Are the resul If any addition	Tu ts available on onal testing or s	rbidity (· 	e below; attach additional
Chlorine Are the resul If any additions Sheets if neces	Tu ts available on onal testing or s	rbidity(request? ampling was conduc	ted, recor	· 	e below; attach additional
Chlorine Are the resul If any additions Sheets if neces	Tu ts available on onal testing or s essary.	rbidity(request? ampling was conduc	ted, recor	d results in the table	e below; attach additional
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Chlorine Are the resul If any additional Telegraphics Additional Telegraphics Water Quality Were there a	Tu ts available on anal testing or s essary. esting & Reason	request? ampling was conduct for Sampling Co	orrective	d results in the table	e below; attach additional
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Chlorine Are the resul If any additional Telegraphics Additional Telegraphics Water Quality Were there as period? (e.g.	ts available on onal testing or sessary. esting & Reason of the complaints of the c	request? ampling was conduct for Sampling Contact ty complaints in this in	orrective in the second	d results in the table Action Taken	□No

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DRINKING	WATED.	SVCTEM	ΔΝΙΝΙΙΛΙ	REDORT
DRINKING	VVAIFR	3121 EIVI	ANNUAL	REPURI

OPERATIONAL PROBLEMS						
Were there any operational problems during this reporting period? (e.g. insufficient water supply, malfunction of						
If yes, complete the table below; attach additional sheets if necessary.						
Incident Date	ident Date Type of Operational Problem Corrective Action Taken					
	Lack of water summe	er months	New w	ell for sumn	ner 2024	
ı						
Major Upgrad	ES/REPAIRS & EXPENSES					
	y major upgrades/rep g this reporting period	-	ajor costs	Yes	;	□No
if yes, complet	e the table below; att	acn addition	ai sneets if	necessary.		
Major Upgrade	es/Expenses	Details				
Improvements	required by DWO					
Additions/char	nges to system					
Purchase or ins	stall new equipment					
Equipment rep	air or replacement					
Annual mainte	nance of system					
Specialist repo	rt					
Other						
FUTURE IMPROV	EMENTS					
Are there any	plans for future impro	vements?		∐Yes	1	□No
If yes, complete the table below; attach additional sheets if necessary.						
Future Upgrad	es or Improvements				Estimated [Date of Completion
			ı ı			
Click here to	enter a date.					
DATE COMPLETE	D:		Con	IPLETED BY:		

SHELTER POINT PARK - POWELL RIVER COMMUNITY HEALTH

DATE COLLECTED YEAR DATE	RESIDENCE TC* FC** CMT			TAP# 4 TC* FC** CMT			CAMPSITE #5 TC* FC** CMT			CAMPSITE #34 TC* FC** CMT			BELLA MARIA TC* FC** CMT			WELLHEAD- RAW TC* FC** CMT		CABIN TC* FC** CMT			
2024	10	10	CIVII	10	10	CIVII	10	10	CIVII	10	10	CIVII	10	10	CIVII	10	10	CIVII	10	10	CIVII
3-Jan				L1	L1														L1	L1	
7-Feb				L1	L1														L1	L1	
20-Feb				LI	LI														L1	L1	
6-Mar																			L1	L1	
20-Mar				L1	L1														L1	L1	
3-Apr				L1	L1					L1	L1								L1	L1	
17-Apr				E1				L1	L1	L1	L1								L1	L1	
1-May				L1	L1			2.	21	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