island health

DRINKING WATER SYSTEM ANNUAL REPORT

Reporting Period: January 1st to December 31st, 2025 (year)

Water System Burgoyne Bay Provincial Park

Water System Owner BC Parks

Primary Contact Name (Operator or Manager) Ian Rowe

Phone Number (Operator or Manager) 250-818-4304

E-mail (Operator or Manager) ianrowe@rlcparks.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):

EOCP credits current

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? 22

What is the minimum required sampling frequency for this system? (#samples/month) 2/month

Additional sampling details:

Was the minimum required sampling frequency achieved? ☒ Yes ☐ No

Comments: samples taken at two locations within park twice per month

Bacteriological summary attached to this report? ☐ Yes ☒ No

If no, how do the users of the system view the results?

Island Health Website

WATER QUALITY STANDARDS FOR POTABLE WATER

Parameter:	***Standard:***	**Did this system meet standard?**	
Escherichia coli (for all samples)	No detectable *Escherichia coli* per 100ml	☒ Yes	☐ No
Total Coliform Bacteria *(if only 1 sample collected in a 30 day period)*	No detectable total coliform bacteria per 100ml	☐ Yes	☐ 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	☒ Yes	☐ 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
If no, when were the last chemical samples conducted for this system? (date)		☐ Don't know
If yes, attach a list of the chemical results		
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.		
Next scheduled full chemical test (date) 2029		

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. May 10. 2026 **DATE COMPLETED:**	Jess Henry **COMPLETED BY:**