island health

## DRINKING WATER SYSTEM ANNUAL REPORT

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

**Water System** French Beach Provincial Park

**Water System Owner** BC Parks

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

**Phone Number** (Operator or Manager) 250 818-4471

**E-mail** (Operator or Manager) office@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):***

Sample twice monthly during operating season (May to October)

Chemical Analysis performed every 5 years

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 total were collected during this reporting period?*** 18

***How many bacteriological samples total were required during this reporting period?*** 2/month

Additional sampling details: 1/month during off season

***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?***

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 | ☑ N/A |
| 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 | ☐ N/A |

***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) 2019 | | ☐ 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) 2026 | | |

| 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 | system flushing at start up. Shock treatment using chlorine bleach. |
| 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. April 5. 2026<br>**DATE COMPLETED:** | Jess Henry<br>RLC Parks Services<br>**COMPLETED BY:** |