

DRINKING WATER SYSTEM ANNUAL REPORT					
Reporting Period:	January 1 <sup>st</sup> to December 31 <sup>st</sup> , 2024 (year)				
Water System Bamberton - Service Y	′ard				
Water System Owner BC Parks					
Primary Contact Name (Operator or Manager)	Fred King				
Phone Number (Operator or Manager) 250 5	39-0161				
E-mail (Operator or Manager) k2parks@shaw.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 Pri	imary Disinfection?	Yes	■No		
Chlorination Ultraviolet Light	Ozone	Other			
If other, specify details:					
Does the Drinking Water System have Sec	condary Disinfection?	Yes	■No		
ChlorinationOther					
If other, specify details:					
Does the Drinking Water System have Filtration?  ☐ Yes ☐ No					
Check all boxes that apply	□a . =::: .:				
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?	<b>■</b> Yes	∐No			
How do you Inform the System Users of the			□ <b></b>		
Hand Delivered Bulletin Board  Contract  Contract	Newspaper tor - K2 Park Services	Utility Bill Insert	Website		
Strict (specify details)	tor TNZ Fair OctVICES				
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		
	website		website		



OMPLIANCE W	VITH OPERATING PER	MIT			
ist the cond	itions of your Ope	rating Permit (Contact the	DWO for a copy	if needed):	
OCP credi	ts current				
Are you in co	mpliance with yo	ur Operating Permit?	<b>■</b> Ye	S	∐No
Bacteriologic	CAL TESTING AND DR	INKING WATER PROTECTION R	EGULATION WATER	Quality Stand	ARDS
How many bacteriological samples were collected during this reporting period?					10
What is the r	minimum required	sampling frequency for th	nis system? (#san	nples/month)	2/month
Additional sa	mpling details:				
Was the min	imum required sa	mpling frequency achieved	<b>/?</b> ■Ye	S	□No
Comments:					
Bacteriological summary attached to this report?					■No
If no. how do	the users of the s	system view the results?			
WATER QUALIT	ty Standards for F	POTABLE WATER			
Parameter:		Standard:		Did this syst	em meet standard?
Escherichia co (for all samples)		No detectable Escherichia coli p	per 100ml	Yes	□No
Total Coliforr (if only 1 sample day period)	n Bacteria e collected in a 30	No detectable total coliform bacteria per 100ml			□No
Total Coliforr	m Bacteria sample collected in a	No more than 10% of samples contain total coliform bacteria, <b>and</b> No sample has more than 10 total coliform bacteria per 100ml			□No
	-	of above Drinking Water I onal sheets if necessary.		ation standard	s, record the results
	,				
the table bel	TC/100ml	E.coli/100ml	Reason	Correct	ive Action
	·	E.coli/100ml	Reason	Correct	ive Action
the table bel	·	E.coli/100ml	Reason	Correct	ive Action
the table bel	·	E.coli/100ml	Reason	Correct	ive Action
the table bel	·	E.coli/100ml	Reason	Correct	ive Action
the table bel	·	E.coli/100ml	Reason	Correct	ive Action



CHEMICAL SAME	LING COMPLETED [	DURING THIS REPO	RTING PERIOD			
Was any chen	nical sampling c	onducted during	g reporting period?	?	Yes	■No
If no, when were the last chemical samples conducted for this system? (date) June 8, 2020 Don't know						Don't know
If yes, attach	a list of the chen	nical results				•
	amples did not ı w; attach additi		ines for Canadian l ecessary.	Drinking Water Qu	uality, record	the results in
Next schedule	d full chemical t	est (date) 202	25 - new water s	system in March	ո, 2024	
Parameter	Result	Corrective Action / Treatment / Comments				
Additional Tes	STING					
Does the syste	em have analyze	ers for continuo	us monitoring?	Yes		No
_	ll boxes that ap	_				
Chlorine	Turk	•	Other (details)			
Are the result	s available on re	equest?				
If any addition sheets if neces	_	mpling was con	ducted, record res	ults in the table be	elow; attach	additional
Additional Te	sting & Reason f	or Sampling	Corrective Action	n Taken		
WATER QUALITY						
	ny water quality caste, odour, col	•	his reporting	Yes		No
If yes, comple	te the table belo	w; attach addit	tional sheets if nec	essary.		
Date	Water Quality Complaint Correct		Corrective A	ective 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.).					
If yes, complet	e the table below; att	ach additional shee	ets if necessary.		
Incident Date	Type of Operational	Problem Corre	ective Action Take	n	
Major Upgradi	ES/REPAIRS & EXPENSES				
	Were there any major upgrades/repairs or any major costs incurred during this reporting period?				
If yes, complet	e the table below; att	ach additional shee	ets if necessary.		
Major Upgrades/Expenses Details					
Improvements required by DWO					
Additions/char	Additions/changes to system March/24-BC Parks Capital Project				
Purchase or ins	Purchase or install new equipment				
Equipment rep	air or replacement				
Annual mainte	nnual maintenance of system Well shocked at Spring start up				
Specialist repo	rt				
Other					
FUTURE IMPROVEMENTS					
Are there any plans for future improvements?					
If yes, complete the table below; attach additional sheets if necessary.					
Future Upgrades or Improvements Estimated Date of Completion					
				new water system March, 2024	
November 15	November 15, 2024 Debbie King				
	DATE COMPLETED: COMPLETED BY:				