

DRINKING WATER SYSTEM ANNUAL F	REPORT				
Reporting Period:		January 1 <sup>st</sup> to Decemb	per 31 <sup>st</sup> , 2021 (year)		
Water System Cowichan Rive	er - Stoltz F	Pool Campground			
Water System Owner BC Park	٢S				
Primary Contact Name (Operator o	or Manager) $Free$	ed King			
Phone Number (Operator or Manager	·) 250 539·	-2115			
E-mail (Operator or Manager) k2park	s@shaw.c	a			
DESCRIBE YOUR WATER SUPPLY SYST	EM				
What is the Source(s) of Raw W	ater?				
Deep Well Shallow	w Well	Surface Water	Other		
If other, specify details:					
Does the Drinking Water System	n have Prima	ary Disinfection?	Yes	No	
Chlorination	iolet Light	Ozone	Other		
If other, specify details:					
Does the Drinking Water System	n have Secon	ndary Disinfection?	Yes	No	
Chlorination Other					
If other, specify details:					
Does the Drinking Water System	n have Filtra	tion?	Yes	No	
Check all boxes that apply					
Cartridge Filter(s) Carbo	n Filter	Sand Filtration	Reverse Osmosis	Other	
If other, specify details:					
I					
PUBLIC REPORTING					
Emergency Response & Conting	ency Plan (E	RCP)			
Is your ERCP up to Date?		Yes	No		
How do you Inform the System	Users of the	ERCP?			
	n Board	Newspaper	Utility Bill Insert	Website	
Other (specify details)	Other (specify details) Contractor - K2 Park Services				
Drinking Water System Annual Report					
How do you Inform the System	Users of the	Annual Report?			
	n Board	Newspaper	Utility Bill Insert	Website	
Other (specify details)	V.I.H.A. w	eb site			



No

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

BACTERIOLOGICAL TESTING AND DRINKING WATER PROTECTION REGULATION WATER QUALITY STANDARDS				
How many bacteriological samples were collected during this r	5			
What is the minimum required sampling frequency for this syst	2/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?				
/.I.H.A. website				

## WATER QUALITY STANDARDS FOR POTABLE WATER

Parameter:	Standard:	Did this system r	neet 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, <b>and</b> 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	
		Nov. 3, 20	21 = TC 54		



Was any chemical sampling conducted during reporting period?	Yes	No
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If no, when were the last chemical samples conducted for this system? (date)March 25,201

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) 2024

Parameter	Result	Corrective Action / Treatment / Comments

Additional Testing				
<b>Does the system have analyzers for continuous monitoring?</b> Yes				
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	Yes	No	
period? (e.g. taste, odour, colour etc.)			

*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.).					
lf yes, complete	e the table below; attach additiond	al sheets if necessary.			
Incident Date	ncident 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?					

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	Well shocked at Spring start up of Operating Season.
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
Drill wells deeper to avoid turbidity levels - BC Parks	ТВА

April 26, 2022 Click here to enter a date.	Debbie King
DATE COMPLETED:	COMPLETED BY: