

## DRINKING WATER SYSTEM ANNUAL REPORT

**Reporting Period:** January 1<sup>st</sup> to December 31<sup>st</sup>, 2024 (year)

**Water System** Dionisio

**Water System Owner** BC Parks

**Primary Contact Name** (Operator or Manager) Fred King

**Phone Number** (Operator or Manager) 250 539-2115

**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 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) Contractor - K2 Park Services

**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?*

9

*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:

*Bacteriological summary attached to this report?*

☐ Yes

☒ No

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

V.I.H.A. web site

### WATER QUALITY STANDARDS FOR POTABLE WATER

<i>Parameter:</i>	<i>Standard:</i>	<i>Did this system meet standard?</i>	
Escherichia coli (for all samples)	No detectable <i>Escherichia coli</i> per 100ml	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Total Coliform Bacteria (if only 1 sample collected in a 30 day period)	No detectable total coliform bacteria per 100ml	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> 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, <b>and</b> No sample has more than 10 total coliform bacteria per 100ml	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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)** June 4, 2020 ☐ 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)** 2025

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

**November 15, 2024**

**DATE COMPLETED:**

**Debbie King**

**COMPLETED BY:**