Reporting Period:	March 2015 to September 2015
Operating Permit Number:	
Drinking Water System Owner:	BC Parks
Drinking Water System Contact:	
Name:	Elizabeth Purkiss
Phone No: <u>(250)-</u>	337-2404
Email: <u>Elizab</u>	eth.Purkiss@gov.bc.ca

1 Microbiological testing completed during this reporting period:

- a. bacteriological results listed in table below.
- b. adverse bacteriological results:
- None detected Highlighted in table below:

Microbiological Test Results:

Date	Total coliform	E. Coli	Reason	Corrective Action
23-Mar-15	L1	L1		
30-Mar-15	L1	L1		
28-Apr-15	L1	L1		
11-May-15	L1	L1		
25-May-15	L1	L1		
8-June-15	L1	L1		
22-June-15	L1	L1		
6-July-15	L1	L1		
21-July15	L1	L1		
5-Aug-15	L1	L1		
31-Aug-15	L1	L1		
14-Sept-15	L1	L1		
28-Sept-15	L1	L1		

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2 Chemical analysis results (most recent): September 2013

a. chemical parameters listed in *The Guidelines for Canadian Drinking* Water Quality ("the Guidelines") are:

all within GCDWQ

 \boxtimes above the GCDWQ and are listed below:

Parameters above the Guidelines:

Parameter	Result	Max. Acceptable Concentration	Aesthetic Objective	Treatment/Corrective Action
Hardness	110		80-100	

3 Summarize additional testing and sampling carried out in accordance with the requirement of a Water Source approval, Written Order or as per the conditions of your *Operating Permit*.

 \boxtimes no additional testing

additional testing listed below:

Additional testing:

Description of parameter & reason for sampling	Health parameter or non-health related parameter	Corrective action necessary (Y/N?)	Corrective action taken

Water Quality Complaints:

During the course of the year, the water system:

☐ did not receive water quality complaints (ie taste, odour, colour, etc)
 ☐ received water quality complaints and are listed below:

Water Quality Complaints:

Date	Water quality complaint	Corrective action taken

4 Adverse results: Total number of adverse results during this reporting period for insufficient water supply, malfunction of disinfection equipment or elevated turbidity:

No adverse results

Adverse results listed below:

Adverse Results:

Incident date	Corrective action	Corrected by

5 Description of the system:

Sources of raw water:

\boxtimes	Groundwater	
	Surface water	

- Surface water
- Other (specify): _____

Does the drinking water system have disinfection? Disinfection methods (check boxes that apply): Chlorination Ultraviolet light Ozonation Other (specify):	⊠Yes ⊡No
Does the drinking water system have treatment? Treatment type (check boxes that apply): Particulate cartridge filters	⊠Yes

- Membrane filtration
 Carbon filter
 Sand filtration
 Reverse osmosis
 Other (specify):
- 6 System maintenance and repair during the period covered by the report:

Equipment repaired: New system installed May 2013. Equipment replaced: _____

Completion of specialist report (specify):

7 Further communication with users:

- a. Indicate how you notified system users that your annual report is available, and is free of charge:
 - hand delivered

 \boxtimes public access/ notice via web

public access/notice via government office

public access/notice via newspaper

public access/notice via bill stuffer

public access/ notice via other method (specify):

b. Improvements or remedial actions required by the Drinking Water Officer:

 \boxtimes no action required

Drinking Water Officer inspection report attached to report

actions required by Drinking Water Officer listed below:

Improvements/Remedial Actions:

Required action	Completion date

c. Future water system improvements: ○ no improvements planned improvements listed below:

Future Improvements:

Future plans	Planned completion date

d. Emergency Response Plan can be accessed by:

posting on web

posting at nearest government office

Contacting water system owner

Other (specify):

JL:kl

N: Forms\Drinking Water Systems Annual Report template