



## DRINKING WATER SYSTEM ANNUAL REPORT

Reporting Period: January 1<sup>st</sup> to December 31<sup>st</sup>, 2018 (year)Water System Loveland Bay Provincial ParkWater System Owner BC ParksPrimary Contact Name (Operator or Manager) Quality Recreation Ltd.Phone Number (Operator or Manager) 250.540.3453E-mail (Operator or Manager) Scott.russett@explorebc.parks.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 &amp; 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):

- See attached

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 + 1

What is the minimum required sampling frequency for this system? (#samples/month)

2/month

Additional sampling details:

One sample absent due to courier error. 2nd sample tested @ private lab.

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?

## WATER QUALITY STANDARDS FOR POTABLE WATER

| Parameter:  | Standard:   | Did this system meet standard?          |                             |
|---|---|---|-----------------------------|
| Escherichia coli<br>(for all samples)   | No detectable Escherichia coli per 100ml  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Total Coliform Bacteria<br>(if only 1 sample collected in a 30 day period)      | No detectable total coliform bacteria per 100ml   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Total Coliform Bacteria<br>(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 | <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)**
☐ 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)** 2023

| 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      |         |
| 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.

DATE COMPLETED: Sept. 02, 2019

COMPLETED BY: 

## Water Sample Range Report

Island Health

**Facility Name:** B.C. PARKS LOVELAND BAY CAMPGROUND  
**Facility Type:** 2-14 (DWS)  
**Date Range:** Jan 1 2018 to Dec 31 2018  
**Date Created:** Jan 07 2019

| Sampling Site              | Date Collected  | Total Coliform | E. Coli   | Fecal Coliform |
|----------------------------|-----------------|----------------|-----------|----------------|
| <u>Well #2, Well Plate</u> |                 |                |           |                |
| <u>#14051, Well #1,</u>    |                 |                |           |                |
| <u>Well Plate #14051,</u>  |                 |                |           |                |
| <u>Dist. site,</u>         |                 |                |           |                |
| <u>Semi-monthly</u>        |                 |                |           |                |
|                            | 07-May-2018     | L1             | L1        |                |
|                            | 22-May-2018     | L1             | L1        |                |
|                            | 04-Jun-2018     | L1             | L1        |                |
|                            | 25-Jun-2018     | L1             | L1        |                |
|                            | 03-Jul-2018     | A              |           |                |
|                            | 17-Jul-2018     | L1             | L1        |                |
|                            | 31-Jul-2018     | L1             | L1        |                |
|                            | 14-Aug-2018     | L1             | L1        |                |
|                            | 11-Sep-2018     | L1             | L1        |                |
|                            | 24-Sep-2018     | <u>L1</u>      | <u>L1</u> |                |
|                            | Total Positive: | 0              | 0         | 0              |
| <u>Audit Well #1, Well</u> |                 |                |           |                |
| <u>Plate #14051, Audit</u> |                 |                |           |                |
| <u>Well #1, Well Plate</u> |                 |                |           |                |
| <u>#14051, Dist. site,</u> |                 |                |           |                |
| <u>Monthly</u>             |                 |                |           |                |
|                            | 29-Aug-2018     | <u>L1</u>      | <u>L1</u> |                |
|                            | Total Positive: | 0              | 0         | 0              |

Result Values:                      E - estimated                      L - less than                      G - greater than

### Interpreting Sample Reports

In VIHA, the results of drinking water sampling are reported using the following coding system:

L1 Less than 1 (no detectable bacteria) - Meaning: No bacteria present

OG Overgrown - Meaning: Too many background bacteria to give an accurate count

EST Estimated Count

and

A Sample not tested; Too long in transit

C Sample leaked/broken in transit

D Sample not tested; No collection date given

T Sample submitted unsatisfactory. Exceeded 30 hours holding time, please resample.

NS No sample received with requisition

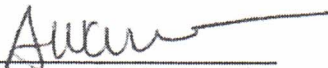
|   |     |                |
|---|-----|----------------|
| Samples that contain total coliform:        | 0   | 0.00% of total |
| Samples that contain e. coli:               | 0   | 0.00% of total |
| Samples that contain fecal coliform:        | 0   | 0.00% of total |
| Number of positive samples in last 30 days: | 0/0 |                |
| Total number of samples:                    | 11  |                |

**Comments:**

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Environmental Health Officer

Aug 22 2019

FOR FURTHER INFORMATION PLEASE CALL: Clements, Nancy (250) 850-2110 Campbell River Office

**Operator**

Ministry of Environment B.C. Parks  
502 Alder Street  
Campbell River, BC  
V9W 2P1

(250) 751-3100





## APPENDIX A

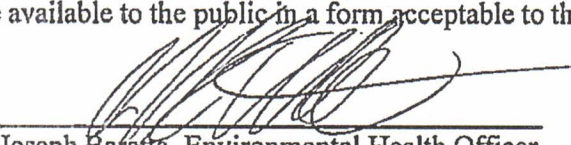
### WATER SYSTEM OPERATING CONDITIONS FOR

#### B.C. PARKS – LOVELAND BAY CAMPGROUND

Campbell Lake, Campbell River, BC

1. Routine bacteriological water sampling frequency shall be at least twice per month per each water source. No more than one routine bacteriological water sample shall be collected in any single week, unless otherwise specified by the Drinking Water Officer. Bacteriological water samples must be analyzed at a Provincial Health Officer approved laboratory. The water system owner shall be responsible for collecting routine bacteriological water samples and submitting them to a VIHA office, or make their own arrangements with an approved private lab.
2. Chemical water sampling shall be conducted by the water supply system owner at the expense of the water system owner and at a frequency of no less than once every five years. Parameters to be sampled for shall meet the list of parameters specified in the VIHA Guidelines for Approval of a Waterworks System. Each water source shall have its own water analysis.
3. The water system owner must provide a proposed operator-training program and implementation plan. The operator-training program must be acceptable to the Drinking Water Officer and must consider the Drinking Water Protection Regulation, Drinking Water Officer's Guide and the VIHA policy 3.2, Training Guidelines For Operators of Small Water Systems.
4. The water system owner shall assess each well for flood proofing and where wells are not found to be flood proof the water supplier shall provide a time frame acceptable to the Drinking Water Officer for when it will be made flood proof. The water system owner shall use as a minimum, construction standards within the BC Ground Water Protection Regulation for flood proofing. Copies of all assessments shall be submitted to the Drinking Water Officer. The development of an acceptable time frame must be completed by April 1, 2009.
5. The water system owner shall protect the wellhead by applying the Ministry of Environment Wellhead Protection Toolkit. The fixed radius model in the tool kit is an acceptable method. Implementation shall start no later than April 1, 2009 and be completed by April 1, 2010.
6. Emergency response and contingency plans must be reviewed and updated annually. Copies of the updated plan must be sent to the EHO no later than May 1<sup>st</sup> of each year starting in 2009.
7. Annual reports must be prepared each year and contain no less information as required in the DWPA and DWPR. The water supplier can combine this annual report for this water system with other MOE BC Parks water systems providing they are made available to the public in a form acceptable to the Drinking Water Officer.

Dated: March 17, 2009

  
Joseph Baratta, Environmental Health Officer

#### Health Protection and Environmental Services

#200 - 1100 Island Highway, Campbell River, B.C., V9W 8C6 • Telephone: (250) 287-2818 • Fax: (250) 286-3486  
850-2110

*Our Vision: Healthy People, Healthy Island Communities, Seamless Service*