

| DRINKING WATER SYSTEM ANNUAL REPORT | | | |
|---|-----------------------------------|------------------------------------|---------|
| Reporting Period: | January 1 st to Decemb | per 31 st , 2024 (year) | |
| Water System Pirates Cove | | | |
| Water System Owner BC Parks | | | |
| Primary Contact Name (Operator or Manager) Fr | ed King | | |
| Phone Number (Operator or Manager) 250 539-2 | 2115 | | |
| E-mail (Operator or Manager) k2parks@shaw.o | 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 Prim | ary Disinfection? | Yes | No |
| Chlorination Ultraviolet Light | Ozone | Other | |
| If other, specify details: | | | |
| Does the Drinking Water System have Seco | ndary Disinfection? | Yes | No |
| Chlorination Other | | | |
| If other, specify details: | | | |
| Does the Drinking Water System have Filtro | ntion? | Yes | No |
| Check all boxes that apply | | | |
| Cartridge Filter(s) Carbon Filter | Sand Filtration | Reverse Osmosis | Other |
| If other, specify details: | | | |
| 1 | | | |
| PUBLIC REPORTING | | | |
| Emergency Response & Contingency Plan (E | 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) Contracto | r - 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) | | | |
| | | | |
| | | | |



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 reporting period? | | 23 | |
| 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

| Parameter: | Standard: | Did this system n | 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, and 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 |
|------|----------|--------------|--------|-------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |



| CHEMICAL SAMPLING COMPLETED DURING THIS REPORTING PERIOD | | | | |
|---|-------------------------------------|---|----------------------|------------------|
| Was any chem | ical sampling co | nducted during reporting period? | χ Yes | No |
| If no, when we | re the last chem | ical samples conducted for this system? (d | ^{ate)} 2023 | Don't know |
| lf yes, attach a | list of the chem | ical results *see attached documention | | |
| • • | • | eet the Guidelines for Canadian Drinking \ onal sheets if necessary. | Nater Quality, recor | d the results in |
| Next scheduled | l full chemical te | est (date) 2028 | | |
| | | | | |
| Parameter | Result | Corrective Action / Treatment / Commen | its | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Additional Testing | | | | |
| Does the system have analyzers for continuous monitoring? | | | | |
| If yes, check all | If yes, check all boxes that apply: | | | |

| Chlorine | Turbidity | Other (details) |
|-------------------|----------------------|-----------------|
| Are the results a | vailable 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 (| JUALITY | COMPLAINTS |
| | | |

| Were there any water quality complaints in this reporting | TYes | No | |
|---|------|--------------|--|
| period? (e.g. taste, odour, colour etc.) | | I INO | |

If yes, complete the table below; attach additional sheets if necessary.

| Date | Water Quality Complaint | Corrective Action / Treatment |
|------|-------------------------|-------------------------------|
| | | |
| | | |
| | | |



| OPERATIONAL PR | OBLEMS | |
|------------------|--|--|
| period? (e.g. in | v operational problems during this sufficient water supply, malfunctic uipment, line breaks, elevated turb | on of |
| If yes, complete | e the table below; attach additiond | al sheets if necessary. |
| Incident Date | Type of Operational Problem | Corrective Action Taken |
| March/2020 | hand pump drainage plugged | tried clearing drain, unsuccessful, water drains slowly from pump area into the ground |
| | | |
| | | |
| | | |
| MAJOR UPGRADE | s /R epairs & Expenses | |
| - | v major upgrades/repairs or any m this reporting period? | ajor costs Yes No |
| If ves, complete | e the table below; attach additiond | al 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 | |
|---|------------------------------|--|
| Hand pump drain plugged - possibly needs to be re-dug | ТВА | |
| | | |

| November 15, 2024 | Debbie King |
|-------------------|---------------|
| DATE COMPLETED: | COMPLETED BY: |

K2 Park Services Ltd. (BC Parks) *B Fred or Debbie King Site 3, Comp 9 Galiano Island, BC VON 1P0

Arrival temp.: 4.0C PD B1116B 2604L

TEL: {887) 559-2115 k2parks@shaw.ca

Sample: Pirates Cove Park 25Apr23 11:00

| | ELEMENTS | | SAMPLE | UNITS | Maximum Limits In Drinking Water* |
|-----|-------------|---------------------|--------|-------|--------------------------------------|
| 1) | Aluminum | Al | 0.196 | mg/L | no limit listed |
| 2) | Antimony | Sb | <0.500 | ug/L | 6.00 ug/L |
| | Arsenic | As | <0.500 | ug/L | 10.0 ug/L |
| 4) | Barium | Ba | <0.009 | mg/L | 2.00 mg/L |
| 5) | Beryllium | Be | <0.003 | mg/L | no limit listed |
| 6) | Boron | В | 1.62 | mg/L | 5.00 mg/L |
| 7) | Cadmium | Cd | <0.010 | ug/L | 7.00 ug/L |
| 8) | Calcium | Ca | 7.97 | mg/L | 200 mg/L |
| 9) | Chromium | Cr | <0.003 | mg/L | 0.050 mg/L |
| 10) | Cobalt | Со | <0.005 | mg/L | no limit listed |
| 11) | Copper | Cu | 0.057 | mg/L | 1.00 rng/L |
| 12) | Gold | Au | <0.040 | mg/L | no limit listed |
| 13) | Iron | Fe | 0.034 | mg/L | 0.300 mg/L |
| 14) | Lanthanum | La | <0.020 | mg/L | no limit listed |
| 15) | Lead | Pb | <0.500 | ug/L | 5.00 ug/L |
| 16) | Magnesium | Mg | 1.32 | mg/L | 50.0 mg/L |
| 17) | Manganese | Mn | <0.004 | mg/L | 0.120 MAC 0.020 AO |
| 18) | Mercury | Hg | <0.010 | ug/L | 1.00 ug/L |
| | Molybdenum | Mo | <0.005 | mg/L | no limit listed |
| 20) | Nickel | Ni | <0.004 | mg/L | no limit listed |
| 21) | Phosphorus | P | 0.029 | mg/L | no limit listed |
| | Potassium | K | 0.410 | mg/L | no limit listed |
| - / | Scandium | Sc | <0.050 | mg/L | no limit listed |
| | Selenium | Se | <0.500 | ug/L | 5.0 ug/L |
| ' | Silicon | Si | 5.17 | mg/L | no limit listed |
| | Silver | Ag | <0.010 | mg/L | no limit listed |
| ' | Sodium | Na | 161 | mg/L | 200 mg/L |
| ' | Strontium | Sr | 0.080 | mg/L | no limit listed |
| - / | Tin | Sn | <0.020 | mg/L | no limit listed |
| , | Titanium | Ti | <0.010 | mg/L | no limit listed |
| 31) | | W | <0.050 | mg/L | no limit listed |
| , | Vanadium | V | <0.010 | rng/L | no limit listed |
| 33) | Zinc | Zn | 0.106 | mg/L | 5.00 mg/L |
| Har | dness {mg/L | CaCO ₃) | 25.3 | mg/L | 0-75 mg/L = soft |
| рĦ | | | 7.77 | units | 7.0 to 10.5 |

*Asper Canadian or B.C. Health Act Safe Drinking Water Regulation BC Reg 230/92, & 390 Sch 120, 2001. Task Force of the Canadian Council of Resource and Environment Ministers - Guidelines for Canadian Drinking Water Quality, 2020.

Comments:

All constituents tested meet Canadian and B.C. drinking water standards.

<u>#</u>/ H. Hartmann

Sr.Analytical Chemist

R. Bilodeau Analytical Chemist

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