

**DRINKING WATER SYSTEM ANNUAL REPORT**

**Reporting Period:** January 1<sup>st</sup> to December 31<sup>st</sup>, 2017 (year)

**Water System** Gillies Bay Airport

**Water System Owner** Powell River Regional District

**Primary Contact Name** (Operator or Manager) Shawn Gullette, Manager of Operational Services

**Phone Number** (Operator or Manager) 604-483-1380

**E-mail** (Operator or Manager) shawn.gullette@powellriverrd.bc.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)

**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):*

Ensure bacteriological samples are submitted on a minimum quarterly basis.

Ensure Emergency Response Plan is reviewed at least annually and updated as required.

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? 4

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

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?

**WATER QUALITY STANDARDS FOR POTABLE WATER**

Parameter:	Standard:	Did this system meet standard?	
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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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	<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  Never

If yes, did all water samples meet the Guidelines for Canadian Drinking Water Quality?

Yes  No

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.

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

<p>Click here to enter a date.  <b>DATE COMPLETED:</b> January 26, 2018</p>	<p><b>COMPLETED BY:</b> Shawn Gullette</p>
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## Sample Range Report

Vancouver Coastal Health

**Facility Name:** Gillies Bay Airport  
**Date Range:** Jan 1 2017 to Dec 31 2017

**Operator** Powell River Regional District  
 #202 - 4675 Marine Ave.,  
 Powell River, BC V8A 2L2

Sampling Site	Date Collected	Total Coliform	E. Coli	Fecal Coliform
<u>hose bib, Gillies Bay</u>				
<u>Airport</u>				
	3/8/2017	L1	L1	
	5/9/2017	L1	L1	
	7/4/2017	L1	L1	
	9/26/2017	<u>L1</u>	<u>L1</u>	
	<b>Total Positive:</b>	<b>0</b>	<b>0</b>	

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

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 consecutive samples that contain total coliform:	0	
Number of samples that contain total coliform in last 30 days:	0/0	
Total number of samples:	4	

**Comments:**

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 Environmental Health Officer  
 Jan 25 2018

FOR FURTHER INFORMATION PLEASE CALL: Dan Glover (604) 485-3310