

## DRINKING WATER SYSTEM ANNUAL REPORT

**Reporting Period:** January 1<sup>st</sup> to December 31<sup>st</sup>, 2018 (year)

**Water System** Shelter Point Regional Park

**Water System Owner** qathet Regional District

**Primary Contact Name** (Operator or Manager) Regan Keil, Parks and Properties Supervisor

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

**E-mail** (Operator or Manager) rkeil@qathet.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):**

Provide a certified operator to operate the system.

Review Drinking Water System Emerge Response Plan at least annually & update contact info as required.

Continue submitted bacteriological samples regularly throughout the year.

**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?** 60

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

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**

<b>Parameter:</b>	<b>Standard:</b>	<b>Did this system meet standard?</b>	
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, <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.**

<b>Date</b>	<b>TC/100ml</b>	<b>E.coli/100ml</b>	<b>Reason</b>	<b>Corrective Action</b>

**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	Renos done to chlorine building.

**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.                  DATE COMPLETED: May 10, 2019</p>	<p>COMPLETED BY: Regan Keil</p>
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## Sample Range Report

Vancouver Coastal Health

**Facility Name:** Shelter Point Regional Park  
**Date Range:** Jan 1 2018 to Jan 1 2019

**Operator** Regan Keil  
 #202-4675 Marine Avenue  
 Powell River, BC V8A 2L2

Sampling Site	Date Collected	Total Coliform	E. Coli	Fecal Coliform
<u>Campsite #34,</u>				
<u>Shelter Point</u>				
<u>Regional Park</u>				
	4/17/2018	1	L1	
	5/1/2018	L1	L1	
	5/15/2018	L1	L1	
	5/29/2018	L1	L1	
	6/12/2018	L1	L1	
	7/10/2018	L1	L1	
	7/24/2018	L1	L1	
	8/7/2018	L1	L1	
	8/21/2018	L1	L1	
	9/4/2018	<u>L1</u>	<u>L1</u>	
	<b>Total Positive :</b>	<b>1</b>	<b>0</b>	
<u>Tap #4, Shelter Point</u>				
<u>Regional Park</u>				
	1/9/2018	L1	L1	
	1/24/2018	L1	L1	
	2/6/2018	L1	L1	
	2/20/2018	L1	L1	
	3/6/2018	L1	L1	
	3/20/2018	T		
	4/3/2018	L1	L1	
	4/17/2018	L1	L1	
	5/1/2018	L1	L1	
	5/15/2018	L1	L1	
	5/29/2018	L1	L1	
	6/12/2018	L1	L1	
	7/10/2018	L1	L1	
	7/24/2018	L1	L1	
	8/7/2018	L1	L1	
	8/21/2018	L1	L1	
	9/4/2018	L1	L1	
	10/16/2018	L1	L1	
	10/30/2018	L1	L1	
	11/13/2018	L1	L1	
	11/27/2018	L1	L1	
	12/4/2018	L1	L1	
	12/18/2018	<u>L1</u>	<u>L1</u>	

Total Positive : 0 0

Bella Maria, Shelter  
Point Regional Park

7/10/2018 L1 L1  
 7/24/2018 L1 L1  
 8/7/2018 L1 L1  
 8/21/2018 L1 L1  
 Total Positive : 0 0

Caretaker  
Residence, Shelter  
Point Regional Park

1/9/2018 L1 L1  
 1/24/2018 L1 L1  
 2/6/2018 L1 L1  
 2/20/2018 L1 L1  
 3/6/2018 L1 L1  
 3/20/2018 T  
 4/3/2018 L1 L1  
 4/17/2018 L1 L1  
 5/1/2018 L1 L1  
 5/15/2018 L1 L1  
 5/29/2018 L1 L1  
 6/12/2018 L1 L1  
 7/10/2018 L1 L1  
 7/24/2018 L1 L1  
 8/7/2018 L1 L1  
 8/21/2018 L1 L1  
 9/4/2018 L1 L1  
 10/16/2018 L1 L1  
 10/30/2018 L1 L1  
 11/13/2018 L1 L1  
 11/27/2018 1 L1  
 12/4/2018 L1 L1  
 12/18/2018 L1 L1  
 Total Positive : 1 0

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

Samples that contain total coliform:	2		3.33% 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:	60		

Comments:

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Environmental Health Officer

May 1 2019

FOR FURTHER INFORMATION PLEASE CALL: Michael Nguyen

## **Small Water System Emergency Response Plan**

**Name of Water System:** Shelter Point Park – Facility #11002

**Date Prepared:** May 10, 2019

**Prepared By:** Patrick Devereaux, Manager of Operational Services

### **Emergency Contact Information**

<b>Contact Name(s)</b>	<b>Phone #</b>	<b>Cell #</b>	<b>Fax # or other #'s</b>	<b>Email</b>
<b>Operator</b> If certified operator give EOCB #: Kevin Wilson	604-486-7228	778-684-2014		<a href="mailto:ShelterPointPark@gathet.ca">ShelterPointPark@gathet.ca</a>
<b>Owner's Name &amp; Address:</b> gathet Regional District 202 – 4675 Marine Ave. Powell River, BC V8A 2L2	604-487-1380	604-483-8201		<a href="mailto:operations@gathet.ca">operations@gathet.ca</a>
<b>Electrician:</b> Westwind Electrical	604-485-3737	604-414-8512		
<b>Plumber:</b> Target Plumbing	604-483-5192	604-414-8450		
<b>Equipment Supplier(s):</b> Pete's Plumbing Andrew Sheret Ltd.	604-485-9761 888-332-8238			
<b>Other:</b> Regan Keil	604-487-1380	604-223-7856		<a href="mailto:rkeil@gathet.ca">rkeil@gathet.ca</a>
<b>Public Health Contact Information</b>				
<b>Drinking Water Officer:</b> Michael Nguyen, DWO	604-485-3324	604-414-5545	778-317-8567	<a href="mailto:Michael.nguyen@vch.ca">Michael.nguyen@vch.ca</a>
<b>Back-up Health Contact</b> Darren Molder, SEHO	604-885-8711	604-989-1357	604-885-5200	<a href="mailto:Darren.molder@vch.ca">Darren.molder@vch.ca</a>
<b>Back-up Health Contact</b> Jack Davidson, EHO	604-485-3335	604-483-1931	604-314-0596	<a href="mailto:Jack.Davidson@vch.ca">Jack.Davidson@vch.ca</a>
<b>Medical Health Officer:</b> Dr. Geoff McKee, MHO	604-983-6701	604-842-2357	604-983-6715	<a href="mailto:geoff.mckee@vch.ca">geoff.mckee@vch.ca</a>
<b>Medical Health Officer:</b> Dr. Geoff McKee, MHO	604-983-6701	604-842-2357	604-983-6715	<a href="mailto:geoff.mckee@vch.ca">geoff.mckee@vch.ca</a>
<b>Back-up Health Contact</b> Mark Ritson, DWO, Manager Health Protection	604-983-6751	604-219-7359	604-988-6516	<a href="mailto:Mark.ritson@vch.ca">Mark.ritson@vch.ca</a>



## **Location of Water Source(s)**

Directions to Site: Well is located 1.5km SE on Shelter Point Road; then 10m E of park boundary

Attach photo's

GPS settings: (if Known) 49° 39' 29.65" N 124° 27' 3.97" W

## **IN CASE OF EMERGENCY: Enter name of the person responsible for tasks.**

If the water in the water system becomes contaminated or you receive an unsatisfactory water result, or in the event of an interruption in the treatment process:

1. Shut off water supply, if appropriate.
2. **Regan Keil** will notify DWO or back-up health contact.
3. Contact other appropriate person(s) from the list of emergency numbers.
4. **Kevin Wilson** will notify any affected water users. Please keep a phone and address list of users and warning signs handy. May need to phone or hand-deliver the notice (and water disinfection procedures) to the users.
5. **Kevin Wilson** will post warning signs.
6. **Regan Keil** will coordinate repair.
7. Organize alternate source of safe drinking water (if available).

## **Start-up Procedure**

1. Identify and correct source of contamination.
2. Entire system should be flushed and disinfected. Follow attached guideline.
3. Submit water sample(s) to appropriate approved Lab for testing. For bacteriological contamination three negative successive samples are usually required. Contact your DWO to confirm the number of samples necessary.
4. Contact DWO for approval to resume use of water supply.

## **Posting the Emergency Response Plan**

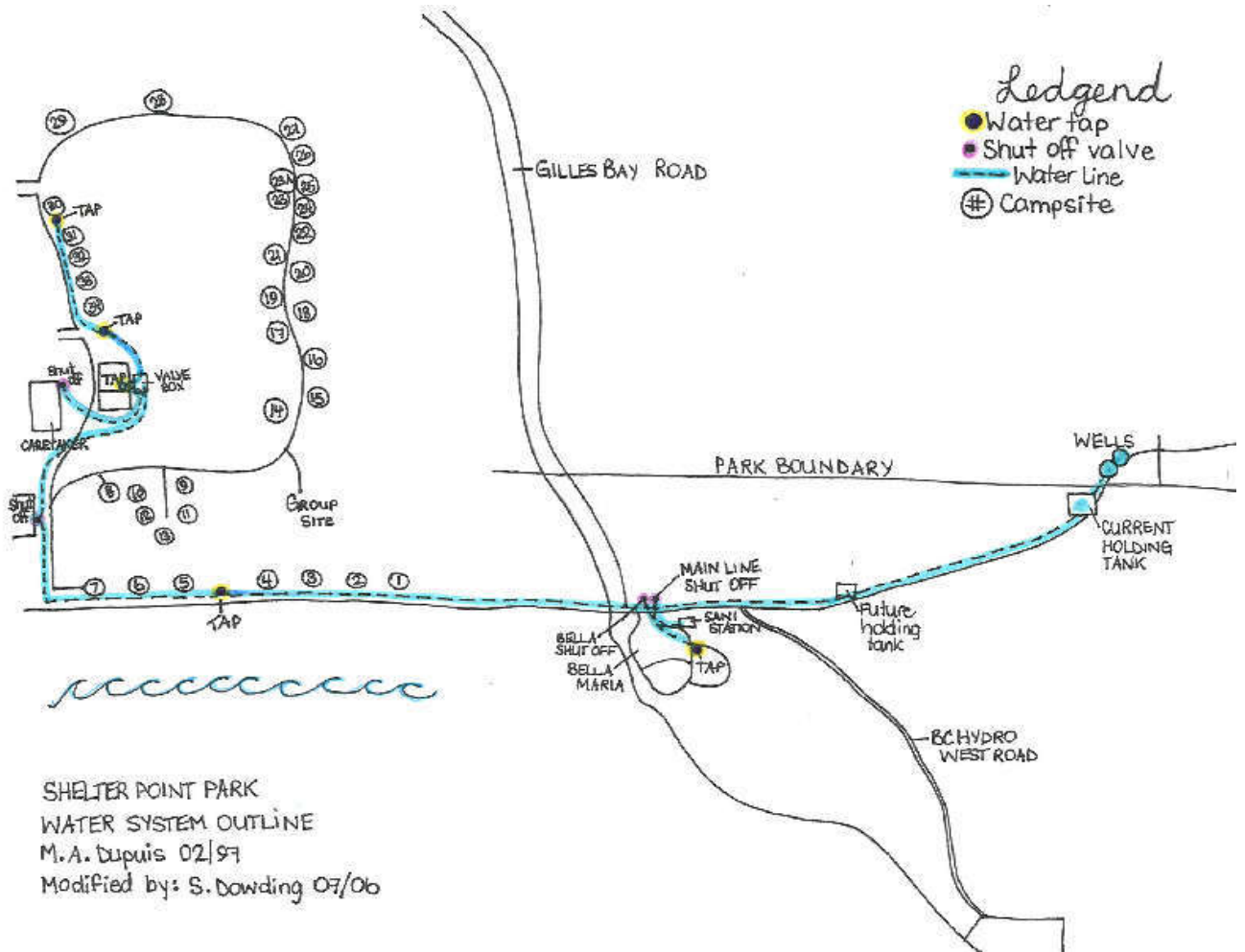
**The ERP must be posted in a conspicuous location that is easily accessible to the operator and management of the water supply.**

Location of ERP: Hanging on the wall of the chlorine building with a copy at the qathet Regional District Maintenance Facility.

## **Additional Information**

1. **Include a schematic drawing of the water supply system; from the source to the tap. Include all sources, storage, reservoirs, treatment and distribution system.**

2. Include public notices which may be required in the event of a "boil advisory" or "do not consume" notice. Templates are attached.



# **DO NOT USE WATER NOTICE**

**SHELTER POINT PARK  
(qathet Regional District)  
IS ADVISING ALL USERS  
THAT THE DOMESTIC  
WATER SUPPLY IS NOT  
SAFE FOR DRINKING OR  
DOMESTIC USE.**

**\*\*DUE TO THE NATURE OF THE  
CONTAMINATION, BOILING MAY NOT  
ACHIEVE SAFE DRINKING WATER**



# BOIL WATER ADVISORY

Shelter Point Park (qathet Regional District) is advising all users to boil their water before using it for drinking, cooking, washing food, or brushing teeth, due to a potential problem with the water system.

The water can be made safe by boiling it for one minute at a rolling boil. Boiled water should be stored in a clean container in the refrigerator.

Alternatively, bottled water can be used.

You will be notified when service is returned to normal and the water is again safe to drink. Thank you for your co-operation in this matter.

