

DRINKING WATER SYSTEM ANNUAL REPORT

Reporting Period: January 1st to December 31st, 2025 (year)

Water System Myrtle Pond

Water System Owner qathet Regional District

Primary Contact Name (Operator or Manager) Courtney Robertson, Operator

Phone Number (Operator or Manager) 604-483-1410

E-mail (Operator or Manager) courtney.robertson808@gmail.com

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 certified operator available to operate water system.

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

Ensure bacteriological samples are submitted on a regular basis 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?

144

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

"regular basis"

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 *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 chemical sampling conducted during reporting period? ☐ Yes ☒ No

If no, when were the last chemical samples conducted for this system?

(date) 03/18/2023 ☐ 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? Yes

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
03/12/2025	colour	Flushing of main

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
April	Well not producing expected yield	Well #2-08 refurbished

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	New chemical feed chlorine dosing pumps with analyzer
Annual maintenance of system	
Specialist report	
Other	

FUTURE IMPROVEMENTS

Are there any plans for future improvements? Yes

☒ Yes

☐ No

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

Future Upgrades or Improvements	Estimated Date of Completion
New well to be drilled	Spring

Click here to enter a date.

DATE COMPLETED: 1/6/2026

COMPLETED BY: Caroline Visser

Location of Water Source(s)

Directions to Site: 8km SE of Powell River in Myrtle Creek Estates at north end of Bradford Road

Attach photo's (Optional)

GPS settings: (if Known) 49° 48' 8.09" N 124° 28' 58.75" 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. **Courtney Robertson** will notify DWO or back-up health contact.
3. Contact other appropriate person(s) from the list of emergency numbers.
4. **Courtney Robertson** 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. **Courtney Robertson** 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: In treatment building

Additional Information

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

Myrtle Pond Water System

DATE COLLECTED YEAR DATE	Well 1-05			Well 2-08			Filterhouse - Wells #1 & #2 - Post-Treatment			Storage Tank			Sample Stn #1 End of Centennial Dr			Sample Stn #2 Olin Rd			Sample Stn #3 End of Butler Rd			Sample Stn #4 Byron Rd		
	TC*	FC**	CMT	TC*	FC**	CMT	TC*	FC**	CMT	TC*	FC**	CMT	TC*	FC**	CMT	TC*	FC**	CMT	TC*	FC**	CMT	TC*	FC**	CMT
2025																								
21-Jan																								
18-Feb	L1	L1			L1		L1	L1		L1	L1		L1	L1			L1		L1	L1		L1	L1	
17-Mar	L1	L1			L1		L1	L1		L1	L1		L1	L1			L1		L1	L1		L1	L1	
2-Apr	L1	L1			L1		L1	L1		L1	L1		L1	L1			L1					L1	L1	
21-May	L1	L1			L1		L1	L1		L1	L1		L1	L1			L1		L1			L1	L1	
11-Jun	L1	L1			L1		L1	L1		L1	L1		L1	L1			L1		L1			L1	L1	
22-Jul	L1	L1			L1		L1	L1		L1	L1		L1	L1			L1		L1			L1	L1	
19-Aug	L1	L1			L1		L1	L1		L1	L1		L1	L1			L1		L1			L1	L1	
23-Sep	L1	L1			L1		L1	L1		L1	L1		L1	L1			L1		L1			L1	L1	
22-Oct	L1	L1			L1		L1	L1		L1	L1		L1	L1			L1		L1			L1	L1	
19-Nov	L1	L1			L1		L1	L1		L1	L1		L1	L1			L1		L1			L1	L1	
10-Dec	L1	L1			L1		L1	L1		L1	L1		L1	L1			L1		L1			L1	L1	

EST: EST result: indicates high colony density on membrane preventing accurate coliform counting.

BWA: Boil Water Advisory

OG: Overgrown - confluent bacterial growth on membrane preventing accurate coliform determination

~ More than

200

Indicates high colony density on membrane preventing accurate coliform counting

* Total Coliform per 100 mL

** E. Coli per 100 mL

CMT Comment

L Less than

DO NOT USE WATER NOTICE

**MYRTLE POND WATER
SYSTEM (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

Myrtle Pond Water System (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.

