

## DRINKING WATER SYSTEM ANNUAL REPORT

**Reporting Period:** January 1<sup>st</sup> to December 31<sup>st</sup>, 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 <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.***

Date	TC/100ml	E.coli/100ml	Reason	Corrective Action

## CHEMICAL SAMPLING COMPLETED DURING THIS REPORTING PERIOD

<i>Was any chemical sampling conducted during reporting period?</i>		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<i>If no, when were the last chemical samples conducted for this system?</i>		<i>If yes, did all water samples meet the Guidelines for Canadian Drinking Water Quality?</i>	
(date) 03/18/2023	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Never	<input checked="" type="checkbox"/> Yes

*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.	
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DATE COMPLETED: 1/6/2026	
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COMPLETED BY: Caroline Visser
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### 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	Well 1-05 RAW			Well 2-08 RAW			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	L1	L1	L1	L1	L1	L1	L1	L1	L1	L1	L1	L1	L1	L1	L1	L1	L1	L1	L1	L1	L1	L1	L1	L1
18-Feb	L1	L1	L1	L1	L1	L1	L1	L1	L1	L1	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	L1	L1	L1	L1	L1	L1	L1	L1	L1	L1
2-Apr	L1	L1	L1	L1	L1	L1	L1	L1	L1	L1	L1	L1	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	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	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	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	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	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	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	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	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

~

200

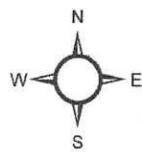
# Indicates high colony density on membrane preventing accurate coliform counting

\* Total Coliform per 100 mL

\*\* E. Coli per 100 mL

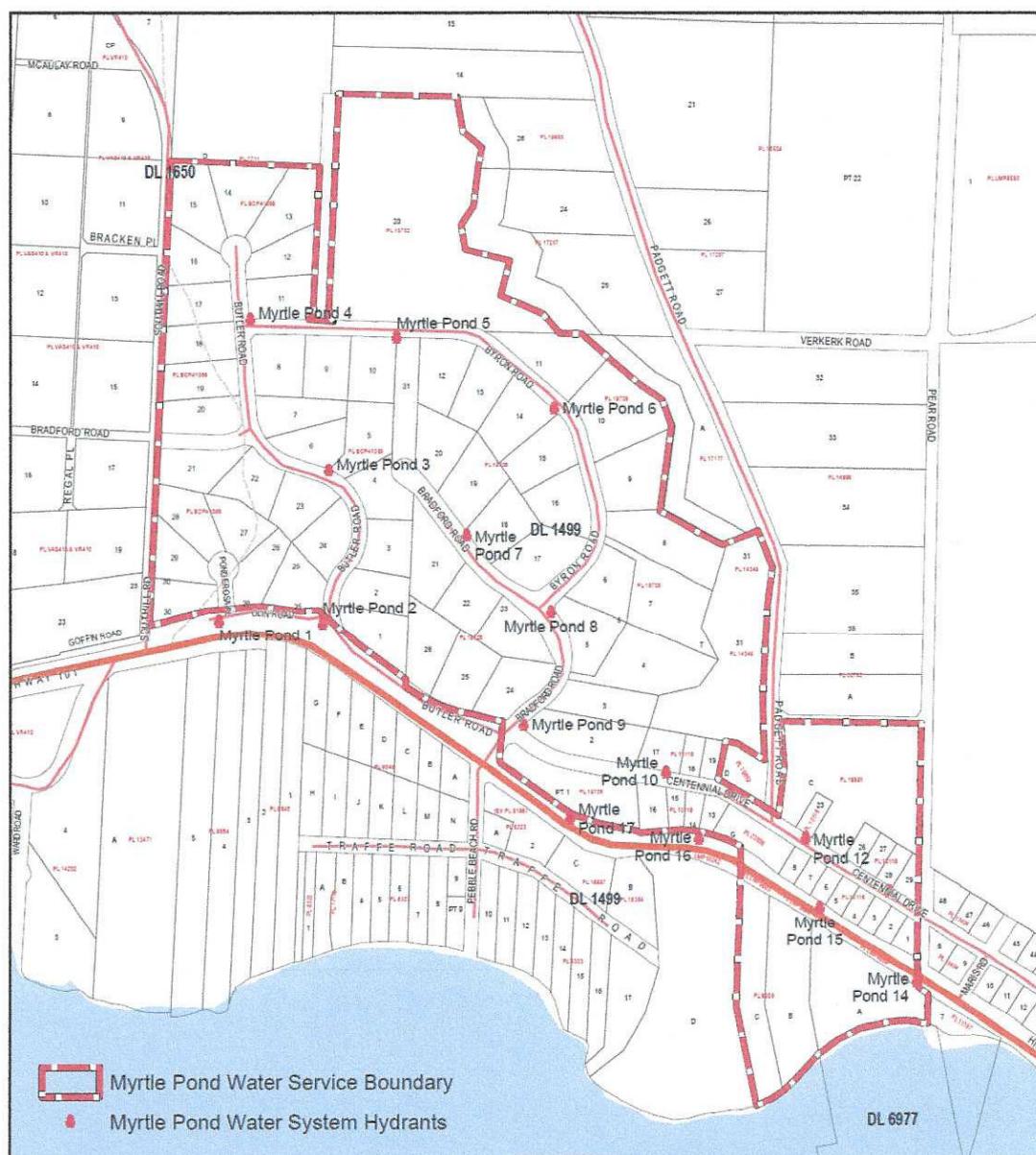
CMT Comment

L Less than



## Myrtle Pond Water System

SCALE 1:7,000



### DISCLAIMER

This mapping data has been compiled by the qathet Regional District using data derived from a number of different sources with varying levels of accuracy. The qathet Regional District disclaims all responsibility for the accuracy or completeness of this information.

# 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.

