

## DRINKING WATER SYSTEM ANNUAL REPORT

**Reporting Period:** January 1<sup>st</sup> to December 31<sup>st</sup>, 2025 (year)

**Water System** Northside Firehall #1

**Water System Owner** qathet Regional District

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

**Phone Number** (Operator or Manager) 604-485-2260 ext 408

**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):**

Submit bacteriological samples on a minimum quarterly basis.

Complete the water system Emergency Response & Contingency Plan before June 03, 2013 and submit a copy to the DWO.

**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?**

5

**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, <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

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

**If no, when were the last chemical samples conducted for this system?** **If yes, did all water samples meet the Guidelines for Canadian Drinking Water Quality?**

(date) 04/25/2024 ☐ Don't Know ☐ Never ☒ 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 &amp; 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

Click here to enter a date.

DATE COMPLETED: 2026 01 12

COMPLETED BY: Regan Keil

# NVFD 1 (Plummer Creek Rd)

## POWELL RIVER COMMUNITY HEALTH

DATE COLLECTED		INSIDE TAP					
YEAR	DATE	TC*	FC**	CMT	TC*	FC**	CMT
<b>2025</b>							
	14-Jan	L1	L1				
	18-Mar	L1	L1				
	23-Jun	L1	L1				
	3-Nov	L1	L1				
	1-Dec	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 background colonies noted on total coliform membrane filter per 100 ml. Indicates system requires flushing

# 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