

DRINKING WATER SYSTEM ANNUAL REPORT

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

Water System Shelter Point Park

Water System Owner qathet Regional District

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

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: UV

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?

56

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, 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
Bring second well into service.	2026

Click here to enter a date.

DATE COMPLETED: 2026/01/06

COMPLETED BY: Regan Keil

SHELTER POINT PARK - POWELL RIVER COMMUNITY HEALTH

DATE COLLECTED YEAR DATE	RESIDENCE			TAP# 4			CAMPSITE #5			CAMPSITE #34			BELLA MARIA			WELLHEAD- RAW			CABIN		
	TC*	FC**	CMT	TC*	FC**	CMT	TC*	FC**	CMT	TC*	FC**	CMT	TC*	FC**	CMT	TC*	FC**	CMT	TC*	FC**	CMT
2025																					
7-Jan																					
13-Jan																					
21-Jan																					
12-Feb																					
25-Feb																					
19-Mar																					
7-Apr																					
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9-Jul																					
23-Jul																					
6-Aug																					
20-Aug																					
10-Sep																					
24-Sep																					
8-Oct																					
3-Nov																					
19-Nov																					
10-Dec																					

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