

## DRINKING WATER SYSTEM ANNUAL REPORT

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

**Water System** Gillies Bay Airport

**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):***

Ensure bacteriological samples are submitted on a minimum quarterly basis.

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

***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?***

10

***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 *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

<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) 12/04/2020	<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?*

*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.).*

 X X X 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

Click here to enter a date.

DATE COMPLETED: January 8,2025

COMPLETED BY: Regan Keil

# YGB - POWELL RIVER COMMUNITY HEALTH

DATE COLLECTED YEAR	Washroom Tap			Hose Bib		
	TC*	FC**	CMT	TC*	FC**	CMT
<b>2025</b>						
25-Feb	L1	L1		L1	L1	
14-Jul	L1	L1	GTR200	L1	L1	
23-Jul	L1	L1		L1	L1	
10-Sep	L1	L1		L1	L1	
3-Dec	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 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