

**SMELT BAY PROVINCIAL PARK
CAMPGROUND
2015 ANNUAL REPORT**

Reporting Period:	April 2015 to September 2015
Operating Permit Number:	
Drinking Water System Owner:	BC Parks
Drinking Water System Contact:	
Name:	<u>Elizabeth Purkiss</u>
Phone No:	<u>(250)-337-2404</u>
Email:	<u>Elizabeth.Purkiss@gov.bc.ca</u>

1 Microbiological testing completed during this reporting period:

- a. bacteriological results listed in table below.
b. adverse bacteriological results: None detected
 Highlighted in table below:

Microbiological Test Results:

Date	Total coliform	E. Coli	Reason	Corrective Action
29-Apr-15	L1	L1		
6-May-15	L1	L1		
20-May-15	L1	L1		
3-June-15	L1	L1		
24-June-15	L1	L1		
8-July15	L1	L1		
22-July-15	L1	L1		
5-Aug-15	L1	L1		
19-Aug-15	L1	L1		
2-Sept-15	L1	L1		
16-Sept-15	L1	L1		
30-Sept-15	L1	L1		

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2 Chemical analysis results (most recent): 23 September 2013

a. chemical parameters listed in *The Guidelines for Canadian Drinking Water Quality* ("the Guidelines") are:

- all within GCDWQ
 above the GCDWQ and are listed below:

Parameters above the Guidelines:

Parameter	Result	Max. Acceptable Concentration	Aesthetic Objective	Treatment/Corrective Action

3 Summarize additional testing and sampling carried out in accordance with the requirement of a Water Source approval, Written Order or as per the conditions of your *Operating Permit*.

- no additional testing
 additional testing listed below:

Additional testing:

Description of parameter & reason for sampling	Health parameter or non-health related parameter	Corrective action necessary (Y/N?)	Corrective action taken

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4 Water Quality Complaints:

During the course of the year, the water system:

- did not receive water quality complaints (ie taste, odour, colour, etc)
 received water quality complaints and are listed below:

Water Quality Complaints:

Date	Water quality complaint	Corrective action taken

5 Adverse results: Total number of adverse results during this reporting period for insufficient water supply, malfunction of disinfection equipment or elevated turbidity:

- No adverse results
 Adverse results listed below:

Adverse Results:

Incident date	Corrective action	Corrected by

6 Description of the system:

Sources of raw water:

- Groundwater
 Surface water
 Other (specify): _____

Does the drinking water system have disinfection? Yes No

Disinfection methods (check boxes that apply):

- Chlorination
 Ultraviolet light
 Ozonation
 Other (specify): _____

Does the drinking water system have treatment? Yes No

Treatment type (check boxes that apply):

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- Particulate cartridge filters
- Membrane filtration
- Carbon filter
- Sand filtration
- Reverse osmosis
- Other (specify): _____

7 System maintenance and repair during the period covered by the report:

Equipment repaired: _____
 Equipment replaced: New chlorination system installed April 2009.
 Annual maintenance of system: *(system flushing, replacement of carbon filters, uv bulb, etc)* _____ System Flushed _____

 Completion of specialist report (specify): _____

8 Further communication with users:

a. Indicate how you notified system users that your annual report is available, and is free of charge:

- hand delivered
- public access/ notice via web
- public access/notice via government office
- public access/notice via newspaper
- public access/notice via bill stuffer
- public access/ notice via other method (specify): _____

b. Improvements or remedial actions required by the Drinking Water Officer:

- no action required
- Drinking Water Officer inspection report attached to report
- actions required by Drinking Water Officer listed below:

Improvements/Remedial Actions:

Required action	Completion date

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Future water system improvements:

- no improvements planned
 improvements listed below:

Future Improvements:

Improvements	Planned completion date

c. Emergency Response Plan can be accessed by:

- posting on web
 posting at nearest government office
 contacting water system owner
 Other (specify): _____

JL:kl
N: Forms\Drinking Water Systems Annual Report template