

**GOLDSTREAM PROVINCIAL PARK  
Visitor Center and Day Use Area  
DRINKING WATER ANNUAL REPORT  
2020**

Reporting Period:	January 2020 – December 2020
Operating Permit Number:	
Drinking Water System Owner:	BC Parks
Drinking Water System Contact:	
Name:	<u>Sienna Hoffos</u>
Phone No:	<u>(236) 478-3862</u>
Email:	<u>Sienna.Hoffos.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
16-Jan-2019	L1	L1		
29-Jan-2019	L1	L1		
4-March-2019	L1	L1		
18-March-2019	L1	L1		
1-April-2019	L1	L1		
15-April-2019	L1	L1		
27-April-2020	L1	L1		
11-May-2019	L1	L1		
25-May-2020	L1	L1		
9-June-2019	L1	L1		
23-June-2019	L1	L1		
14-July-2019	L1	L1		
29-July-2019	L1	L1		
17-Aug-2019	L1	L1		

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31-Aug-2019	L1	L1		
21-Sept-2019	L1	L1		
28-Sept-2020	L1	L1		
6-Oct-2019	L1	L1		
26-Oct-2019	L1	L1		
17-Nov-2019	L1	L1		
30-Nov-2020	QRWRT			
7-Dec-2019	L1	L1		
14-Dec-2019	L1	L1		

**2 Chemical analysis results (most recent): September 2011**

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
Total Hardness	<b>35.5</b>	<b>20</b>		

**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

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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):

- 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: \_\_\_\_\_

Annual maintenance of system: (*system flushing, replacement of carbon filters, uv bulb, etc*) \_\_\_\_\_ System Flushed in March \_\_\_\_\_

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

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- 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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- c. Future water system improvements:  
 no improvements planned  
 improvements listed below:

**Future Improvements:**

Future plans	Planned completion date

- d. 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