

**DRINKING WATER SYSTEM ANNUAL REPORT**

**Reporting Period:** January 1<sup>st</sup> to December 31<sup>st</sup>, 2021 (year)

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**Water System** Gordon Bay - Campground

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**Water System Owner** BC Parks

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**Primary Contact Name** (Operator or Manager) Fred King

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**Phone Number** (Operator or Manager) 250 539-2115

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**E-mail** (Operator or Manager) k2parks@shaw.ca

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**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)      Contractor - K2 Park Services

**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)      V.I.H.A web site



**COMPLIANCE WITH OPERATING PERMIT**

*List the conditions of your Operating Permit (Contact the DWO for a copy if needed):*

EOCP credits current

*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?* 8

*What is the minimum required sampling frequency for this system? (#samples/month)* 2/month

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?*

V.I.H.A. web site

**WATER QUALITY STANDARDS FOR POTABLE WATER**

<i>Parameter:</i>	<i>Standard:</i>	<i>Did this system meet standard?</i>	
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 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? (date)** Feb. 14, 2019  Don't know

**If yes, attach a list of the chemical results**

**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.**

**Next scheduled full chemical test (date)** 2024

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	system flushing, chlorination shock treatment, replace carbon filters, uv bulbs.
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

<p>April 26, 2022</p> <p><a href="#">Click here to enter a date.</a></p> <p><b>DATE COMPLETED:</b></p>	<p>Debbie King</p> <p><b>COMPLETED BY:</b></p>
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