

**STAMP RIVER PROVINCIAL PARK  
Handpump  
2018 ANNUAL REPORT**

Reporting Period:	January 2018 – December 2018
Operating Permit Number:	1311687
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
9-Jan-2018	L1	L1		
24-Jan-2018	L1	L1		
5-Feb-2018	L1	L1		
20-Feb-2018	L1	L1		
7-Mar-2018	L1	L1		
26-Mar-2018	L1	L1		
4-Apr-2018	L1	L1		
24-Apr-2018	L1	L1		
7-May-2018	L1	L1		
22-May-2018	L1	L1		
5-June2018	L1	L1		
18-June-2018	L1	L1		
9-July-2018	L1	L1		
23-July-2018	L1	L1		
13-Aug-2018	L1	L1		
23-Aug-2018	L1	L1		
10-Sept-2018	L1	L1		
24-Sept-2018	L1	L1		

**STAMP RIVER PROVINCIAL PARK  
Handpump  
2018 ANNUAL REPORT**

9-Oct-2018	L1	L1		
23-Oct-2018	L1	L1		
14-Nov-2018	L1	L1		
27-Nov-2018	L1	L1		
12-Dec-2018	L1	L1		

**2 Chemical analysis results (most recent): 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

**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:

**STAMP RIVER PROVINCIAL PARK  
Handpump  
2018 ANNUAL REPORT**

**Water Quality Complaints:**

Date	Water quality complaint	Corrective action taken
------	-------------------------	-------------------------

**4 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

**5 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):

- Particulate Cartridge filters  
 Membrane filtration  
 Carbon filtre  
 Sand filtration  
 Reverse osmosis  
 Other (specify): \_\_\_\_\_

**6 System maintenance and repair during the period covered by the report:**

Equipment repaired: \_\_\_\_\_  
 Equipment replaced: \_\_\_\_\_

**STAMP RIVER PROVINCIAL PARK  
Handpump  
2018 ANNUAL REPORT**

Annual maintenance of system: *(system flushing, replacement of carbon filters, uv bulb, etc)* \_\_\_\_\_ Well Shocked in spring \_\_\_\_\_

Completion of specialist report (specify): \_\_\_\_\_

**7 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

Future water system improvements:

- no improvements planned
- improvements listed below:

**Future Improvements:**

Future plans	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): \_\_\_\_\_