

**TAYLOR ARM PROVINCIAL PARK
Handpump
2018 ANNUAL REPORT**

Reporting Period:	April 2018 – September 2018
Operating Permit Number:	MCYR-CZQTGJ
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
12-Apr-2018	L1	L1		
24-Apr-2018	L1	L1		
8-May-2018	L1	L1		
5-June-2018	L1	L1		
12-June-2018	L1	L1		
9-July-2018	L1	L1		
25-July-2018	L1	L1		
14-Aug-2018	L1	L1		
10-Sept-2018	L1	L1		
24-Sept-2018	L1	L1		

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2 Chemical analysis results (most recent): 19 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
Hardness	110		80-100	
Iron	0.597		0.3	

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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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

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): _____

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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): _____

6 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)* _____ Well Shocked _____

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

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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): _____

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