Reporting Period:		January 2015 - December 2015		
Operating Permit Number:				
Drinking Water System Ow	/ner:	BC Parks		
Drinking Water System Contact:				
Name:	Sarah J	<u>Joanisse</u>		
Phone No:	(250) 3	391-2313		
Email:	Sarah.	loanisse@gov.bc.ca		
 Microbiological testing completed during this reporting period: a. bacteriological results listed in table below. b. adverse bacteriological results:				

Microbiological Test Results:

Date	Total coliform	E. Coli	Reason	Corrective Action
2015/02/23	L1	L1		
2015/02/25	L1	L1		
2015/03/18	L1	L1		
2015/03/30	L1	L1		
2015/04/13	L1	L1		
2015/04/29	L1	L1		
2015/05/13	L1	L1		
2015/05/27	L1	L1		
2015/06/10	L1	L1		
2015/06/23	L1	L1		
2015/07/08	L1	L1		
2015/07/22	L1	L1		
2015/08/05	L1	L1		
2015/08/19	L1	L1		
2015/09/01	L1	L1		
2015/09/21	L1	L1		
2015/10/21	L1	L1		

2015/11/03	L1	L1	
2015/11/23	L1	L1	
2015/12/08	L1	L1	
2015/12/14	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:
4	and the country of the Carl delliness.

Parameters above the Guidelines:

Parameter	Result	Max. Acceptable Concentration	Aesthetic Objective	Treatment/Corrective Action
			•	
Chloride	666		250	
TDS	1070		500	
Sodium	352		200	

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 <i>Operating Permit</i> .		
	 □ 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

4 Wate	r Quality Complaints:					
During the course of the year, the water system: ightharpoonup did not receive water quality complaints (ie taste, odour, colour, etc) ightharpoonup received water quality complaints and are listed below:						
Water Quality	/ Complaints:					
Date	Water quality complaint	Corrective a	ction taken			
repor	rse results: Total number of ting period for insufficient of fection equipment or elevated No adverse result Adverse results list	water supply, malfur ed turbidity: s	_			
Adverse Re			0 11			
Incident da	ate Corrective a	ction	Corrected by			
6 Desc	ription of the system: Sources of raw water: Groundwater Surface water Other (specify): Does the drinking water system of the control of the	boxes that apply):	? □Yes ⊠No			
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 covereport: Equipment repaired: Equipment replaced: Annual maintenance of system: (system flushing, replatives, uv bulb, etc) Well Shocked	
Completion of specialist report (specify):	
8 Further communication with users: a. Indicate how you notified system users that your ar 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 (s	ee
 b. Improvements or remedial actions required by the I Officer: no action required Drinking Water Officer inspection report a actions required by Drinking Water Office 	attached to report
Improvements/Remedial Actions:	
Required action	Completion date

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):			

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N: Forms\Drinking Water Systems Annual Report template