

**GOLDSTREAM PROVINCIAL PARK – DAY USE
ANNUAL REPORT 2010**

Reporting Period:	January 1, 2010 to December 31, 2010
Operating Permit Number:	
Drinking Water System Owner:	BC Parks
Drinking Water System Contact:	
Name:	<u>Don Closson</u>
Phone No:	<u>(250) 391-2319</u>
Email:	<u>don.closson.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
29/01/10	L1	L1		
17/02/10	L1	L1		
12/03/10	L1	L1		
06/04/10	L1	L1		
13/04/10	L1	L1		
17/06/10	L1	L1		
12/07/10	L1	L1		
26/07/10	L1	L1		
20/08/10	L1	L1		
22/09/10	L1	L1		
19/10/10	L1	L1		
15/11/10	L1	L1		
14/12/10	L1	L1		
21/12/10	L1	L1		

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2 Chemical analysis results (most recent):

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

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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

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

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- 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
- 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