

# JOHN DEAN PROVINCIAL PARK ANNUAL REPORT 2008

|                                |                                      |
|--------------------------------|--------------------------------------|
| Reporting Period:              | January 1, 2008 to December 31, 2008 |
| Operating Permit Number:       |                                      |
| Drinking Water System Owner:   | BC Parks                             |
| Drinking Water System Contact: |                                      |
| Name:                          | <u>Joe Benning</u>                   |
| Phone No:                      | <u>208-391-2315</u>                  |
| Email:                         | <u>joe.benning@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                                 |
|------------------|----------------|----------|--------|---|
| 13-Mar-08        | 0              | 0        |        |   |
| 29-Apr-08        | 0              | 0        |        |   |
| 27-May-08        | 0              | 0        |        |   |
| 30-Jun-08        | L1             | L1       |        |   |
| 16-Jul-08        | L1             | L1       |        |   |
| 29-Jul-08        | L1             | L1       |        |   |
| 11-Aug-08        | L1             | L1       |        |   |
| <b>2 Sept 08</b> | <b>150</b>     | <b>5</b> |        | <i>"System shut down for remainder of season"</i> |
|                  |                |          |        |   |
|                  |                |          |        |   |
|                  |                |          |        |   |
|                  |                |          |        |   |
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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 |
|-------------------------|-------------------------|
| Hand pump to be removed | March 2009              |
|                         |                         |

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