

Ruckle - ANNUAL REPORT

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| Reporting Period: | January 1, 2009 to December 31, 2009 |
| Operating Permit Number: | VI0310089 |
| Drinking Water System Owner: | BC Parks |
| Drinking Water System Contact: | |
| Name: | <u>Joe Benning</u> |
| Phone No: | <u>(250) 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 |
|--------------|----------------|----------|---|--|
| April 14 | L1 | L1 | | |
| May 12 | L1 | L1 | | |
| June 9 | L1 | L1 | | |
| June 24 | L1 | L1 | | |
| July 7 | L1 | L1 | | |
| July 21 | L1 | L1 | | |
| Aug. 5 | 91 | 83 | RV site, tap may be contaminated near opening | Used blow torch at opening and inside tap Resample after bleaching system |
| Aug. 7 | L1 | L1 | | |
| Aug. 19 | L1 | L1 | | |
| Sept. 2 | L1 | L1 | | |
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| Total | 2 | 1 | | |

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|----------|--|--|--|--|
| Positive | | | | |
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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 |
|-----------|--------|-------------------------------|---------------------|-----------------------------|
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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 |
|------|-------------------------|-------------------------|
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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 |
|---------------|-------------------|--------------|
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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
 Membrane filtration

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- Carbon filter
- Sand filtration
- Reverse osmosis
- Other (specify): _____

7 System maintenance and repair during the period covered by the report:

Equipment repaired: (due to system design flaws)

Mar. 5 to 30 -repiping and start-up repairs; i.e.

Re-pipe pumphouse, clean cistern, clean sensor, reset floats, re-locate and re-plumb FE scrubber so it treats raw well water before entering reservoir,

April 6 – wire up new pressure switch controlling deep well pump ensuring control panel integrity not disrupted. Adjust pressure switch as required to eliminate unwanted chatter on switch/pump, test & ensure proper operation (problem fault with UV filter) Unable to test past UV system.

Equipment replaced: Mar. 5 to 30-installed 2 large blue filters, replaced crystal, install ¾hp Jacuzzi pump, 2 Pro15 quartz sleeves, 2 Pro 15 UV lamps, 1 Pro15 UV sensor, 1 WR80 press tank, 1 30-50 press switch, 1 one inch float valve, 1 temp. management valve, 2-20"X5" MIC cartridges, 3 – 4"X100psi press gauges, + various small hardware.

Annual maintenance of system:

- system flushing, replacement of carbon filters, uv bulb, etc_
- start up system, shock treatment using chlorine bleach

Completion of specialist report (specify): none _____

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):

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Notice posted on park information shelters _____

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 |
|--------------|-------------------------|
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d. Emergency Response Plan can be accessed by:

- posting on web
- posting at nearest government office
- contacting water system owner
- Other (specify): Contractor-K2 Park Services

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