

**SMELT BAY PROVINCIAL PARK  
CAMPGROUND  
ANNUAL REPORT 2010**

Reporting Period:	May 1, 2010 to September 31, 2010
Operating Permit Number:	
Drinking Water System Owner:	BC Parks
Drinking Water System Contact:	
Name: <u>Brent Blackmun</u> Phone No: <u>250-337-2406</u> Email: Brent.Blackmun@gov.bc.ca	

**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
12/05/2010	L1	L1		
19/05/2010	L1	L1		
16/06/2010	L1	L1		
07/07/2010	L1	L1		
11/08/2010	L1	L1		
08/09/2010	L1	L1		
22/09/2010	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):

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- Particulate cartridge filters
- 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: New chlorination system installed April 2009.  
 Annual maintenance of system: *(system flushing, replacement of carbon filters, uv bulb, etc)* \_\_\_\_\_ System Flushed \_\_\_\_\_  
 \_\_\_\_\_  
 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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Future water system improvements:

- no improvements planned  
 improvements listed below:

**Future Improvements:**

Improvements	Planned completion date
New chlorination system installed	April 2009

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