

**CARMANAH PROVINCIAL PARK  
ANNUAL REPORT  
2017**

Reporting Period:	April 2017– September 2017
Operating Permit Number:	
Drinking Water System Owner:	BC Parks
Drinking Water System Contact:	Name: <u>Tom Porsborg</u> Phone No: <u>250-886-1969</u> Email: <u>Thomas.Porsborg@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
2017/04/25	L1	L1		
2017/05/23	20	L1		
2017/05/23	5	L1		
2017/05/28	T			
2017/06/13	L1	L1		
2017/06/26	EST 9	L1		
2016/07/09	A			
2017/07/24	L1	L1		
2017/07/24	L1	L1		
2017/08/08	L1	L1		
2017/08/20	A			
2017/08/28	L1	L1		

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**2 Chemical analysis results (most recent): September 2011**

a. chemical parameters listed in *The Guidelines for Canadian Drinking Water Quality* ("the Guidelines") are:

b.

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

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**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)* Well shocked in spring

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

c. Future water system improvements: no

- improvements planned improvements listed
- below:

**Future Improvements:**

Chemical Analysis to be submitted	July 2012

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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