

**LITTLE QUALICUM FALLS PROVINCIAL PARK
Washroom
2017 ANNUAL REPORT**

Reporting Period:	January 2017 – December 2017
Operating Permit Number:	1311379
Drinking Water System Owner:	BC Parks
Drinking Water System Contact:	
Name:	<u> Aaron Miller </u>
Phone No:	<u> 250 337-2402 </u>
Email:	<u> Aaron.Miller@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
10-Jan-17	L1	L1		
31-Jan-17	L1	L1		
15-Feb-17	L1	L1		
24-Feb-17	L1	L1		
8-Mar-17	L1	L1		
18-Apr-17	L1	L1		
26-Apr-17	L1	L1		
17-May-17	L1	L1		
24-May-17	L1	L1		
5-June-17	L1	L1		
21-June-17	L1	L1		
5-July-17	L1	L1		
26-July-17	L1	L1		
9-Aug-17	L1	L1		
23-Aug-17	L1	L1		
12-Sept-17	L1	L1		
26-Sept-17	L1	L1		
18-Oct-17	L1	L1		

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25-Oct-17	L1	L1		
15-Nov-2-17	L1	L1		
29-Nov-2017	L1	L1		
6-Dec-2017	L1	L1		

2 Chemical analysis results (most recent): 18 September 2013

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

4 Water Quality Complaints:

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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

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- 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, filter changed UV bulb changed _____
 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

Future water system improvements:

- no improvements planned
 improvements listed below:

Future Improvements:

Future plans	Planned completion date

c. Emergency Response Plan can be accessed by:
 posting on web

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- posting at nearest government office
- contacting water system owner
- Other (specify): _____