



DRINKING WATER SYSTEM ANNUAL REPORT

Reporting Period: January 1st to December 31st, (year) 2016

Water System Port Alice Water System

Water System Owner Village of Port Alice

Primary Contact Name (Operator or Manager) Sason Yunker

Phone Number (Operator or Manager) 250-284-6612

E-mail (Operator or Manager) papublicworks@hotmail.com (jyunker@portalice.ca)

DESCRIBE YOUR WATER SUPPLY SYSTEM

What is the Source(s) of Raw Water?

Deep Well Shallow Well Surface Water Other

If other, specify details:

Does the Drinking Water System have Primary Disinfection?

Yes No

Chlorination Ultraviolet Light Ozone Other

If other, specify details:

Does the Drinking Water System have Secondary Disinfection?

Yes No

Chlorination Other

If other, specify details:

Does the Drinking Water System have Filtration?

Yes No

Check all boxes that apply

Cartridge Filter(s) Carbon Filter Sand Filtration Reverse Osmosis Other

If other, specify details:

PUBLIC REPORTING

Emergency Response & Contingency Plan (ERCP)

Is your ERCP up to Date? Yes No

How do you Inform the System Users of the ERCP?

Hand Delivered Bulletin Board Newspaper Utility Bill Insert Website

Other (specify details) Local T.V., Bulletin boards, Door to Door

Drinking Water System Annual Report

How do you Inform the System Users of the Annual Report?

Hand Delivered Bulletin Board Newspaper Utility Bill Insert Website

Other (specify details)



COMPLIANCE WITH OPERATING PERMIT

List the conditions of your Operating Permit (Contact the DWO for a copy if needed):

- water system with 301-10,000 connections
- 1 sample every 30 days minimum.

Are you in compliance with your Operating Permit?

Yes

No

BACTERIOLOGICAL TESTING AND DRINKING WATER PROTECTION REGULATION WATER QUALITY STANDARDS

How many bacteriological samples were collected during this reporting period?

~~12~~ 37

What is the minimum required sampling frequency for this system? (#samples/month)

1 sample/per month

Additional sampling details:

Was the minimum required sampling frequency achieved?

Yes

No

Comments:

Bacteriological summary attached to this report?

Yes

No

If no, how do the users of the system view the results?

WATER QUALITY STANDARDS FOR POTABLE WATER

Parameter:	Standard:	Did this system meet standard?	
Escherichia coli (for all samples)	No detectable <i>Escherichia coli</i> per 100ml	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Total Coliform Bacteria (if only 1 sample collected in a 30 day period)	No detectable total coliform bacteria per 100ml	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Total Coliform Bacteria (if more than 1 sample collected in a 30 day period)	No more than 10% of samples contain total coliform bacteria, and No sample has more than 10 total coliform bacteria per 100ml	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

If the system did not meet any of above Drinking Water Protection Regulation standards, record the results in the table below; attach additional sheets if necessary.

Date	TC/100ml	E.coli/100ml	Reason	Corrective Action



CHEMICAL SAMPLING COMPLETED DURING THIS REPORTING PERIOD

Was any chemical sampling conducted during reporting period? Yes No

If no, when were the last chemical samples conducted for this system? (date) Feb 4, 2015 Don't know

If yes, attach a list of the chemical results

If any water samples did not meet the Guidelines for Canadian Drinking Water Quality, record the results in the table below; attach additional sheets if necessary.

Next scheduled full chemical test (date) 2020

Parameter	Result	Corrective Action / Treatment / Comments

ADDITIONAL TESTING

Does the system have analyzers for continuous monitoring? Yes No

If yes, check all boxes that apply:

Chlorine Turbidity Other (details)

Are the results available on request?

If any additional testing or sampling was conducted, record results in the table below; attach additional sheets if necessary.

Additional Testing & Reason for Sampling	Corrective Action Taken

WATER QUALITY COMPLAINTS

Were there any water quality complaints in this reporting period? (e.g. taste, odour, colour etc.) Yes No

If yes, complete the table below; attach additional sheets if necessary.

Date	Water Quality Complaint	Corrective Action / Treatment



OPERATIONAL PROBLEMS

Were there any operational problems during this reporting period? (e.g. insufficient water supply, malfunction of disinfection equipment, line breaks, elevated turbidity etc.). Yes No

If yes, complete the table below; attach additional sheets if necessary.

Incident Date	Type of Operational Problem	Corrective Action Taken

MAJOR UPGRADES/REPAIRS & EXPENSES

Were there any major upgrades/repairs or any major costs incurred during this reporting period? Yes No

If yes, complete the table below; attach additional sheets if necessary.

Major Upgrades/Expenses	Details
Improvements required by DWO	
Additions/changes to system	
Purchase or install new equipment	
Equipment repair or replacement	
Annual maintenance of system	
Specialist report	
Other	

FUTURE IMPROVEMENTS

Are there any plans for future improvements? Yes No

If yes, complete the table below; attach additional sheets if necessary.

Future Upgrades or Improvements	Estimated Date of Completion
New water tank	Fall of 2017

Click here to enter a date. DATE COMPLETED:	COMPLETED BY:
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Water Sample Range Report

Island Health

Facility Name: PORT ALICE WATER SYSTEM
Facility Type: DWT
Date Range: Jan 1 2016 to Dec 31 2016
Date Created: Jan 13 2017

Sampling Site	Date Collected	Total Coliform	E. Coli	Fecal Coliform
<u>1090 Marine Drive,</u>				
<u>Port Alice, B.C.,</u>				
<u>Hospital, Dist. site,</u>				
<u>Monthly</u>				
	06-Jan-2016	L1	L1	
	02-Feb-2016	L1	L1	
	01-Mar-2016	L1	L1	
	04-Apr-2016	L1	L1	
	02-May-2016	L1	L1	
	31-May-2016	L1	L1	
	05-Jul-2016	L1	L1	
	02-Aug-2016	L1	L1	
	06-Sep-2016	L1	L1	
	08-Nov-2016	L1	L1	
	06-Dec-2016	<u>L1</u>	<u>L1</u>	
	Total Positive:	0	0	0
<u>1201 Marine Drive,</u>				
<u>Port Alice, B.C.,</u>				
<u>Ozzie's, Dist. site,</u>				
<u>Monthly</u>				
	06-Jan-2016	L1	L1	
	02-Feb-2016	L1	L1	
	01-Mar-2016	L1	L1	
	04-Apr-2016	L1	L1	
	02-May-2016	L1	L1	
	31-May-2016	L1	L1	
	05-Jul-2016	L1	L1	
	02-Aug-2016	L1	L1	
	06-Sep-2016	L1	L1	
	08-Nov-2016	L1	L1	
	06-Dec-2016	<u>L1</u>	<u>L1</u>	
	Total Positive:	0	0	0
<u>Beach Drive, Port</u>				
<u>Alice, B.C., WFP</u>				
<u>Juene Landing, Dist.</u>				
<u>site, Monthly</u>				
	06-Jan-2016	L1	L1	
	02-Feb-2016	L1	L1	
	01-Mar-2016	L1	L1	

04-Apr-2016	L1	L1	
02-May-2016	L1	L1	
31-May-2016	L1	L1	
05-Jul-2016	L1	L1	
02-Aug-2016	L1	L1	
06-Sep-2016	L1	L1	
08-Nov-2016	<u>L1</u>	<u>L1</u>	
Total Positive:	0	0	0

Belvedere Road,
Port Alice, BC, Metal
Storage Tank, Dist.
site, No Regular
Sampling

#8 Copper Drive,
Port Alice, Lift
Station Stand Pipe -
#8 Copper Drive,
Dist. site, No
Regular Sampling

1208 Rupert Street,
Port Alice, Fire
Hydrant - 1208
Rupert Avenue, Dist.
site, No Regular
Sampling

1250 Marine Drive,
Port Alice, Laundry
Sink - 1250 Marine
Drive, Dist. site, No
Regular Sampling

Result Values:

E - estimated

L - less than

G - greater than

Interpreting Sample Reports

In VIHA, the results of drinking water sampling are reported using the following coding system:

L1 Less than 1 (no detectable bacteria) - Meaning: No bacteria present

OG Overgrown - Meaning: Too many background bacteria to give an accurate count

EST Estimated Count

and

A Sample not tested; Too long in transit

C Sample leaked/broken in transit

D Sample not tested; No collection date given

T Sample submitted unsatisfactory. Exceeded 30 hours holding time, please resample.

NS No sample received with requisition

Samples that contain total coliform:	0	0.00% of total
Samples that contain e. coli:	0	0.00% of total
Samples that contain fecal coliform:	0	0.00% of total
Number of positive samples in last 30 days:	0/0	
Total number of samples:	32	

Comments:



Environmental Health Officer
May 10 2017

FOR FURTHER INFORMATION PLEASE CALL: Bergsma, Eric (250) 902-6071 Port Hardy Office

Operator

Village Of Port Alice
PO Box 130
Port Alice, BC
V0N 2N0

(250) 284-6612

Water Sample Range Report

Island Health

Facility Name: PORT ALICE WATER SYSTEM
Facility Type: DWT
Date Range: Jan 1 2016 to Dec 31 2016
Date Created: Jan 13 2017

Sampling Site	Date Collected	Total Coliform	E. Coli	Fecal Coliform
<u>1134 Haida Ave.,</u>				
<u>Port Alice, Well #2,</u>				
<u>Source site, Monthly</u>				
	05-Jul-2016	L1	L1	
	02-Aug-2016	L1	L1	
	06-Sep-2016	L1	L1	
	08-Nov-2016	L1	L1	
	06-Dec-2016	<u>L1</u>	<u>L1</u>	
	Total Positive:	0	0	0

Result Values: E - estimated L - less than G - greater than

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Samples that contain total coliform:	0	0.00% of total
Samples that contain e. coli:	0	0.00% of total
Samples that contain fecal coliform:	0	0.00% of total
Number of positive samples in last 30 days:	0/0	
Total number of samples:	5	

Comments:



Environmental Health Officer
 May 10 2017

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