

Lake Park Water Supply ANNUAL REPORT

(Drinking Water System Name)

Reporting Period:	2017
Operating Permit Number:	14312
Drinking Water System Owner:	Corporation of the Village of Cumberland
Drinking Water System Contact:	
Name:	Gavin Murgatroyd
Phone No:	(250) 792-1593
Email:	gmurgatroyd@cumberland.ca

1 Microbiological testing completed during this reporting period:

- a. bacteriological results attached to this report.
- b. adverse bacteriological results: ☒ None detected
☐ Listed in table below:

Adverse Results:

Date	Total coliform	E. Coli	Reason	Corrective Action

2 Chemical results for this reporting period:

- a. most recent chemical analysis attached to this report.
- b. 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

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

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

7 Major expenses incurred during the period covered by the report:

To purchase or install required equipment: _____

To repair equipment: _____

To replace equipment: _____

To complete annual maintenance of system: (*system flushing, replacement of carbon filters, etc*) _____

To complete 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): _____

Contact water system owner – contact info above

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- 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:

Future plans	Planned completion date

- d. 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

Water Sample Range Report

Island Health

Facility Name: CUMBERLAND LAKE PARK WELL
Facility Type: 2-14 (DWS)
Date Range: Jan 1 2017 to Dec 31 2017
Date Created: Oct 12 2018

Sampling Site	Date Collected	Total Coliform	E. Coli	Fecal Coliform
<u>Comox Lake, Site B,</u>				
<u>Dist. site, Monthly</u>				
	09-May-2017	L1	L1	
	07-Jun-2017	L1	L1	
	12-Jul-2017	L1	L1	
	16-Aug-2017	L1	L1	
	22-Aug-2017	L1	L1	
	13-Sep-2017	<u>L1</u>	<u>L1</u>	
	Total Positive:	0	0	0

Cumberland Lake
Park, Comox Lake
Concession, 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:	6	

Comments:

Environmental Health Officer
Oct 12 2018

FOR FURTHER INFORMATION PLEASE CALL: Cherry, David (250) 331-8620 Comox Valley Office

Operator

Village of Cumberland
PO Box 340
Cumberland, BC
V0R 1S0

(250) 336-2144

Water Sample Range Report

Island Health

Facility Name: CUMBERLAND LAKE PARK WELL
Facility Type: 2-14 (DWS)
Date Range: Jan 1 2017 to Dec 31 2017
Date Created: Oct 12 2018

Sampling Site	Date Collected	Total Coliform	E. Coli	Fecal Coliform
<u>Well before treatment, Site E, Source site, Monthly</u>	14-Jun-2017	<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 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:	1	

Comments:

Environmental Health Officer
Oct 12 2018

FOR FURTHER INFORMATION PLEASE CALL: Cherry, David (250) 331-8620 Comox Valley Office

Operator

Village of Cumberland
PO Box 340
Cumberland, BC
V0R 1S0

(250) 336-2144

DRINKING WATER SYSTEM INSPECTION REPORT

Health Protection

SYSTEM NAME <i>Cumberland Lake Park Well</i>	E.H.O. NAME <i>David Cherry</i>
ADDRESS <i>1100 Comox Lake Rd</i>	POSTAL CODE <i></i>
OPERATOR <i>Village of Cumberland</i>	INSPECTION DATE (DMY) <i>10/04/17</i>
	SYSTEM NUMBER <i>14312</i>
	TIME SPENT (Hrs - nearest 1/4) <i>1.5</i>

SYSTEM TYPE (CHECK One)

- ☐ > 20,000 (DWP)
 ☐ 10,001 - 20,000 (DWM)
 ☐ 301 - 10,000 (DWT)
 ☐ 15 - 300 (DWC)
☒ 14 (DWS)
- ☐ 1 - SERVES PUBLIC (DWQ)
 ☐ 1 HAULER (DWH)

TYPE OF INSPECTION

- ☐ INITIAL
☒ ROUTINE
- ☐ COMPLAINT
☐ FOLLOW-UP

CRITICAL HAZARD

These items relate to Public Health Safety & MUST RECEIVE IMMEDIATE ATTENTION

Microbiological Contamination of Raw Water Supply Due to:

- ☐ 301 Flood
☐ 302 Sewage
☐ 303 Industrial
☐ 304 Agriculture
☐ 305 Other (Specify) _____
☐ 306 Chemical Contamination of Raw Water Supply
☐ 307 Contamination of Finished Water - Reservoir
☐ 308 Contamination of Finished Water - Mains
☐ 309 Cross-Connection
☐ 310 Use of Unapproved Source
☐ 311 Interruption of Treatment
☐ 312 Inadequate Treatment
☐ 313 Other (Specify) _____

SANITATION & MAINTENANCE

These items must be corrected within a designated time period

- ☐ 314 Improper Maintenance of Distribution System
☐ 315 Improper or No Disinfection of New or Repaired Main
☐ 316 Source Unprotected and Subject to Contamination
☐ 317 Inadequate or Improper Construction of Water Works
☐ 318 Inadequate Microbiological Analysis Data
☒ 319 Inadequate Chemical Analysis Data
☐ 320 Interruption of Treatment
☐ 321 Inadequate Treatment
☐ 322 Emergency Response Plan
☐ 323 Other (Specify) _____

CODE	FINDINGS AND ACTIONS REQUIRED
	- Emergency response plan updated
	- System shock chlorinated to start season
319	Conduct chemical analysis for raw water including UVT
	- Develop well head protection plan

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At the time of inspection this system has a hazard rating of ☐ HIGH ☐ MODERATE ☒ LOW ☐ Issue Permit ☐ Conditions of Permit

FOLLOW UP ☐ VISIT ☐ PHONE Date

RECEIVED BY *[Signature]* PRINT NAME *GAVIN MURCATROYD* E.H.O.