

**Drinking Water System Annual Report**

|   |   |
|---|---|
| <b>Reporting Period</b>                               | <b>January 1, 2014 to December 31, 2014</b> |
| <b>Water System Name</b>                              | Gibsons Water System                        |
| <b>Water System Owner</b>                             | Town of Gibsons                             |
| <b>Primary Contact Name<br/>(Operator or Manager)</b> | Greg Foss                                   |
| <b>Phone Number<br/>(Operator or Manager)</b>         | 604-886-8488                                |
| <b>Email<br/>(Operator or Manager)</b>                | <b>gfoss@gibsons.ca</b>                     |

**Describe Your Water Supply System**

**What is the source(s) of Raw Water?**

Deep Well  Shallow Well  Surface Water  Other (specify): \_\_\_\_\_

**Does The Drinking Water System Have Primary Disinfection?**  Yes  No

Chlorination  Ultraviolet light  Ozonation  Other (specify): \_\_\_\_\_

**Does The Drinking Water System Have Secondary Disinfection?**  Yes  No

Chlorination  Ultraviolet light  Ozonation  Other (specify): \_\_\_\_\_

**Does The Drinking Water System Have Filtration?**  Yes  No

Filter Type (check boxes that apply):

Cartridge Filter {1 micron, 5 micron, 10 micron}  Carbon Filter  Sand Filtration  Reverse Osmosis

Other (specify): \_\_\_\_\_

**Public Reporting**

**Emergency Response & Contingency Plan (ERCP)**

Is your ERCP up to date?  Yes  No

How do you inform the users of the ERCP?

Hand Delivered  Utility Bill Insert  Bulletin Board  Website (specify); \_\_\_\_\_

Other (specify): email (internal users only)

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How do you inform system users of the Annual Report?

Hand Delivered  Public Bulletin Board  Newspaper  Utility Bill Insert  Website (specify); [www.gibsons.ca](http://www.gibsons.ca)

Other method (specify): \_\_\_\_\_

**Compliance with Operating Permit**

List the conditions of your Operating Permit (Contact the DWO for a copy if needed):  
 Review and update the Emergency Response Plan annually;  
 Provide a summary of water quality results to the users.

Are you in compliance with the Operating Permit?  Yes  No

**Bacteriological Testing Completed During This Reporting Period**

How many bacteriological samples did you collect? 390

Bacteriological summary attached to this report.  Yes  No; if no, how do the users view the results?  
[www.gibsons.ca](http://www.gibsons.ca)

***In order to meet the potability standard no more than 10% of samples can show the presence of total coliform bacteria and no samples can show the presence of E coli.***

Did your water system meet this standard?  Yes  No

If No, complete the table below; Attach additional sheets if necessary.

| Date        | T. Coliform # | E. Coli # | Reason                            | Corrective Action                                     |
|-------------|---------------|-----------|-----------------------------------|---|
| June 2 2014 | 1             | 1         | Suspected reservoir contamination | Full investigation, drained and disinfected reservoir |
| June 4 2014 | 2             | 2         | Suspected reservoir contamination | Full investigation, drained and disinfected reservoir |
| June 4 2014 | 1             | 1         | Suspected reservoir contamination | Full investigation, drained and disinfected reservoir |
| June 7 2014 | 1             | 1         | Suspected reservoir contamination | Full investigation, drained and disinfected reservoir |
|             |               |           |                                   |   |
|             |               |           |                                   |   |

**Chemical Sampling Completed During This Reporting Period**

Did you conduct any chemical sampling:  Yes  No?

Did all treated water samples meet the Guidelines for Canadian Drinking Water Quality?  Yes  No

If no, record the parameters in the table below: Complete additional sheets if necessary.

| Parameter | Result | Corrective Action/Treatment |
|-----------|--------|-----------------------------|
|           |        |                             |
|           |        |                             |

|  |  |  |
|--|--|--|
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**Additional Testing**

Did you complete any additional water testing in this reporting period?  Yes  No

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

| Additional Testing & Reason for Sampling                                       | Corrective Action Taken  |
|--|--|
| Jan 22 2014: Annual comprehensive sampling                                     | None required - Sampling results met all drinking water parameters |
| Jun 14 2014: Additional comprehensive sampling due to positive coliform counts | None required - Sampling results met all drinking water parameters |

**Water Quality Complaints**

Did you receive any water quality complaints in this reporting period?  Yes  No

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

| Date                         | Water Quality Complaint (i.e. taste, odour, colour, etc) | Corrective Action Taken   |
|------------------------------|--|---|
| July 10 2014 to Dec 31, 2014 | Periodic complaints regarding chlorine taste/odour       | None required. Emergency chlorine concentration introduced at Town wells as well as chlorine residuals within system met drinking water standards |
|                              |  |   |
|                              |  |   |

**Operational Problems**

Did you experience operational problems during this reporting period?  Yes  No

(Typical operational problems are; insufficient water supply, malfunction of disinfection equipment, line breaks, elevated turbidity, etc.).

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

| Incident Date           | Type of Operational Problem  | Corrective Action Taken                                  |
|-------------------------|--|--|
| June 7 to July 10, 2014 | During the noted period, Town wells were shut off as a water system investigation was conducted due to the positive coliform counts. Numerous service breaks (12+) occurred during this period due to pressure | Repairs to broken services were completed by Town crews. |

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|           |   |                              |
|-----------|---|------------------------------|
|           | fluctuations from high SCRD water pressure.   |                              |
| June 6-14 | Water main break due to pressure fluctuations | Main repaired by Town crews. |
|           |   |                              |
|           |   |                              |

**Major Upgrades/Repairs & Expenses**

Did you complete any upgrades/repairs and incur major expenses in this reporting period?  Yes  No

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

| Major Upgrades/Expenses  | Details   |
|--|---|
| <b>Improvements required by DWO</b>  | Parkland reservoir: disinfection, screens on overflow, fencing security improvements<br>School Road reservoir: scheduled inspection for January 2015<br>Well casing inspection schedule (work to be completed during 2015, 2016 and 2017) |
| <b>Additions/changes to system</b>   | Completion of ICI CCC installations<br>Installation of several residential water meters and backflow prevention devices   |
| <b>Purchase or installation of new equipment</b>   | Emergency chlorination equipment installed for all Town wells   |
| <b>Equipment repair or replacement (existing)</b>  |   |
| <b>Annual maintenance of system: (system flushing, replacement of carbon filters, etc)</b> | Main flushing<br>hydrant maintenance<br>ICI and multifamily CCC testing   |
| <b>Specialist report</b>   | Water Quality Action Report (Urban Systems, July 9, 2014)<br>2014 Aquifer Monitoring (Waterline)  |
| <b>Other</b>   | Completion of flow direction maps modeling several flow conditions  |

**Future Improvements**

Do you have plans for any future improvements?  Yes  No

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

| Future Upgrades or Improvements   | Est. date of completion |
|---|-------------------------|
| Water System Assessment   | April 2015              |
| Update to Emergency Response Plan to reflect installation of emergency chlorination as well as an update to the communication section of the Plan | May 2015                |
| Installation of 13 remaining residential backflow devices   | May 2015                |

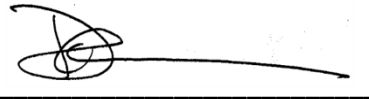
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| Increased sampling upon return to unchlorinated supply       | May 2015     |
| Improved SCADA alarms for reservoirs plus motion detectors   | May 2015     |
| Well 1 casing inspection, replacement of pump and motor      | June 2015    |
| School Road watermain replacement (Pumphouse to Gower Point) | October 2015 |
| Well 4 casing inspection                                     | June 2016    |
| Well 2/3 casing inspection                                   | June 2017    |

**Date Completed; March 17, 2015**

**Completed by; Dave Newman, Director of Engineering**

**Print Name**



**Signature**