

Drinking Water System Annual Report

Reporting Period	January 1, 2018 to December 31, 2018		
Water System Name	Gibsons Water System		
Water System Owner	Town of Gibsons		
Primary Contact Name (Operator or Manager)	Daniel Tardif, Manager of Maintenance and Operations		
Phone Number (Operator or Manager)			
Email (Operator or Manager)	dtardif@gibsons.ca		

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); www.gibsons.ca

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

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? 429

Bacteriological summary attached to this report. Yes No; If no, how do the users view the results?

Via website 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

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
Watermain testing of new Gibsons Way main prior to tie in	None required

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

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

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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
Improvements required by DWO	None required
Additions/changes to system	Replacement of aging AC mains with PVC. 370m of 150mm; 938m of 200mm
Purchase or installation of new equipment	None
Equipment repair or replacement (existing)	None
Annual maintenance of system: (system flushing, replacement of carbon filters, etc)	Annual hydrant maintenance; annual universal flushing program; annual CCC testing program; semi-annual chlorination of the Parkland reservoir
Specialist report	Annual groundwater monitoring program (completed by Waterline Resources Ltd)
Other	

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
Installation of additional groundwater monitoring wells	January 2019
Design for expanding aquifer supply to Zone 3 (currently supplied by SCRDR surface water)	July 2019
Installation of VFD for Well 1	August 2019
Cathodic protection for Parkland Reservoir	October 2019
Construction of booster station to serve Zone 3 with aquifer water	December 2019
Installation of additional supply well for Zone 3	December 2019
Ongoing watermain replacements	Annual

Date Completed; July 5, 2019

Completed by; Dave Newman, Director of Infrastructure Services

Signature