

Drinking Water System Annual Report

Reporting Period	January 1, 2022 to December 31, 2022
Water System Name	Gibsons Water System
Water System Owner	Town of Gibsons
Primary Contact Name (Operator or Manager)	Jackson Wright, Water Distribution Operator – Level 3
Phone Number (Operator or Manager)	604-886-2274
Email (Operator or Manager)	infrastructure@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): Zone 3 only

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); Gibsons.ca

Other (specify): _____

Drinking Water System Annual Report

How do you inform system users of the Annual Report?

Hand Delivered Public Bulletin Board Newspaper Utility Bill Insert Website (specify); Gibsons.ca

Other method (specify): _____

Compliance with Operating Permit

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

Are you in compliance with the Operating Permit? Yes No

Bacteriological Testing Completed During This Reporting Period

How many bacteriological samples did you collect? 420.

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

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 tie-in at Well #6 on Oceanmount Rd	N/A

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
May 2022	Water turbidity complaint	Cause was found to be air entrainment originating at Well #4, when the well level was found to be below minimum level. Recalibrated the level detector and reduced flow rate.

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
May 2022	Well #4 level detector was wrongly calibrated	Recalibration was done
February 2022	Well#3: Pump motor was tripping due to imbalance voltage from Utility	VFD on order to eliminate need for balance voltage (self compensating).
September 2022	Important water main leak on Skyline Drive that went undetected for several months (years?)	Leak was located and repaired

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	Isolated chlorination system at Well #3 for operator and equipment protection
Purchase or installation of new equipment	New Cathodic protection system was installed at Parkland Reservoir
Equipment repair or replacement (existing)	50 "touch pad" water meters were replaced to Radio Frequency type meters (also allows data logging).
Annual maintenance of system: (system flushing, replacement of carbon filters, etc)	Unidirectional flushing of zones 1 and 2
Specialist report	
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
Start-up of Well #6 to supply Zone 2 and zone 3	2023-06-01
Installation of new VFD at Well #3 and at School Rd booster station	2023-09-01
Refurbishing of Creekside Crescent PRV station	2023-10-01
Venture Way main replacement	2023-06-01
Cascade Crescent Water Main replacement that will reduce the water pressure at bottom end of zone 3	2023-06-01

Date Completed; May 25, 2023

Completed by; Jackson Wright
Print Name


Signature