

**Drinking Water System Annual Report**

<b>Reporting Period</b>	<b>January 1, 2023 to December 31, 2023</b>
<b>Water System Name</b>	Gibsons Water System
<b>Water System Owner</b>	Town of Gibsons
<b>Primary Contact Name (Operator or Manager)</b>	Jackson Wright, Water Distribution Operator – Level 3
<b>Phone Number (Operator or Manager)</b>	604-886-2274
<b>Email (Operator or Manager)</b>	<b>infrastructure@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): 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](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

**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
Bacteriological samples from new mains at Venture Way and Cascade Crescent.	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
October 2023	Taste complaint	Found to be caused by new faucet installation in the resident's home.

**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 2023	Well #3: Motor trip.	Repaired buried splice in the junction box at the well head.

**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	Review ERCP and update as needed.
Additions/changes to system	<ul style="list-style-type: none"> <li>- Venture Way main replacement</li> <li>- Cascade Crescent Water Main replacement that will reduce the water pressure at bottom end of zone 3</li> <li>- Start-up of Well #6 to supply Zone 2 and zone 3</li> </ul>
Purchase or installation of new equipment	New VFD purchased for Well #3 and at School Rd Booster Station
Equipment repair or replacement (existing)	Remove and replaced 2" and 6" control valves at Bal's PVR station
Annual maintenance of system: (system flushing, replacement of carbon filters, etc)	<ul style="list-style-type: none"> <li>- Valve exercising.</li> <li>- Hydrant maintenance.</li> <li>- PRV maintenance.</li> </ul>
Specialist report	School Road reservoir inspection 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
Well 3 – Upgrade pump, motor, power service, renew piping arrangement and remove from confined space.	Late 2024
V.F.D. – Installations at School Road Pumphouse.	September 2024
Water Main Replacements – Skyline, Allison, Avalon and Shoal.	Late 2024
Water Meter Upgrades / Replacements	Ongoing

**Date Completed;** July 11, 2024

**Completed by;** Jackson Wright  
 Print Name

  
 Signature