



DRINKING WATER SYSTEM ANNUAL REPORT

Reporting Period: January 1st to December 31st, (year)

Water System

Water System Owner

Primary Contact Name (Operator or Manager)

Phone Number (Operator or Manager)

E-mail (Operator or Manager)

DESCRIBE YOUR WATER SUPPLY SYSTEM

What is the Source(s) of Raw Water?

- Deep Well, Shallow Well, Surface Water, Other

If other, specify details:

Does the Drinking Water System have Primary Disinfection? Yes No

- Chlorination, Ultraviolet Light, Ozone, Other

If other, specify details:

Does the Drinking Water System have Secondary Disinfection? Yes No

- Chlorination, Other

If other, specify details:

Does the Drinking Water System have Filtration? Yes No

Check all boxes that apply

- Cartridge Filter(s), Carbon Filter, Sand Filtration, Reverse Osmosis, Other

If other, specify details:

PUBLIC REPORTING

Emergency Response & Contingency Plan (ERCP)

Is your ERCP up to Date? Yes No

How do you Inform the System Users of the ERCP?

- Hand Delivered, Bulletin Board, Newspaper, Utility Bill Insert, Website, Other (specify details) Radio, Social Media

Drinking Water System Annual Report

How do you Inform the System Users of the Annual Report?

- Hand Delivered, Bulletin Board, Newspaper, Utility Bill Insert, Website, Other (specify details)

COMPLIANCE WITH OPERATING PERMIT

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

Are you in compliance with your Operating Permit? Yes No

BACTERIOLOGICAL TESTING AND DRINKING WATER PROTECTION REGULATION WATER QUALITY STANDARDS

How many bacteriological samples were collected during this reporting period? _____

What is the minimum required sampling frequency for this system? (#samples/month) _____

Additional sampling details:

Was the minimum required sampling frequency achieved? Yes No

Comments:

Bacteriological summary attached to this report? Yes No

If no, how do the users of the system view the results?

WATER QUALITY STANDARDS FOR POTABLE WATER

Parameter:	Standard:	Did this system meet standard?	
Escherichia coli (for all samples)	No detectable <i>Escherichia coli</i> per 100ml	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Total Coliform Bacteria (if only 1 sample collected in a 30 day period)	No detectable total coliform bacteria per 100ml	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Total Coliform Bacteria (if more than 1 sample collected in a 30 day period)	No more than 10% of samples contain total coliform bacteria, and No sample has more than 10 total coliform bacteria per 100ml	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If the system did not meet any of above Drinking Water Protection Regulation standards, record the results in the table below; attach additional sheets if necessary.

Date	TC/100ml	E.coli/100ml	Reason	Corrective Action

CHEMICAL SAMPLING COMPLETED DURING THIS REPORTING PERIOD

Was any chemical sampling conducted during reporting period? Yes No

If no, when were the last chemical samples conducted for this system? (date) Don't know

If yes, attach a list of the chemical results

If any water samples did not meet the Guidelines for Canadian Drinking Water Quality, record the results in the table below; attach additional sheets if necessary.

Next scheduled full chemical test (date)

Parameter	Result	Corrective Action / Treatment / Comments

ADDITIONAL TESTING

Does the system have analyzers for continuous monitoring? Yes No

If yes, check all boxes that apply:

Chlorine Turbidity Other (details)

Are the results available on request?

If any additional testing or sampling was conducted, record results in the table below; attach additional sheets if necessary.

Additional Testing & Reason for Sampling	Corrective Action Taken

WATER QUALITY COMPLAINTS

Were there any water quality complaints in this reporting period? (e.g. taste, odour, colour etc.) Yes No

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

Date	Water Quality Complaint	Corrective Action / Treatment

OPERATIONAL PROBLEMS

Were there any operational problems during this reporting period? (e.g. insufficient water supply, malfunction of disinfection equipment, line breaks, elevated turbidity etc.). Yes No

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

Incident Date	Type of Operational Problem	Corrective Action Taken

MAJOR UPGRADES/REPAIRS & EXPENSES

Were there any major upgrades/repairs or any major costs incurred during this reporting period? Yes No

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

Major Upgrades/Expenses	Details
Improvements required by DWO	
Additions/changes to system	
Purchase or install new equipment	
Equipment repair or replacement	
Annual maintenance of system	
Specialist report	
Other	

FUTURE IMPROVEMENTS

Are there any plans for future improvements? Yes No

If yes, complete the table below; attach additional sheets if necessary. New system commissioned in 2021

Future Upgrades or Improvements	Estimated Date of Completion

<p>Click here to enter a date. DATE COMPLETED:</p>	<p>COMPLETED BY:</p>
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APPENDIX A

WATER SYSTEM OPERATING CONDITIONS FOR

Shell Beach Water System
282390
3826 Shell Beach Road
Ladysmith, BC V9G 1K9

1. Authorized Waterworks System:

The Water System Owner is authorized to operate a water system consisting of a groundwater well and treatment facility to supply potable water to the Shell Beach Water Utility.

2. Monitoring of Chemical, Physical and Bacteriological Parameters:

The Water System Owner shall establish a bacteriological monitoring program in consultation with the Drinking Water Officer. At a minimum, monthly bacteriological samples must be submitted for bacteriological analysis to a laboratory approved by the Drinking Water Officer or his delegate. The sampling frequency will be reviewed by the DWO, a decrease in sampling frequency may be granted provided that the laboratory results show that the basis for a change is valid.

Additionally, the raw water supply shall be chemically sampled every five years at a minimum and include those parameters specified by the Drinking Water Officer. The water quality must meet or be lower than the maximum acceptable concentrations (MAC) limits as listed in the most recent edition of the Guidelines for Canadian Drinking Water Quality (GCDWQ), prepared by the Environmental Health Directorate, Health Canada.

Based on the results of the monitoring program, the monitoring requirements may be extended or altered by the Drinking Water Officer.

3. Notifications

In accordance with Sections 10, 12, 13, 14 and 15 of the Act, in the event of an emergency or condition beyond the control of the Water System Owner that prevents the effective operation of the approved method of disinfection, or when a performance standard listed in Section 4 are exceeded, the Water System owner shall immediately take appropriate remedial action and shall notify the Drinking Water Officer or his delegate. As per Section 11 of the Regulation, the Water System Owner must prepare and make public, within 6 months of the end of the calendar year, an annual report of the results of the monitoring required by this Regulation, its operating permit or the Drinking Water Officer or his delegate.

Date: February 24, 2025

Issued By: 
Environmental Health Officer

APPENDIX A

WATER SYSTEM OPERATING CONDITIONS FOR

Shell Beach Water System
282390
3826 Shell Beach Road
Ladysmith, BC V9G 1K9

4. Performance Standards

The Water System Owner or water system operator shall inspect the authorized waterworks regularly and maintain it in good working order to ensure the production and delivery of potable water.

The water system shall ensure the following:

- Less than 1 E.coli/mL
- No consecutive samples from the same site should not show more than 10% of the samples show the presence of total coliforms.

5. Wellhead Protection

In consultation with the Drinking Water Officer, the Water System Owner shall establish a written wellhead protection program.

6. Water System Maintenance

All work and any incidents concerning the water system are to be documented in a log book and be available for review by the Drinking Water Officer.

7. Certified Operators

The works shall be operated and maintained by person(s) certified within and according to the WaterSafe or the Environmental Operators Certification Program Society (EOCPS) program. In addition, the Drinking Water Officer shall be notified within 30 days of any change to the water system operator.

8. Modifications

The Water System Owner shall have prior written approval from the Drinking Water Officer or the Public Health Engineer, prior to implementing changes to the authorized works or to any process that may affect the quality and/or quantity of the water.

Date: February 24, 2025

Issued By: 
Environmental Health Officer

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Shell Beach Water System
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9. Emergency Response and Contingency Plans

In the event of an emergency or condition beyond the control of the Water System Owner that prevents the effective operation of the approved method of water disinfection, the Water System Owner shall immediately take appropriate remedial action and shall notify the Drinking Water Officer or his delegate. The Emergency Response and Contingency Plan must be reviewed and updated annually.

Date: February 24, 2025

Issued By: 
Environmental Health Officer

SHELL BEACH WATER SYSTEM

Facility Information

Location 175 Ingram Street Duncan

Type 15 - 300 Connections

Facility Sampling History

Location	Date	Total Coliform	E. Coli/Enterococci
Pump House Shell Beach Summer Site Road	17-Dec-2024	LT1	LT1
Pump House Shell Beach Summer Site Road	10-Dec-2024	LT1	LT1
AUDIT Shell Beach Water	26-Nov-2024	LT1	LT1
Pump House Shell Beach Summer Site Road	13-Nov-2024	LT1	LT1
Pump House Shell Beach Summer Site Road	13-Mar-2024	LT1	LT1
Well 5 Shell Beach Water	13-Mar-2024	LT1	LT1
Pump House Shell Beach Summer Site Road	14-Feb-2024	LT1	LT1
Well 5 Shell Beach Water	14-Feb-2024	LT1	LT1
Pump House Shell Beach Summer Site Road	24-Jan-2024	LT1	LT1
Well 4 Raw Water Shell Beach Water	24-Jan-2024	LT1	LT1