

# Woss HAMLET ANNUAL REPORT

(Drinking Water System Name)

Reporting Period:	January to December 2009
Operating Permit Number:	14401977
Drinking Water System Owner:	Regional District of Mount Waddington
Drinking Water System Contact:	
Name:	KARL Sinclair
Phone No:	(250) 281-2223
Email:	

**1 Microbiological testing completed during this reporting period:**

- a. bacteriological results attached to this report.
- b. adverse bacteriological results:    None detected  
    Listed in table below:

**Adverse Results:**

Date	Total coliform	E. Coli	Reason	Corrective Action
July 6/09	6 count		lack of USE	regular flushing
Dec 28/09	2 count		lack of USE	flushed system

**2 Chemical results for this reporting period:**

- a. most recent chemical analysis attached to this report.
- b. chemical parameters listed in *The Guidelines for Canadian Drinking Water Quality* ("the Guidelines") are:
  - all within GCDWQ
  - above the GCDWQ and are listed below:

**Parameters above the Guidelines:**

Parameter	Result	Max. Acceptable Concentration	Aesthetic Objective	Treatment/Corrective Action

**ANNUAL REPORT**

(Drinking Water System Name)

**3 Summarize additional testing and sampling carried out in accordance with the requirement of a Water Source approval, Written Order or as per the conditions of your Operating Permit.**

- no additional testing  
 additional testing listed below:

**Additional testing:**

Description of parameter & reason for sampling	Health parameter or non-health related parameter	Corrective action necessary (Y/N?)	Corrective action taken

**4 Water Quality Complaints:**

During the course of the year, the water system:

- did not receive water quality complaints (ie taste, odour, colour, etc)  
 received water quality complaints and are listed below:

**Water Quality Complaints:**

Date	Water quality complaint	Corrective action taken

**5 Adverse results: Total number of adverse results during this reporting period for insufficient water supply, malfunction of disinfection equipment or elevated turbidity:**

- No adverse results  
 Adverse results listed below:

**Adverse Results:**

Incident date	Corrective action	Corrected by

**ANNUAL REPORT**

(Drinking Water System Name)

**6 Description of the system:**

Sources of raw water:

- Groundwater
- Surface water
- Other (specify): \_\_\_\_\_

Does the drinking water system have disinfection?  Yes  No

Disinfection methods (check boxes that apply):

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

Does the drinking water system have treatment?  Yes  No

Treatment type (check boxes that apply):

- Particulate cartridge filters
- Membrane filtration
- Carbon filter
- Sand filtration
- Reverse osmosis
- Other (specify): \_\_\_\_\_

**7 Major expenses incurred during the period covered by the report:**

To purchase or install required equipment: NONE

To repair equipment: NONE

To replace equipment: NONE

To complete annual maintenance of system: (*system flushing, replacement of carbon filters, etc*) regular flushing

To complete specialist report (specify): \_\_\_\_\_

**8 Further communication with users:**

a. Indicate how you notified system users that your annual report is available, and is free of charge:

- hand delivered
- public access/ notice via web
- public access/notice via government office
- public access/notice via newspaper
- public access/notice via bill stuffer
- public access/ notice via other method (specify):

CALL regional District office

# ANNUAL REPORT

(Drinking Water System Name)

b. Improvements or remedial actions required by the Drinking Water Officer:

- no action required
- Drinking Water Officer inspection report attached to report
- actions required by Drinking Water Officer listed below:

### Improvements/Remedial Actions:

Required action	Completion date

c. Future water system improvements:

- no improvements planned
- improvements listed below:

### Future Improvements:

Future plans	Planned completion date

d. Emergency Response Plan can be accessed by:

- posting on web
- posting at nearest government office
- contacting water system owner
- Other (specify): \_\_\_\_\_

Water Sample Range Report for WOSS HAMLET  
**Water Sample Range Report**  
 Vancouver Island Health Authority  
 North Island

Page 1 of 2

**Facility Name:** WOSS HAMLET  
**Facility Type:** DWC  
**Date Range:** Jan 1 2009 to Dec 31 2009  
**Date Created:** Jan 07 2010

Sampling Site	Date Collected	Total Coliform	E. Coli	Fecal Coliform
<u>East side of Woss</u>				
<u>access road,</u>				
<u>Secondary Well,</u>				
<u>Source site, Monthly</u>				
	20/01/2009	L1	L1	
	25/02/2009	A		
	10/03/2009	L1	L1	
	07/04/2009	L1	L1	
	04/05/2009	L1	L1	
	15/06/2009	L1	L1	
	06/07/2009	1	L1	
	<b>14/07/2009</b>	1	<b>L1</b>	
	12/08/2009	L1	L1	
	28/09/2009	L1	L1	
	26/10/2009	L1	L1	
	26/11/2009	L1	L1	
	14/12/2009	<u>2</u>	<u>L1</u>	
	<b>Total Positive:</b>	<b>3</b>	<b>0</b>	<b>0</b>

Result Values:

E - estimated

L - less than

G - greater than

## Water Sample Range Report for WOSS HAMLET

Page 2 of 2

Samples that contain total coliform:	3	23.08% of total
Samples that contain e. coli:	0	0.00% of total
Samples that contain fecal coliform:	0	0.00% of total
Number of positive samples in last 30 days:	1/1	
Total number of samples:	13	

**Comments:**  

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Environmental Health Officer

Jul 28 2010

FOR FURTHER INFORMATION PLEASE CALL: Clements, Nancy (250) 850-2110 Campbell River Office

**Operator**Regional District Mount Waddington  
Box 5246  
Woss, BC  
V0N 3P0

(250) 281-2300

Water Sample Range Report for WOSS HAMLET  
**Water Sample Range Report**  
 Vancouver Island Health Authority  
 North Island

Page 1 of 2

**Facility Name:** WOSS HAMLET  
**Facility Type:** DWC  
**Date Range:** Jan 1 2009 to Dec 31 2009  
**Date Created:** Jan 07 2010

Sampling Site	Date Collected	Total Coliform	E. Coli	Fecal Coliform
<u>West side of Woss</u>				
<u>Access Road,</u>				
<u>Primary well, Source</u>				
<u>site, Monthly</u>				
	20/01/2009	L1	L1	
	25/02/2009	A		
	10/03/2009	L1	L1	
	07/04/2009	L1	L1	
	04/05/2009	L1	L1	
	15/06/2009	L1	L1	
	06/07/2009	L1	L1	
	12/08/2009	L1	L1	
	28/09/2009	L1	L1	
	26/10/2009	L1	L1	
	26/11/2009	L1	L1	
	14/12/2009	<u>L1</u>	<u>L1</u>	
	<b>Total Positive:</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Result Values:** E - estimated L - less than G - greater than

Water Sample Range Report for WOSS HAMLET

Samples that contain total coliform:	0	0.00% of total
Samples that contain e. coli:	0	0.00% of total
Samples that contain fecal coliform:	0	0.00% of total
Number of positive samples in last 30 days:	0/1	
Total number of samples:	12	

Comments:

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Environmental Health Officer

Jul 28 2010

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**Operator**

Regional District Mount Waddington  
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Woss, BC  
V0N 3P0

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Water Sample Range Report for WOSS HAMLET  
**Water Sample Range Report**  
 Vancouver Island Health Authority  
 North Island

**Facility Name:** WOSS HAMLET  
**Facility Type:** DWC  
**Date Range:** Jan 1 2009 to Dec 31 2009  
**Date Created:** Jan 07 2010

Sampling Site	Date Collected	Total Coliform	E. Coli	Fecal Coliform
<u>Woss, B.C., Kawasa</u>				
<u>Cafe, Dist. site,</u>				
<u>Monthly</u>				
	20/01/2009	L1	L1	
	25/02/2009	A		
	10/03/2009	L1	L1	
	07/04/2009	L1	L1	
	04/05/2009	L1	L1	
	15/06/2009	EST 3	L1	
	06/07/2009	EST 6	L1	
	14/07/2009	EST 3	L1	
	12/08/2009	L1	L1	
	28/09/2009	L1	L1	
	26/10/2009	L1	L1	
	26/11/2009	L1	L1	
	14/12/2009	<u>L1</u>	<u>L1</u>	
	<b>Total Positive:</b>	<b>3</b>	<b>0</b>	<b>0</b>
<u>Woss, B.C., Woss</u>				
<u>School, Dist. site,</u>				
<u>Monthly</u>				
	20/01/2009	L1	L1	
	23/02/2009	A		
	10/03/2009	L1	L1	
	07/04/2009	L1	L1	
	04/05/2009	L1	L1	
	15/06/2009	L1	L1	
	28/09/2009	L1	L1	
	26/10/2009	L1	L1	
	26/11/2009	L1	L1	
	14/12/2009	<u>L1</u>	<u>L1</u>	
	<b>Total Positive:</b>	<b>0</b>	<b>0</b>	<b>0</b>
<u>Gen Del, Woss, Bc,</u>				
<u>Pool Sink, Dist. site,</u>				
<u>Annually</u>				
	12/08/2009	<u>2</u>	<u>L1</u>	
	<b>Total Positive:</b>	<b>1</b>	<b>0</b>	<b>0</b>

**Result Values:** E - estimated      L - less than      G - greater than

Water Sample Range Report for WOSS HAMLET

Samples that contain total coliform:	4	16.67% of total
Samples that contain e. coli:	0	0.00% of total
Samples that contain fecal coliform:	0	0.00% of total
Number of positive samples in last 30 days:	0/2	
Total number of samples:	24	

Comments:

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Environmental Health Officer  
Jul 28 2010

FOR FURTHER INFORMATION PLEASE CALL: Clements, Nancy (250) 850-2110 Campbell River Office

**Operator**

Regional District Mount Waddington  
Box 5246  
Woss, BC  
V0N 3P0

(250) 281-2300

**Water Sample Range Report**Vancouver Island Health Authority  
North Island

**Facility Name:** WOSS HAMLET  
**Facility Type:** DWC  
**Date Range:** Jan 1 2009 to Jun 30 2009  
**Date Created:** Aug 11 2009

Sampling Site	Date Collected	Total Coliform	E. Coli	Fecal Coliform
<u>Woss, B.C., Kawasa</u>				
<u>Cafe, Dist. site,</u>				
<u>Monthly</u>				
	1/20/09	L1	L1	
	2/25/09	A		
	3/10/09	L1	L1	
	4/07/09	L1	L1	
	5/04/09	L1	L1	
	6/15/09	<u>EST 3</u>	<u>L1</u>	
	<b>Total Positive:</b>	<b>1</b>	<b>0</b>	<b>0</b>
<u>Woss, B.C., Woss</u>				
<u>School, Dist. site,</u>				
<u>Monthly</u>				
	1/20/09	L1	L1	
	2/23/09	A		
	3/10/09	L1	L1	
	4/07/09	L1	L1	
	5/04/09	L1	L1	
	6/15/09	<u>L1</u>	<u>L1</u>	
	<b>Total Positive:</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Result Values:**

E - estimated

L - less than

G - greater than

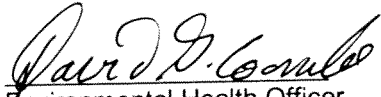
Samples that contain total coliform:	1	8.33% of total
Samples that contain e. coli:	0	0.00% of total
Samples that contain fecal coliform:	0	0.00% of total
Number of positive samples in last 30 days:	1/2	
Total number of samples:	12	

**Comments:**

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Environmental Health Officer

Aug 12 2009

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**Operator**

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Box 5246  
Woss, BC  
V0N 3P0

(250) 281-2300

**Water Sample Range Report**

Vancouver Island Health Authority

North Island

**Facility Name:** WOSS HAMLET  
**Facility Type:** DWC  
**Date Range:** Jan 1 2009 to Jun 30 2009  
**Date Created:** Aug 11 2009

Sampling Site	Date Collected	Total Coliform	E. Coli	Fecal Coliform
<u>East side of Woss</u>				
<u>access road,</u>				
<u>Secondary Well,</u>				
<u>Source site, Monthly</u>				
	1/20/09	L1	L1	
	2/25/09	A		
	3/10/09	L1	L1	
	4/07/09	L1	L1	
	5/04/09	L1	L1	
	6/15/09	<u>L1</u>	<u>L1</u>	
	<b>Total Positive:</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Result Values:****E - estimated****L - less than****G - greater than**

Samples that contain total coliform:	0	0.00% of total
Samples that contain e. coli:	0	0.00% of total
Samples that contain fecal coliform:	0	0.00% of total
Number of positive samples in last 30 days:	0/1	
Total number of samples:	6	

**Comments:**

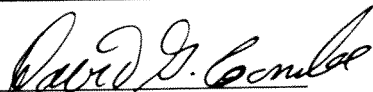
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Environmental Health Officer

Aug 12 2009

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**Operator**

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 Box 5246  
 Woss, BC  
 V0N 3P0

(250) 281-2300

**Water Sample Range Report**Vancouver Island Health Authority  
North Island

**Facility Name:** WOSS HAMLET  
**Facility Type:** DWC  
**Date Range:** Jan 1 2009 to Jun 30 2009  
**Date Created:** Aug 11 2009

Sampling Site	Date Collected	Total Coliform	E. Coli	Fecal Coliform
<u>West side of Woss Access Road, Primary well, Source site, Monthly</u>	1/20/09	L1	L1	
	2/25/09	A		
	3/10/09	L1	L1	
	4/07/09	L1	L1	
	5/04/09	L1	L1	
	6/15/09	<u>L1</u>	<u>L1</u>	
	<b>Total Positive:</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Result Values:**                      E - estimated                      L - less than                      G - greater than


Samples that contain total coliform:	0	0.00% of total
Samples that contain e. coli:	0	0.00% of total
Samples that contain fecal coliform:	0	0.00% of total
Number of positive samples in last 30 days:	0/1	
Total number of samples:	6	

**Comments:**

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Environmental Health Officer

Aug 12 2009

FOR FURTHER INFORMATION PLEASE CALL: Clements, Nancy (250) 850-2110 Campbell River Office

**Operator**

Regional District Mount Waddington  
Box 5246  
Woss, BC  
V0N 3P0

(250) 281-2300



**Water Sample Report**  
Vancouver Island Health Authority  
North Island

**Operator:** Regional District Mount Waddington  
**Person In Charge:** Karl Sinclair  
(250) 281-2223  
Box 5246  
Port Mcneill, BC  
V0N 2R0

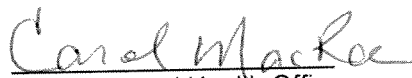
**Water System:** WOSS HAMLET  
**Sample Location:** East side of Woss access road, Secondary Well  
**Date Collected:** 14-Dec-2009

**Water Test Results:** BACTERIOLOGICALLY UNSATISFACTORY  
**Lab Reports:** Total Coliform per 100 mL : 2  
E. Coli: Less than 1

**Corrective action to be taken by operator:**

Issue Boil Water Advisory                       Disinfect water source / distribution system  
 Flush water system (distribution /             Resample water system  
reservoirs

**Comments:**  
L: LESS THAN

  
Environmental Health Officer  
17-Dec-2009

FOR FURTHER INFORMATION PLEASE CALL: Clements, Nancy (250) 850-2110

**GUIDELINES FOR CANADIAN DRINKING WATER QUALITY**

The maximum acceptable concentration (MAC) for coliforms in drinking water is 0 organism detectable per 100 mL. Please note that coliform organisms are not uniformly distributed in water and are subject to considerable variation in enumeration. However, drinking water that fulfills the following conditions is considered to be in compliance with coliform MAC:

- 1) Sample should contain 0 Fecal coliforms (L1: less than 1)
- 2) No sample should contain more than 10 Total coliform organisms per 100 mL
- 3) No consecutive samples from the same site should show the presence of coliform organisms
- 4) For community drinking water supplies:
  - a) not more than 1 sample from a set of samples taken on a given day should show the presence of coliform organisms; and
  - b) not more than 10% of the samples based on a minimum of 10 samples should show the presence of coliform organisms.

**DEFINITIONS**

- **Total Coliform** : bacteria, which indicate contamination from human, animal, soil or vegetation sources.
- **OG (Overgrown)** : a large number of organisms present in the water sample have prevented accurate counting of coliform bacteria