



DRINKING WATER SYSTEM ANNUAL REPORT

Reporting Period: January 1<sup>st</sup> to December 31<sup>st</sup>, (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):*

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**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?**

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**WATER QUALITY STANDARDS FOR POTABLE WATER**

<b>Parameter:</b>	<b>Standard:</b>	<b>Did this system meet standard?</b>	
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, <b>and</b> 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.**

<b>Date</b>	<b>TC/100ml</b>	<b>E.coli/100ml</b>	<b>Reason</b>	<b>Corrective Action</b>

**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?** Yes

**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.*

Future Upgrades or Improvements	Estimated Date of Completion

<p><b>Click here to enter a date.</b> <b>DATE COMPLETED:</b></p>	<p><b>COMPLETED BY:</b></p>
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# SATELLITE PARK WATER SYSTEM

## Facility Information

Location 175 Ingram Street Duncan  
 Type 15 - 300 Connections

## Facility Sampling History

Location	Date	Total Coliform	E. Coli/Enterococci
S1 730 Champagne Drive	18-Dec-2024	LT1	LT1
S3 Reservoir	18-Dec-2024	LT1	LT1
S2 Pump House Aros Road	11-Dec-2024	LT1	LT1
S1 730 Champagne Drive	03-Dec-2024	LT1	LT1
S3 Reservoir	26-Nov-2024	LT1	LT1
S1 730 Champagne Drive	19-Nov-2024	LT1	LT1
S2 Pump House Aros Road	12-Nov-2024	QRWRT	QRWRT
S1 730 Champagne Drive	05-Nov-2024	LT1	LT1
S3 Reservoir	28-Oct-2024	1	LT1
S1 730 Champagne Drive	22-Oct-2024	LT1	LT1
S2 Pump House Aros Road	15-Oct-2024	LT1	LT1
S1 730 Champagne Drive	07-Oct-2024	LT1	LT1
S3 Reservoir	02-Oct-2024	LT1	LT1
S1 730 Champagne Drive	23-Sep-2024	LT1	LT1
S2 Pump House Aros Road	17-Sep-2024	LT1	LT1
S1 730 Champagne Drive	09-Sep-2024	LT1	LT1
S3 Reservoir	03-Sep-2024	LT1	LT1
S1 730 Champagne Drive	26-Aug-2024	LT1	LT1
S2 Pump House Aros Road	19-Aug-2024	LT1	LT1
S1 730 Champagne Drive	13-Aug-2024	LT1	LT1
S3 Reservoir	07-Aug-2024	LT1	LT1
S1 730 Champagne Drive	31-Jul-2024	LT1	LT1
S2 Pump House Aros Road	24-Jul-2024	LT1	LT1
S1 730 Champagne Drive	15-Jul-2024	LT1	LT1
S3 Reservoir	08-Jul-2024	LT1	LT1
S1 730 Champagne Drive	02-Jul-2024	LT1	LT1
S2 Pump House Aros Road	24-Jun-2024	LT1	LT1
S1 730 Champagne Drive	17-Jun-2024	QRWRT	QRWRT
S3 Reservoir	12-Jun-2024	LT1	LT1
S2 Pump House Aros Road	28-May-2024	LT1	LT1
S1 730 Champagne Drive	21-May-2024	LT1	LT1
S3 Reservoir	13-May-2024	LT1	LT1
S1 730 Champagne Drive	06-May-2024	LT1	LT1
S2 Pump House Aros Road	29-Apr-2024	LT1	LT1
S1 730 Champagne Drive	22-Apr-2024	LT1	LT1
S3 Reservoir	15-Apr-2024	LT1	LT1
S1 730 Champagne Drive	08-Apr-2024	LT1	LT1
S2 Pump House Aros Road	02-Apr-2024	LT1	LT1
S1 730 Champagne Drive	25-Mar-2024	LT1	LT1
S3 Reservoir	18-Mar-2024	LT1	LT1
S1 730 Champagne Drive	13-Mar-2024	LT1	LT1
S2 Pump House Aros Road	05-Mar-2024	LT1	LT1
S1 730 Champagne Drive	26-Feb-2024	LT1	LT1
S3 Reservoir	20-Feb-2024	LT1	LT1

# SATELLITE PARK WATER SYSTEM

## Facility Information

Location 175 Ingram Street Duncan

Type 15 - 300 Connections

## Facility Sampling History

Location	Date	Total Coliform	E. Coli/Enterococci
S1 730 Champagne Drive	13-Feb-2024	LT1	LT1
S2 Pump House Aros Road	05-Feb-2024	LT1	LT1
S1 730 Champagne Drive	30-Jan-2024	LT1	LT1
S3 Reservoir	30-Jan-2024	LT1	LT1
S1 730 Champagne Drive	15-Jan-2024	LT1	LT1
S1 730 Champagne Drive	02-Jan-2024	LT1	LT1

# SATELLITE PARK WATER SYSTEM

## SOURCE - Well

			<b>Sample ID</b>	WELL-INLET INSIDE TB (WTX 27AEA)
			<b>Sampling Date</b>	05/16/24
			<b>Sampling Time</b>	12:20 PM
<b>Parameter Name</b>	<b>MAC</b>	<b>AO</b>	<b>Units</b>	<b>Result</b>
Nitrite (N)	1		mg/L	<0.0050
Nitrate (N)	10		mg/L	2.24
Conductivity			uS/cm	240
pH			pH	7.65
Total Dissolved Solids		500	mg/L	140
Alkalinity (PP as CaCO3)			mg/L	<1.0
Alkalinity (Total as CaCO3)			mg/L	85
Bicarbonate (HCO3)			mg/L	100
Carbonate (CO3)			mg/L	<1.0
Hydroxide (OH)			mg/L	<1.0
Chloride (Cl)		250	mg/L	9
Sulphate (SO4)		500	mg/L	5.9
True Colour		15	Col. Unit	<2.0
Nitrate plus Nitrite (N)			mg/L	2.24
Langelier Index (@ 20C)			N/A	-0.432
Langelier Index (@ 4C)			N/A	-0.683
Saturation pH (@ 20C)			N/A	8.08
Saturation pH (@ 4C)			N/A	8.33
Dissolved Fluoride (F)	1.5		mg/L	<0.050
Tannins and Lignins			mg/L	<0.2
Turbidity	see remark	see remark	NTU	<0.10
Total Hardness (CaCO3)			mg/L	93.6
Total Aluminum (Al)	2900		ug/L	<3.0
Total Antimony (Sb)	6		ug/L	<0.50
Total Arsenic (As)	10		ug/L	<0.10
Total Barium (Ba)	2000		ug/L	2.8
Total Beryllium (Be)			ug/L	<0.10
Total Bismuth (Bi)			ug/L	<1.0
Total Boron (B)	5000		ug/L	<50
Total Cadmium (Cd)	7		ug/L	<0.010
Total Chromium (Cr)	50		ug/L	<1.0
Total Cobalt (Co)			ug/L	<0.20
Total Copper (Cu)	2000	1000	ug/L	4
Total Iron (Fe)		300	ug/L	<5.0
Total Lead (Pb)	5		ug/L	<0.20
Total Manganese (Mn)	120	20	ug/L	<1.0
Total Molybdenum (Mo)			ug/L	<1.0

# SATELLITE PARK WATER SYSTEM

## SOURCE - Well

			<b>Sample ID</b>	WELL-INLET INSIDE TB (WTX 27AEA)
			<b>Sampling Date</b>	05/16/24
			<b>Sampling Time</b>	12:20 PM
<b>Parameter Name</b>	<b>MAC</b>	<b>AO</b>	<b>Units</b>	<b>Result</b>
Total Nickel (Ni)			ug/L	<1.0
Total Selenium (Se)	50		ug/L	0.11
Total Silicon (Si)			ug/L	10100
Total Silver (Ag)			ug/L	<0.020
Total Strontium (Sr)	7000		ug/L	79.5
Total Thallium (Tl)			ug/L	<0.010
Total Tin (Sn)			ug/L	<5.0
Total Titanium (Ti)			ug/L	<5.0
Total Uranium (U)	20		ug/L	<0.10
Total Vanadium (V)			ug/L	<5.0
Total Zinc (Zn)		5000	ug/L	<5.0
Total Zirconium (Zr)			ug/L	<0.10
Total Calcium (Ca)			mg/L	22.5
Total Magnesium (Mg)			mg/L	9.11
Total Potassium (K)			mg/L	0.772
Total Sodium (Na)		200	mg/L	8.75
Total Sulphur (S)			mg/L	<3.0
Total Mercury (Hg)	1		ug/L	<0.0019
Total Total Kjeldahl Nitrogen (Calc)			mg/L	0.25
Total Organic Carbon (C)			mg/L	<0.50
Total Nitrogen (N)			mg/L	2.49
Total Ammonia (N)			mg/L	<0.015
Sulphide (as H <sub>2</sub> S)		0.05	mg/L	<0.0020
Total Sulphide		0.05	mg/L	<0.0018
Total Coliforms	0		CFU/100mL	0
E. coli	0		CFU/100mL	0
Heterotrophic Plate Count			CFU/mL	<1
Fecal Coliforms			CFU/100mL	<1
Non-Coliform (Background)			CFU/100mL	<1
Iron Bacteria			CFU/mL	<25
Sulphate reducing bacteria			CFU/mL	<75