

Drinking Water System Annual Report
Reporting period: January 1st to December 31st, 2025 (year)
Water system name: Buick Potable Water and Bulk Loading Station
Water system owner: Peace River Regional District (PRRD)
Primary contact name (operator/manager): Aquatech Canadian Water Services (ACWS) - Gabriel Lebeuf
Phone number (operator/manager): 587-830-1891
E-mail (operator/manager): glebeuf@aquatech-canadian.com
Number of connections: x2 (truck fill and bottle fill)
Population served: 740
Drinking Water Advisories
Is your water system currently under an advisory? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, what type? <input type="checkbox"/> Boil water notice <input type="checkbox"/> Water quality advisory <input type="checkbox"/> Do not use <input type="checkbox"/> Do not consume
Start date:
Describe Your Water Supply System
What is the source(s) of raw water? <input checked="" type="checkbox"/> Deep well <input type="checkbox"/> Shallow well <input type="checkbox"/> Surface water <input type="checkbox"/> Other
If other, specify details:
Does the drinking water system have primary disinfection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Chlorination <input type="checkbox"/> Ultraviolet light <input type="checkbox"/> Ozone <input type="checkbox"/> Other
If other, specify details:
Does the drinking water have secondary disinfection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Chlorination <input type="checkbox"/> Other
If other, specify details:
Does the drinking water system have filtration? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (check all the boxes that apply)
<input checked="" type="checkbox"/> Cartridge filter(s) <input checked="" type="checkbox"/> Carbon filter <input type="checkbox"/> Sand filtration <input checked="" type="checkbox"/> Reverse osmosis <input type="checkbox"/> Other
If other, specify details:
Does the drinking water system have storage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is there a cross-connection control program in place? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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

Public Reporting

Date	TC/100 m:	E.coli/100 mL	Reason	Corrective action

Chemical sampling completed during this reporting period

When was the last chemical sampling conducted for this water system? 04-Dec-2024 (date)	When will the next chemical sampling be conducted? 31-Aug-2026 (date)
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Did all water samples meet the Guidelines for Canadian Drinking Water Quality? Yes No

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.

Parameter	Result	Corrective Action / Treatment / Comments

Additional testing

Does the system have analyzers for continuous monitoring?
 If yes, check all the boxes that apply: Chlorine Turbidity Other (details):
 Are the results available on request? N/A

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

Additional testing and 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
02-Jul-2025		N/A ... Water taste and odour is monitored daily. ACWS contacted
		customer and requested they inspect and sanitize their tank.
		Customer reported back and indicated it was fine afterwards.

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 and 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 Drinking Water Officer	
Additions/changes to system	
Purchase or install new equipment	
Equipment repair or replacement	Nanofiltration and R.O. / Membrane replacement
Specialist report	
Other	

Annual maintenance

Describe maintenance performed this year e.g. watermain flushing, valve-exercising program, etc.)

- Membrane CIP cleaning.
- Water storage cistern and distribution line(s) shock chlorination.
- Well shock chlorination.

Environmental Operators Certification Program Classification and Training

Has the Drinking Water System been classified by EOCP? Yes No

Water treatment classification: Level 1 Level 2 Level 3 Level 4 SWS

Water distribution classification: Level 1 Level 2 Level 3 Level 4 SWS

Is the operator certified for this classification? Yes No

If no, why?

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
Nothing scheduled at this time.	

Date completed: 23-Feb-2026	Completed by: Gabriel Lebeuf
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***Considerations for immunocompromised**

Those with compromised immune systems may be at higher risk of water-borne infections. If you have a weak immune system, you should not drink water from surface sources or groundwater at risk of containing pathogens unless the water has been treated to remove or inactivate parasites (protozoa), viruses and bacteria.