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| <b>Drinking Water System Annual Report</b>   |
| Reporting period: January 1st to December 31st, 2025 (year)  |
| Water system name: Prespatou 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: 2 (truck fill and bottle fill)  |
| Population served: 740   |
| <b>Drinking Water Advisories</b>   |
| 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:  |
| <b>Describe Your Water Supply System</b>   |
| What is the source(s) of raw water? <input type="checkbox"/> Deep well <input checked="" type="checkbox"/> Shallow well <input type="checkbox"/> Surface water <input type="checkbox"/> Other                              |
| If other, specify details: Artesian well   |
| 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 type="checkbox"/> Carbon filter <input type="checkbox"/> Sand filtration <input checked="" type="checkbox"/> Reverse osmosis <input type="checkbox"/> Other |
| If other, specify details: Sediments filters / Nanofiltration / R.O. / GAC   |
| 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  |



**Public Reporting**

**Emergency response and contingency plan (ERCP)**  
 When was your ERCP last updated? 04-Mar-2025 (date)  
 How do you inform the system users of the ERCP? (select all that apply)  
 Hand delivered     Bulletin board     Newspaper     Utility bill insert     Website  
 Email     Other (specify details): Everbridge / North East BC Alerts and social medias

**Drinking water system annual report**  
 How do you inform the system users of the annual report? (select all that apply)  
 Hand delivered     Bulletin board     Newspaper     Utility bill insert     Website  
 Email     Other (specify details):

**Compliance with Operating Permit**

**List the conditions of operation as they appear on the operating permit; attach additional sheets if necessary:**  
 See Northern Health Operating Permit

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) 2 samples per month.  
 Additional sampling details:

**Was the minimum required sampling frequency achieved?**  Yes     No  
 If no, why?

**Water Quality Standards for Portable Water**

| Parameter:   | Standard:  | Did this system meet standard? |
|--|--|--------------------------------|
| Escherichia coli (for all samples)   | No detectable Escherichia coli per 100 mL  | Yes                            |
| Total coliform bacteria (if only 1 sample collected in a 30 day period)      | No detectable total coliform bacteria per 100 mL   | Yes                            |
| 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 100 mL | Yes                            |

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? 06-Jun-2025 (date)

When will the next chemical sampling be conducted? 01-Jun-2026 (date)

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 |
|-----------|---------|--|
| Sodium    | 210-220 | 2026 - Membranes replacement.            |
|           |         |  |
|           |         |  |
|           |         |  |

**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                          |
|-------------|-------------------------|--|
| 06-Jun-2025 | Plastic taste           | Additional testing completed and monitoring of system. |
|             |                         | No corrective action needed.                           |
|             |                         |  |

**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 |
|---------------|-----------------------------|-------------------------|
|               |                             |                         |
|               |                             |                         |
| 30-Aug-2026   |                             |                         |

**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                 | Cleaning in Place (CIP) pump and booster pump repair and replacement. |
| Specialist report                               |   |
| Other   |   |

**Annual maintenance**

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

- Tank and distribution line shock chlorination.
- Membrane low PH CIP cleaning.

**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 |
|---------------------------------|------------------------------|
| Membrane replacement            | 30-Aug-2026                  |
|                                 |                              |

|                                    |                                     |
|------------------------------------|-------------------------------------|
| <b>Date completed:</b> 05-Dec-2025 | <b>Completed by:</b> Gabriel Lebeuf |
|------------------------------------|-------------------------------------|

**\*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.