



POTABLE WATER SYSTEM ANNUAL REPORT

(Not Transported nor Backcountry systems)

Based Primarily on Operational Year: **2022**

System Number: **21.09** System Name: **Waskesiu**
 Field Unit: **Northern Prairies** Park or Site: **Prince Albert NP**

SYSTEM DETAILS

Was this system operated in 2022 for potable water uses? Yes If "No", rest of report optional with the exception of Maximo # and your name & date at end. (Note that "potable water uses" includes BWN systems with potable water uses after boiling.)

Number of Months Operated for Potable Water Uses in each System Classification*:				Classification Determined By:	Maximo Asset Number* 20171
Large:	Medium:	Small:	Micro:		
<input type="text" value="5"/>	<input type="text" value="7"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="Measured Flow"/>	* PTSP to validate the above Maximo #, and overwrite with any needed corrections.
Total Operational Months in 2022: 12		Type**:			
		<input type="text" value="Year-Round"/>			

* In this report, "1st Classification" refers to largest classification, and "2nd Classification" refers to second largest classification.
 ** Seasonal is a system that is not in operation for 60 or more consecutive days per year.
 Note: In this report, the term "Standard" means the Potable Water Guidelines and Standards for Parks Canada Agency (2006).

No.	DETAIL (These generally relate to the operational year of this report, i.e. top-right.)	
1	WATER SOURCE:	
		<i>Surface Water</i>
2	If 'Supplied By Others' then Items 2 to 6 are N/A	Overall treatment type?
3		Filtration method?
4		If source was Groundwater (not GUDI), had 'Relief' from Primary Disinfection been granted (Section 1.4)?
5		Primary Disinfection method:
6		If Chlorination was required in Primary Disinfection to meet Section 1.3.1, was this provided?
7		Treated water storage method:
8	Treated water storage volume, <u>in cubic metres only</u> :	757 m3
9	Did this system include a Distribution System, as defined in the Standard (page D-1)?	<input type="text" value="Yes"/>
10	If system included a Distribution System, was the required chlorine-based Secondary Disinfection present in it?	<input type="text" value="Yes"/>
11	If Medium or Large system, was it eligible for Reduction in Microbiological Sampling Frequency per Section 1.7.3?	<input type="text" value="No"/>
12	If Year Round, <u>and if</u> all mandatory THM testing was done during the last 24 months, were all results less than half of MAC?	<input type="text" value="Yes"/>

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If Year Round, and if all recommended annual Lead testing was done during the last 3 years, were all results less than half of MAC?

Yes

SANITARY SURVEY

Sanitary Survey:	Survey Frequency Required by Standard*	Last Survey* (yyyy-mm-dd)	Next Required Survey (yyyy-mm)	*Note: If a survey was recently completed but only <u>after</u> the operating year of this report (i.e. top-right), <u>do not</u> insert that date in this box. (If this was non-compliant due to being completed <u>after</u> the year it was required, can note that in Comments below.)
	1 every 3 years	2020-07-19	2023-07	
	* Based on 1 st System Classification only.			

OPERATIONAL CHECKS

PARAMETER	Minimum Testing Frequency Required by Standard		Testing Frequency Actually Performed						Number of Exceedances (Includes chlorine shortfalls)
	1 st Classification	2 nd Classification	1st Classification			2nd Classification			
Chlorine Residual in <u>Treatment Plant</u> *	1 every day	1 every day	200	<input type="text" value="every"/>	<input type="text" value="Continuously"/>	200	<input type="text" value="every"/>	<input type="text" value="Continuously"/>	<input type="text" value=""/>
Chlorine Residual in <u>Distribution System</u> *	11 every week	6 every week	38	<input type="text" value="every"/>	<input type="text" value="week(s)"/>	38	<input type="text" value="every"/>	<input type="text" value="week(s)"/>	<input type="text" value=""/>
Turbidity - <u>Raw Water</u> (Non-GUDI Groundwater**)	N/A	N/A	<input type="text" value=""/>	<input type="text" value="N/A"/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value="N/A"/>	<input type="text" value=""/>	<input type="text" value=""/>
Turbidity- <u>Treated/Provided</u> Water (Surface/GUDI**)	Continuously	1 every day	<input type="text" value=""/>	<input type="text" value="every"/>	<input type="text" value="Continuously"/>	<input type="text" value=""/>	<input type="text" value="every"/>	<input type="text" value="N/A"/>	<input type="text" value=""/>

* Chlorine Residual testing reported in this table excludes the additional Chlorine Residual testing that is required with Microbiological Sampling.
 ** For non-GUDI Groundwater systems with filtration (such as due to high turbidity from aquifer): In addition to the mandatory turbidity testing of the Raw Water, ensure you also report on any 'Actually Performed' (i.e. in the orange section) testing of 'Turbidity- Treated/Provided Water' (i.e. post-filtration, to validate effectiveness.)

MICROBIOLOGICAL SAMPLING (Both *E.coli* and Total Coliforms)

SAMPLING LOCATION	Minimum Sampling Frequency Required by Standard		Sampling Frequency Actually Performed (for both <i>E.coli</i> and Total Coliforms)						Number of Exceedances	
	1 st Classification	2 nd Classification	1st Classification			2nd Classification			E.coli	Total Coliforms
Raw Water (Non-GUDI Groundwater)	N/A	N/A	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>		
Treated / Provided Water (see also * and ** below)	1 every week	2 every week	101	<input type="text" value="every"/>	<input type="text" value=""/>	101	<input type="text" value="every"/>	<input type="text" value=""/>	5	5

* For systems with a *Distribution System* , did at least 50% of the 'Treated/Distributed Water' samples come from system extremities?

**** For Micro Groundwater systems on *Relief*, total annual number of samples:**

Required by Std: <Select>

Actually Taken: <Input>

CHEMICAL TESTING

Has the one-time Full Characterization (Tables A, B, C & D) of the <u>Raw</u> water been performed?	<input type="text" value="Yes"/>	If "Yes", provide actual date (yyyy-mm-dd):	2012-01
		If "No", provide planned date (yyyy-mm):	<Input>

PERIODIC CHEMICAL TESTING

PARAMETER	Min. Testing Frequency Required by Standard	Last Actual Test (yyyy-mm)	Next Req'd Test (yyyy-mm)
Inorganic & Organic (Tables A & B) in the <u>treated/provided</u> water	1 every year	2022-06	2023-06
Lead testing for systems with <u>Distribution System</u> *	1 every year	2022-08	2023-08
<i>*Even if no distribution, lead testing should be considered, with frequencies/results noted in comments.</i>			
PARAMETER	Min. Testing Frequency Required by Standard	Testing Frequency Actually Performed	
THM testing for systems with <u>Distribution System</u>	1 every 90 days	4	<input type="text" value="every"/> <input type="text" value="1"/> <input type="text" value="year(s)"/>
Nitrates & Nitrites in the <u>treated/provided</u> water	1 every 120 days	101	<input type="text" value="every"/> <input type="text" value="<Input>"/> <input type="text" value="year(s)"/>

EXCEEDANCES IN CHEMICAL TESTING

PARAMETER (add clarifications if needed)	MAC	Actual Value
Lead (Water tower)	0.005	0.017
Lead (Fire Hall)	0.005	0.019
5 -Plex Apartment (THM)	100mg/l	116mg/l
Operations Centre (THM)	100mg/l	00.97mg

IMPROVEMENTS / EQUIPMENT REPLACEMENT / CALIBRATIONS

DATE (yyyy-mm-dd)	DESCRIPTION	COST (\$)
2022-04-26	Equipment calibration and certification	\$ 1,500

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ATTACHED REPORTS*

DESCRIPTION OF REPORT	Number of Pages
21.09 -Complete chemical analysis	7
21.09 THM testing	8
21.09 Lead testing	5
21.09 Cryptosporium / Giardia	2

** Required attachments include Incident Response Reports, Results of general Organic/Inorganic (Tables A & B) and Full Characterization (Tables A, B,C, & D) group tests, and Sanitary Surveys.*

GENERAL COMMENTS

(Note: To start a new line, press <Alt> <Enter>)

Lead at the water tower, replacement of fittings and solder ongoing.
 Lead at the Fire Hall , replacement of fittings and solder ongoing.
 THM (Trihalomethane) Engineered report completed in 2018 with options for THM removal (No budget approval from 2018 to 2023) Communication strategy was created and implemented for distribution to stake holders , staff , general public.

COMPLIANCE

In 2022, was this system in 100% compliance with the Potable Water Guidelines and Standards for Parks Canada Agency?*

No

NOTE: "Compliance" includes all minimum requirements in GREEN sections above were met, as should be reflected in the corresponding ORANGE sections to the right. Comments should be provided for all instances of non-compliance (e.g. including the reason, and plans & timing to address the non-compliance).

AUTHOR IDENTIFICATION

(Report must be prepared by the *Primary Technical Support Person* assigned to this Potable Water System)

PRIMARY TECHNICAL SUPPORT PERSON (PTSP)	DATE (yyyy-mm-dd)	PTSP's SIGNATURE <i>(For the copy that the PTSP must submit to the Field Unit Superintendent)</i>
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Kurt Smith

2023-02-16


