



POTABLE WATER SYSTEM ANNUAL REPORT

(Not Transported nor Backcountry systems)

Based Primarily on Operational Year: **2021**

System Number: **21.09**

System Name: **Waskesiu**

Field Unit: **Northern Prairies**

Park or Site: **Prince Albert NP**

SYSTEM DETAILS

Was this system operated in 2021 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: <input type="text" value="Measured Flow"/>	Maximo Asset Number* 20171 <small>* PTSP to validate the above Maximo #, and overwrite with any needed corrections.</small>
Large: <input type="text" value="5"/>	Medium: <input type="text" value="7"/>	Small: <input type="text" value="0"/>	Micro: <input type="text" value="0"/>		
Total Operational Months in 2021: <input type="text" value="12"/>		Type**: <input type="text" value="Year-Round"/>			
<small>* 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).</small>					

No.	DETAIL (These generally relate to the operational year of this report, i.e. top-right.)	
1	WATER SOURCE:	
		Surface Water
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> :	
9	Did this system include a Distribution System, as defined in the Standard (page D-1)?	
10	If system included a Distribution System, was the required chlorine-based Secondary Disinfection present in it?	
11	If Medium or Large system, was it eligible for Reduction in Microbiological Sampling Frequency per Section 1.7.3?	
12	If Year Round, and if all mandatory THM testing was done during the last 24 months, were all results less than half of MAC?	
13	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?	

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), do <u>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	every	<Input>	Continuously	200		every	<Input>
Chlorine Residual in <u>Distribution System</u> *	11 every week	6 every week	33	every	<Input>	week(s)	33	every	<Input>	week(s)	<Input>
Turbidity - Raw Water (Non-GUDI Groundwater**)	N/A	N/A	<Input>	N/A	<Input>	<Select>	<Input>	N/A	<Input>	<Select>	<Input>
Turbidity- <u>Treated/Provided</u> Water (Surface/GUDI**)	Continuously	1 every day	<Input>	every	<Input>	Continuously	<Input>	every	<Input>	Continuously	<Input>

* 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			<i>E.coli</i>	Total Coliforms		
	Raw Water (Non-GUDI Groundwater)	N/A	N/A	<Input>	<Select>	<Input>	<Select>	<Input>			<Select>	<Input>
Treated / Provided Water (see also * and ** below)	1 every week	2 every week	96	every	<Input>	<Select>	96	every	<Input>	<Select>	<Input>	4

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

** For Micro Groundwater systems on *Relief*, total annual number of samples: Required by Std: <Select> Actually Taken:

ATTACHED REPORTS*

DESCRIPTION OF REPORT	Number of Pages
21.09- Complete Chemical testing	9
21.09 - THM testing	8
21.09 - Lead testing	6
21.09 - Cryptosporidium / Giardia testing	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>)

COMPLIANCE

In 2021, was this system in 100% compliance with the Potable Water Guidelines and Standards for Parks Canada Agency?*

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 <small>(yyyy-mm-dd)</small>		PTSP's SIGNATURE <small>(For the copy that the PTSP must submit to the Field Unit Superintendent)</small>
Kurt Smith	2022-03-02	_____	_____