

Drinking Water System Annual Report
Reporting period: January 1st to December 31st, 2025 (year)
Water system name: Boundary Lake 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 and bottle fill)
Population served: 100
Drinking Water Advisories
Is your water system currently under an advisory? ☐ Yes ☒ No
If yes, what type? ☐ Boil water notice ☐ Water quality advisory ☐ Do not use ☐ Do not consume
Start date:
Describe Your Water Supply System
What is the source(s) of raw water? ☐ Deep well ☒ Shallow well ☐ Surface water ☐ Other
If other, specify details: Source provided by Whitecap Resources wells with strong surface influence
Does the drinking water system have primary disinfection? ☒ Yes ☐ No
☒ Chlorination ☐ Ultraviolet light ☐ Ozone ☐ Other
If other, specify details:
Does the drinking water have secondary disinfection? ☐ Yes ☒ No
☐ Chlorination ☐ Other
If other, specify details:
Does the drinking water system have filtration? ☒ Yes ☐ No (check all the boxes that apply)
☒ Cartridge filter(s) ☒ Carbon filter ☐ Sand filtration ☒ Reverse osmosis ☐ Other
If other, specify details: Filter bags, sediments filters (5 um + 1um) + nanofiltration
Does the drinking water system have storage? ☒ Yes ☐ No
Is there a cross-connection control program in place? ☐ Yes ☒ No



Public Reporting

Emergency response and contingency plan (ERCP)

When was your ERCP last updated? 28-Sep-2026 (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 media

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 (1 per distribution connection)

Additional sampling details: x12 samples collected in 2025

Was the minimum required sampling frequency achieved? ☒ Yes ☐ No

If no, why? The system was out of service until July 2025.

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? 15-Jul-2025 (date)	When will the next chemical sampling be conducted? (date) Fall 2026 (TBD exactly)
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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
Construction and commissioning of replacement parts	Water feed supply piping and filtration system were upgraded.

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
01-Aug-2025	Elevated turbidity & air	Consulted professional for design to reduce turbidity
	Insufficient water supply/quality	Take the system out of service
08-Jul-2026	Electrical supply challenges	Take the system out of service
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	Upgrades to the water feed supply piping and filtration system.	
Specialist report		
Other		

Annual maintenance

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

Water cistern and distribution lines 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
Pre-treatment upgrades and turbidity filtration and monitoring.	08-Jul-2026

Date completed: 28-Sep-2026

Completed by: 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.