

DRINKING WATER SYSTEM ANNUAL REPORT

Reporting Period: January 1st to December 31st, (year)

Water System

Water System Owner

Primary Contact Name (Operator or Manager)

Phone Number (Operator or Manager)

E-mail (Operator or Manager)

DESCRIBE YOUR WATER SUPPLY SYSTEM

What is the Source(s) of Raw Water?

Deep Well Shallow Well Surface Water Other

If other, specify details:

Does the Drinking Water System have Primary Disinfection?

Yes No

Chlorination Ultraviolet Light Ozone Other

If other, specify details:

Does the Drinking Water System have Secondary Disinfection?

Yes No

Chlorination Other

If other, specify details:

Does the Drinking Water System have Filtration?

Yes No

Check all boxes that apply

Cartridge Filter(s) Carbon Filter Sand Filtration Reverse Osmosis Other

If other, specify details:

PUBLIC REPORTING

Emergency Response & Contingency Plan (ERCP)

Is your ERCP up to Date? Yes No

How do you Inform the System Users of the ERCP?

Hand Delivered Bulletin Board Newspaper Utility Bill Insert Website

Other (specify details)

Drinking Water System Annual Report

How do you Inform the System Users of the Annual Report?

Hand Delivered Bulletin Board Newspaper Utility Bill Insert Website

Other (specify details)

COMPLIANCE WITH OPERATING PERMIT

List the conditions that have been placed on your Operating Permit (if you have conditions, these will be stated on your permit):

Are you in compliance with the conditions listed on your Operating Permit? Yes No N/A

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) _____

Additional sampling details:

Was the minimum required sampling frequency achieved? Yes No

Comments:

Bacteriological summary attached to this report? Yes No

If no, how do the users of the system view the results?

WATER QUALITY STANDARDS FOR POTABLE WATER

Parameter:	Standard:	Did this system meet standard?	
Escherichia coli (for all samples)	No detectable <i>Escherichia coli</i> per 100ml	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Total Coliform Bacteria (if only 1 sample collected in a 30 day period)	No detectable total coliform bacteria per 100ml	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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 100ml	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

Date	TC/100ml	E.coli/100ml	Reason	Corrective Action

CHEMICAL SAMPLING COMPLETED DURING THIS REPORTING PERIOD

Was any chemical sampling conducted during reporting period? Yes No

If no, when were the last chemical samples conducted for this system?

(date) Don't Know Never

If yes, 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? Yes No

If yes, check all boxes that apply:

Chlorine Turbidity Other (details)

Are the results available on request?

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

Additional Testing & 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

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 & 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 DWO	
Additions/changes to system	
Purchase or install new equipment	
Equipment repair or replacement	
Annual maintenance of system	
Specialist report	
Other	

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

DATE COMPLETED:	COMPLETED BY:
------------------------	----------------------

Sample Range Report

Fraser Health Authority

Facility Name: Coghlan Elementary School WS
Date Range: Jan 1 0025 to Dec 31 2025

Operator Ryan Smith
 20260 64th Ave
 Langley, BC V3A 4P7

Sampling Site	Date Collected	Total Coliform	E. Coli	Fecal Coliform
<u>Staff Room, 4452</u>				
<u>256 St</u>				
	1-7-2025 9:15:00 AM	LT1	LT1	
	1-21-2025 10:30:00 AM	LT1	LT1	
	2-5-2025 11:15:00 AM	LT1	LT1	
	2-16-2025 11:10:00 AM	REJCT DELAY3	REJCT DELAY3	
	2-25-2025 10:30:00 AM	LT1	LT1	
	3-4-2025 11:15:00 AM	LT1	LT1	
	3-18-2025 10:30:00 AM	LT1	LT1	
	4-1-2025 10:30:00 AM	LT1	LT1	
	4-15-2025 10:30:00 AM	LT1	LT1	
	5-14-2025 10:30:00 AM	LT1	LT1	
	5-27-2025 10:30:00 AM	LT1	LT1	
	6-10-2025 12:00:00 PM	LT1	LT1	
	6-24-2025 1:30:00 AM	LT1	LT1	
	7-8-2025 10:30:00 AM	LT1	LT1	
	7-22-2025 10:30:00 AM	LT1	LT1	
	8-12-2025 10:15:00 AM	LT1	LT1	
	8-26-2025 9:30:00 AM	LT1	LT1	
	9-9-2025 10:15:00 AM	LT1	LT1	
	9-24-2025 11:10:00 AM	LT1	LT1	
	10-15-2025 11:55:00 AM	LT1	LT1	

10-28-2025 11:15:00 AM	LT1	LT1	
11-12-2025 11:25:00 AM	LT1	LT1	
11-26-2025 10:30:00 AM	LT1	LT1	
12-10-2025 10:30:00 AM	<u>LT1</u>	<u>LT1</u>	
Total Positive:	0	0	0

Mechanical Room,
4452 256 St

1-7-2025 9:00:00 AM	LT1	LT1	
1-21-2025 10:15:00 AM	LT1	LT1	
2-5-2025 11:00:00 AM	LT1	LT1	
2-16-2025 11:15:00 AM	REJCT DELAY3	REJCT DELAY3	
2-25-2025 10:15:00 AM	LT1	LT1	
3-4-2025 11:00:00 AM	LT1	LT1	
3-18-2025 10:15:00 AM	LT1	LT1	
4-1-2025 10:15:00 AM	LT1	LT1	
4-15-2025 10:15:00 AM	LT1	LT1	
5-14-2025 10:15:00 AM	LT1	LT1	
5-27-2025 10:15:00 AM	LT1	LT1	
6-10-2025 11:55:00 AM	LT1	LT1	
6-24-2025 1:15:00 AM	LT1	LT1	
7-8-2025 10:15:00 AM	LT1	LT1	
7-22-2025 10:15:00 AM	LT1	LT1	
8-12-2025 10:30:00 AM	LT1	LT1	
8-26-2025 9:45:00 AM	LT1	LT1	
9-9-2025 10:30:00 AM	LT1	LT1	
9-24-2025 11:15:00 AM	LT1	LT1	
10-15-2025 11:50:00 AM	LT1	LT1	
10-28-2025 11:00:00 AM	LT1	LT1	
11-12-2025 11:30:00	LT1	LT1	

AM			
11-26-2025 10:15:00	LT1	LT1	
AM			
12-10-2025 10:35:00	<u>LT1</u>	<u>LT1</u>	
AM			
Total Positive:	0	0	0

Result Values: **E - estimated** **L - less than** **G - greater than**

Samples that contain total coliform:	0		0.00% of total
Samples that contain e. coli:	0		0.00% of total
Samples that contain fecal coliform:	0		0.00% of total
Number of consecutive samples that contain total coliform:	0		
Number of samples that contain total coliform in last 30 days:	0/0		
Total number of samples:	48		

Comments:

Environmental Health Officer
Feb 3 2026

FOR FURTHER INFORMATION PLEASE CALL: Heather Slater (604) 870-7900

Report Transmission Cover Page

Bill To: School District #35 20260 - 64 Avenue Langley, BC, Canada V3A 4P7	Project ID: Project Name: Coghlan Project Location: LSD: P.O.: S00023 Proj. Acct. code:	Lot ID: 1821719 Control Number: Date Received: Jun 16, 2025 Date Reported: Jun 19, 2025 Report Number: 3148705 Report Type: Final Report
Attn: Accounts Payable Sampled By: Company:		

Contact	Company	Address	
Accounts Payable	School District #35	20260 - 64 Avenue Langley, BC V3A 4P7 Phone: (604) 534-3294 Fax: Email: invoices@sd35.bc.ca	
<u>Delivery</u>	<u>Format</u>	<u>Deliverables</u>	
Email - Merge	PDF	COC / Invoice	
Ryan Smith	School District #35	20260 - 64th Ave Langley, BC V3A 4P7 Phone: (604) 534-3294 Fax: (604) 534-0841 Email: rsmith@sd35.bc.ca	
<u>Delivery</u>	<u>Format</u>	<u>Deliverables</u>	
Email - Merge	PDF	COA / COC	
Email - Merge	PDF	COC / Invoice	
Email - Merge	PDF	COC / Test Report	

Notes To Clients:

- The analysis of water sample 1821719-1 is below Maximum Acceptable Concentrations for the chemical and bacteriological health related guidelines specified by the March 2025 Guidelines for Canadian Drinking Water Quality for the parameters tested.

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Analytical Report

Bill To: School District #35 20260 - 64 Avenue Langley, BC, Canada V3A 4P7	Project ID: Project Name: Coghlan Project Location: LSD: P.O.: S00023 Proj. Acct. code:	Lot ID: 1821719 Control Number: Date Received: Jun 16, 2025 Date Reported: Jun 19, 2025 Report Number: 3148705 Report Type: Final Report
Attn: Accounts Payable Sampled By: Company:		

Reference Number	1821719-1
Sample Date	June 16, 2025
Sample Time	10:30
Sample Location	
Sample Description	Coghlan / 9.9 °C
Sample Matrix	Drinking Water


Analyte	Units	Result	Nominal DL	Guideline Limit	Guideline Comments	
Metals Extractable						
Aluminum	Extractable mg/L	<0.001	0.001	0.1 OG, 2.9 MAC	Below OG	
Antimony	Extractable mg/L	0.00005	0.00002	0.006	Below MAC	
Arsenic	Extractable mg/L	0.0004	0.0001	0.010	Below MAC	
Barium	Extractable mg/L	<0.0001	0.0001	2.0	Below MAC	
Boron	Extractable mg/L	0.21	0.002	5	Below MAC	
Cadmium	Extractable mg/L	<0.00001	0.00001	0.007	Below MAC	
Chromium	Extractable mg/L	<0.00005	0.00005	0.05	Below MAC	
Copper	Extractable mg/L	0.0016	0.0005	1 AO, 2 MAC	Below AO	
Lead	Extractable mg/L	0.00018	0.00001	0.005	Below MAC	
Selenium	Extractable mg/L	<0.0002	0.0002	0.05	Below MAC	
Strontium	Extractable mg/L	<0.0001	0.0001	7.0	Below MAC	
Uranium	Extractable mg/L	<0.00001	0.00001	0.02	Below MAC	
Vanadium	Extractable mg/L	0.00018	0.00005			
Zinc	Extractable mg/L	0.0038	0.0005	5.0	Below AO	
Microbiological Analysis						
Total Coliforms	Enzyme Substrate Test	MPN/100 mL	<1.0	1.0	0 per 100 mL	Below MAC
Escherichia coli	Enzyme Substrate Test	MPN/100 mL	<1.0	1.0	0 per 100 mL	Below MAC
Physical and Aggregate Properties						
Colour	True	Colour units	<5	5		
Turbidity		NTU	0.25	0.1		
Routine Water						
pH			7.99	0.01	7.0-10.5	Within Range
pH - Holding Time			Exceeded			
Temp. of observed pH		°C	24.2			
Electrical Conductivity	at 25 °C	µS/cm	269	1		
Calcium	Extractable	mg/L	<0.01	0.01		
Iron	Extractable	mg/L	<0.004	0.004	0.1	Below AO
Magnesium	Extractable	mg/L	<0.02	0.02		
Manganese	Extractable	mg/L	<0.001	0.001	0.02 AO, 0.12 MAC	Below AO
Potassium	Extractable	mg/L	0.78	0.04		
Silicon	Extractable	mg/L	12	0.005		
Sodium	Extractable	mg/L	61	0.1	200	Below AO
T-Alkalinity	as CaCO3	mg/L	135	5		
Chloride	Dissolved	mg/L	1.03	0.05	250	Below AO
Fluoride	Dissolved	mg/L	0.32	0.01	1.5	Below MAC
Nitrate - N	Dissolved	mg/L	<0.01	0.01	10	Below MAC

Analytical Report

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Attn: Accounts Payable Sampled By: Company:		

Reference Number	1821719-1
Sample Date	June 16, 2025
Sample Time	10:30
Sample Location	
Sample Description	Coghlan / 9.9 °C
Sample Matrix	Drinking Water

Analyte	Units	Result	Nominal DL	Guideline Limit	Guideline Comments	
Routine Water - Continued						
Nitrite - N	Dissolved	mg/L	<0.01	0.01	1.0	Below MAC
Sulfate (SO4)	Dissolved	mg/L	2.6	0.1	500	Below AO
Hardness	as CaCO3 (extractable)	mg/L	<1.00	1		
Total Dissolved Solids	Extractable	mg/L	180	1	500	Below AO

Approved by: 

Carol Nam, Dipl. T.
 Quality Assurance Coordinator

Data have been validated by Analytical Quality Control and Element's Integrated Data Validation System (IDVS).

Generation and distribution of the report, and approval by the digitized signature above, are performed through a secure and controlled automatic process.

Methodology and Notes

Bill To: School District #35 20260 - 64 Avenue Langley, BC, Canada V3A 4P7	Project ID: Project Name: Coghlan Project Location: LSD: P.O.: S00023 Proj. Acct. code:	Lot ID: 1821719 Control Number: Date Received: Jun 16, 2025 Date Reported: Jun 19, 2025 Report Number: 3148705 Report Type: Final Report
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Method of Analysis

Method Name	Reference	Method	Date Analysis Started	Location
Alk, pH, EC, Turb in water (BC)	APHA	* Alkalinity - Titration Method, 2320 B	Jun 17, 2025	Element Vancouver
Alk, pH, EC, Turb in water (BC)	APHA	* Conductivity, 2510 B	Jun 17, 2025	Element Vancouver
Alk, pH, EC, Turb in water (BC)	APHA	* pH - Electrometric Method, 4500-H+ B	Jun 17, 2025	Element Vancouver
Anions by IEC in water (VAN)	APHA	* Ion Chromatography with Chemical Suppression of Eluent Cond., 4110 B	Jun 17, 2025	Element Vancouver
Metals SemiTrace (Extractable) in water (VAN)	US EPA	* Metals & Trace Elements by ICP-AES, 6010C	Jun 17, 2025	Element Vancouver
Total and E-Coli - Colilert - DW (VAN)	APHA	Enzyme Substrate Test, APHA 9223 B	Jun 16, 2025	Element Vancouver
Trace Metals (extractable) in Water (VAN)	US EPA	* Determination of Trace Elements in Waters and Wastes by ICP-MS, 200.8	Jun 17, 2025	Element Vancouver
True Color in water (VAN)	APHA	* Spectrophotometric - Single Wavelength Method, 2120 C	Jun 17, 2025	Element Vancouver
Turbidity - Water (VAN)	APHA	* Turbidity - Nephelometric Method, 2130 B	Jun 17, 2025	Element Vancouver

* Reference Method Modified

References

APHA	Standard Methods for the Examination of Water and Wastewater
US EPA	US Environmental Protection Agency Test Methods

Guidelines

Guideline Description	Health Canada GCDWQ
Guideline Source	Guidelines for Canadian Drinking Water Quality, Health Canada, August 2024
Guideline Comments	MAC = Maximum Acceptable Concentration AO = Aesthetic Objective OG = Operational Guideline for Water Treatment Plants (does not apply to private groundwater wells). Refer to Health Canada for complete guidelines at www.hc-sc.gc.ca

Comments:

- The analysis of water sample 1821719-1 is below Maximum Acceptable Concentrations for the chemical and bacteriological health related guidelines specified by the March 2025 Guidelines for Canadian Drinking Water Quality for the parameters tested.

The comparison of test results to guideline limits is provided for information purposes only. This is not to be taken as a statement of conformance / nonconformance to any guideline, regulation or limit. The data user is responsible for all conclusions drawn with respect to the data and is advised to consult official regulatory references when evaluating compliance.

Please direct any inquiries regarding this report to our Client Services group.
Results relate only to samples as submitted.

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