# EMERGENCY RESPONSE & CONTINGENCY PLAN 2023

Water System Name: Coghlan El

<b>Emergency Contacts</b>	Name and Title	Phone	Fax	E-mail
Water System - Primary Contact (person responsible for receiving call from lab and/or FHA)	Ryan Smith	Office: 604-534-3294 Cell: 604-830-4326	604-534-0841	rsmith@sd35.bc.ca
Water System - Secondary Contact (Should primary contact be ill or on vacation etc.)	Brad Cairns	Office: 604-534-3294 Cell: 604-830-6367	604-534-0841	brcairns@sd35.bc.ca
Water System Owner	Langley School district #35	Ph: 604-534-3294	604-534-0841	
Fraser Health				
<b>Authority Contacts</b>				
Environmental Health Officer	Barbara Haworth	604-870-7900	604-870-7901	barb.haworth@ fraserhealth.ca
Medical Health Officer	MHO Line 8-4:30 After Hours Line	604-587-3828or 1-877-342-6467 604-527-4806		
Fraser Health After	Fraser Health	604-527-4806		
Hours Contact	On-Call Staff			
(After 4:30 pm or on				
weekends)				
<b>Emergency Contacts</b>				
Alternate Source of Water i.e. bottled water or bulk supply	Allied Water Supply	604-534-6085		
Plumbing Services	District Facilities	604-534-3294		
Equipment Services i.e. Treatment/pumps	Union Pumps	604-533-3727		
Electrical Services	District Facilities	604-534-3294		
B.C. Hydro		1-888-769-3766		
Other				

Signatur	e:	Title:	
Name:	Brad Cairns	Date:	MAR 1 5 2023
	Manager, Mechanical Systems		

#### Sample Range Report

Fraser Health Authority

Facility Name: Date Range:

Coghlan Elementary School WS Jan 1 2022 to Dec 31 2022

Operator

**Brad Cairns** 20260 64th Ave

Langley, BC V3A 4P7

Sampling Site	Date Collected	Total Coliform	E. Coli	Fecal Coliform
Staff Room, 4452 256 St	-			
200 00	1-4-2022 10:05:00 AM	LT1	LT1	
	1-25-2022 8:40:00 AM	LT1	LT1	
	2-8-2022 8:05:00 AM	LT1	LT1	
	2-22-2022 8:00:00 AM	LT1	LT1	
	3-8-2022 7:15:00 AM	LT1	LT1	
	3-22-2022 9:15:00 AM	LT1	LT1	
	4-5-2022 8:00:00 AM	LT1	LT1	
	4-26-2022 7:10:00 AM	LT1	LT1	
	5-10-2022 7:20:00 AM	LT1	LT1	
	5-24-2022 7:30:00 AM	LT1	LT1	
	6-7-2022 7:25:00 AM	LT1	LT1	
	6-22-2022 7:15:00 AM	LT1	LT1	
	7-6-2022 7:10:00 AM	LT1	LT1	
	7-19-2022 9:30:00 AM	LT1	LT1	
	8-3-2022 8:45:00 AM	LT1	LT1	
	8-16-2022 8:35:00 AM	LT1	LT1	
	9-6-2022 7:20:00 AM	LT1	LT1	
	9-20-2022 9:30:00 AM	LT1	LT1	
	10-4-2022 12:40:00 PM	LT1	LT1	
	10-18-2022 7:15:00 AM	LT1	LT1	
	11-8-2022 7:10:00 AM	LT1	LT1	
	11-22-2022 7:15:00 AM	LT1	LT1	
	12-5-2022 7:30:00 AM	LT1	LT1	

	12-5-2022 7:35:00	LT1	LT1	
	AM 12-19-2022 8:45:00	QRWRT	QRWRT	
	AM Total Positive:	0	0	0
Mechanical Room, 4452 256 St				
4402 200 Ot	1-4-2022 10:10:00 AM	LT1	LT1	
	1-25-2022 8:45:00 AM	LT1	LT1	
	2-8-2022 8:10:00 AM	LT1	LT1	
	2-22-2022 8:10:00 AM	LT1	LT1	
	3-8-2022 7:20:00 AM	LT1	LT1	
	3-22-2022 9:20:00 AM	LT1	LT1	
	4-5-2022 8:05:00 AM	LT1	LT1	
	4-26-2022 7:15:00 AM	LT1	LT1	
	5-10-2022 7:25:00 AM	LT1	LT1	
	5-24-2022 7:35:00 AM	LT1	LT1	
	6-7-2022 7:30:00 AM	LT1	LT1	
	6-22-2022 7:20:00 AM	LT1	LT1	
	7-6-2022 7:15:00 AM	LT1	LT1	
	7-19-2022 9:35:00 AM	LT1	LT1	
	8-3-2022 8:50:00 AM	LT1	LT1	
	8-16-2022 8:40:00 AM	LT1	LT1	
	9-6-2022 7:25:00 AM	LT1	LT1	
	9-20-2022 9:35:00 AM	LT1	LT1	
	10-4-2022 12:45:00 PM	LT1	LT1	
	10-18-2022 7:20:00 AM	LT1	LT1	
	11-8-2022 7:15:00 AM	LT1	LT1	
	11-22-2022 7:20:00 AM	LT1	LT1	
	12-19-2022 8:50:00 AM	QRWRT	<u>QRWRT</u>	
	Total Positive:	0	0	0
AUDIT Staff Rm,				
4452 256 St	6-7-2022 10:00:00	LT1	LT1	,

AM

	Total Positive		0	0	0
Result Values:	E - estimate	d	L - less than	G - g	reater than
Samples that conta		0		10.007.0	of total
Samples that conta	in fecal coliform:	0			of total
Number of consecution contain total colifor		0		2	
Number of samples coliform in last 30 c		0/0			
Total number of sa	mples:	49			

#### Comments:

Environmental Health Officer

Feb 27 2023

FOR FURTHER INFORMATION PLEASE CALL: Barb Haworth





Element #104, 19575-55 A Ave. Surrey, British Columbia V3S 8P8, Canada

T: +1 (604) 514-3322 F: +1 (604) 514-3323

E: info.vancouver@element.com W: www.element.com

**Analytical Report** 

Sampled By: Company:

Bill To: School District #35

20260 - 64 Avenue

Langley, BC, Canada

V3A 4P7

Attn: Accounts Payable

P.O.: Proj. Acct. code:

Project ID:

Project Name:

Project Location:

LSD:

S00023

Control Number:

Date Received: Jul 19, 2022

Lot ID: 1585967

Date Reported: Jul 25, 2022

Report Number: 2768913

Reference Number

Sample Date

1585967-1 July 19, 2022 09:30

Sample Time **Sample Location** 

**Sample Description** Sample Matrix

Coghlan / 11.2 °C

**Drinking Water** 

	· · · · · · · · · · · · · · · · · · ·	Sample Matrix	Drinking Wate			
Analyta		Units	Result	Nominal Detection Limit	Guideline Limit	Guideline Comments
Analyte		Units	Result	- Cililit		
Metals Extractable	Esteratable		<0.001	0.001	0.1 OG; 2.9 MAC	Below OG
Aluminum	Extractable	mg/L		0.0002	0.1 OG, 2.9 MAC 0.006	Below MAC
Antimony	Extractable	mg/L	0.00004			Below MAC
Arsenic	Extractable	mg/L	0.0005	0.0001	0.010	
Barium	Extractable	mg/L	<0.0001	0.0001	2.0	Below MAC
Boron	Extractable	mg/L	0.16	0.002	5	Below MAC
Cadmium	Extractable	mg/L	<0.00001	0.00001	0.007	Below MAC
Chromium	Extractable	mg/L	0.00006	0.00005	0.05	Below MAC
Copper	Extractable	mg/L	0.0012	0.0005	1 AO; 2 MAC	Below AO
Lead	Extractable	mg/L	0.00005	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	0.00020	0.00005		
Zinc	Extractable	mg/L	0.0012	0.0005	5.0	Below AO
Physical and Aggregate	Properties					
Colour	True	Colour units	<5	5		
Turbidity		NTU	<0.10	0.1	0.1/0.3/1.0 OG	
Routine Water						
pH - Holding Time			Exceeded			
pH	at 25 °C		8.08	0.01	7.0-10.5	Within Range
Electrical Conductivity		μS/cm at 25 °C	265	1		
Calcium	Extractable	mg/L	<0.01	0.01		
Iron	Extractable	mg/L	0.010	0.004	0.3	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	0.92	0.04		
Silicon	Extractable	mg/L	7.2	0.005		
Sodium	Extractable	mg/L	58	0.1	200	Below AO
T-Alkalinity	as CaCO3	mg/L	130	5		
Chloride	Dissolved	mg/L	1.06	0.05	250	Below AO
Fluoride	Dissolved	mg/L	0.38	0.01	1.5	Below MAC
Nitrate - N	Dissolved	mg/L	<0.01	0.01	10	Below MAC
Nitrite - N	Dissolved	mg/L	<0.01	0.01	1	Below MAC
Sulfate (SO4)	Dissolved	mg/L	2.2	0.1	500	Below AO
Hardness	as CaCO3 (extractable)	mg/L	<1.00	1		
Total Dissolved Solids	Extractable	mg/L	160	1	500	Below AO



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**Analytical Report** 

Bill To: School District #35

20260 - 64 Avenue

Langley, BC, Canada

V3A 4P7

Attn:

Accounts Payable

Project Location: LSD: P.O.: Proj. Acct. code:

Project Name:

Project ID:

\$00023

Lot ID: 1585967 Control Number:

Date Received: Jul 19, 2022

Date Reported: Jul 25, 2022

Report Number: 2768913

Sampled By:

Company:

1585967-5 Reference Number

> Sample Date Sample Time

July 21, 2022

07:15

**Sample Location** 

**Sample Description** 

Coghlan / 3.3°C Drinking Water

		Sample Matrix	<b>Drinking Water</b>	•		
Analyte		Units	Result	Nominal Detection Limit	Guideline Limit	Guideline Comments
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

Approved by:

**Operations Manager** 

	OF 4

## DRINKING WATER SYSTEM ANNUAL REPORT

DRINKING WATER SYSTEM ANNUAL REPORT			
Reporting Period:	January 1 <sup>st</sup> to Decem	nber 31 <sup>st</sup> , 2022 (year)	
Water System Coghlan Elementary	1		
Water System Owner Langley School Dist	trict		
Primary Contact Name (Operator or Manager)	Brad cairns		
Phone Number (Operator or Manager) 604	1-830-6367		
E-mail (Operator or Manager) bro	airns@sd35.bc.ca		
DESCRIBE YOUR WATER SUPPLY SYSTEM			
What is the Source(s) of Raw Water?			
✓ Deep Well Shallow Well	Surface Water	Other	
If other, specify details:			e .
Does the Drinking Water System have Pri	mary Disinfection?	Yes	□No
☐Chlorination ✓Ultraviolet Light	Ozone	Other	
If other, specify details:			
Does the Drinking Water System have Sec	condary Disinfection?	Yes	✓No
Chlorination Other			
If other, specify details:			
Does the Drinking Water System have Fil	tration?	✓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 Plar	n (ERCP)		
Is your ERCP up to Date?	✓Yes	□No	
How do you Inform the System Users of t	he ERCP?		
Hand Delivered Bulletin Board	Newspaper	Utility Bill Insert	✓Website
[] a.t. / (C. L. 11.)			
Other (specify details)			
Drinking Water System Annual Report			
	the Annual Report?		
Drinking Water System Annual Report	the Annual Report?	Utility Bill Insert	✓Website

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DRINKING	WATER	SYSTEM A	ANNUAL	REPORT
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OMPLIANCE WITH OPERATING PERM	ІТ		
ist the conditions of your Opera	ting Permit (Contact the DWO	for a copy if need	led):
	2	Zvos	□No
Are you in compliance with your	Operating Permit?	√Yes	Пио
BACTERIOLOGICAL TESTING AND DRIN	IKING WATER PROTECTION REGULAT	TION WATER QUALIT	y Standards
How many bacteriological samp	les were collected during this r	eporting period?	49
What is the minimum required s	sampling frequency for this syst	tem? (#samples/r	nonth) 1
Additional sampling details:			
Was the minimum required sam	pling frequency achieved?	√Yes	□No
Comments:			
Bacteriological summary attach		✓Yes	□No
Bacteriological summary attach	stem view the results?	¥Yes	□No
Bacteriological summary attach If no, how do the users of the sy. WATER QUALITY STANDARDS FOR PO	stem view the results?		□No this system meet standard?
Bacteriological summary attach If no, how do the users of the sy. WATER QUALITY STANDARDS FOR POPER Parameter: Escherichia coli (for all samples)	stem view the results?	Did	this system meet standard?
Bacteriological summary attach If no, how do the users of the sy.  WATER QUALITY STANDARDS FOR PO Parameter: Escherichia coli (for all samples) Total Coliform Bacteria (if only 1 sample collected in a 30	Standard:	Did oml ✓Y	this system meet standard? 'es
Bacteriological summary attach If no, how do the users of the sy.  WATER QUALITY STANDARDS FOR PO Parameter: Escherichia coli (for all samples) Total Coliform Bacteria (if only 1 sample collected in a 30 day period) Total Coliform Bacteria (if more than 1 sample collected in a	Stem view the results?  OTABLE WATER  Standard:  No detectable Escherichia coli per 100	Did oml ✓Y per 100ml ✓Y	this system meet standard?  'es
Bacteriological summary attach If no, how do the users of the syn WATER QUALITY STANDARDS FOR PO Parameter: Escherichia coli (for all samples) Total Coliform Bacteria (if only 1 sample collected in a 30 day period) Total Coliform Bacteria (if more than 1 sample collected in a	TABLE WATER  Standard:  No detectable Escherichia coli per 100  No detectable total coliform bacteria  No more than 10% of samples contair coliform bacteria, and No sample has 10 total coliform bacteria per 100ml  of above Drinking Water Protection	Did    Imil	this system meet standard?  'es
Bacteriological summary attach If no, how do the users of the system WATER QUALITY STANDARDS FOR PO Parameter: Escherichia coli (for all samples) Total Coliform Bacteria (if only 1 sample collected in a 30 day period) Total Coliform Bacteria (if more than 1 sample collected in a 30 day period) If the system did not meet any of the table below; attach addition	TABLE WATER  Standard:  No detectable Escherichia coli per 100  No detectable total coliform bacteria  No more than 10% of samples contair coliform bacteria, and No sample has 10 total coliform bacteria per 100ml  of above Drinking Water Protection	Did    Imil	this system meet standard?  Tes No  Tes No  Tes No  Tes No  Tes No  Standards, record the results
Bacteriological summary attach If no, how do the users of the system WATER QUALITY STANDARDS FOR PO Parameter: Escherichia coli (for all samples) Total Coliform Bacteria (if only 1 sample collected in a 30 day period) Total Coliform Bacteria (if more than 1 sample collected in a 30 day period) If the system did not meet any of the table below; attach addition	Stem view the results?  DTABLE WATER  Standard:  No detectable Escherichia coli per 100  No detectable total coliform bacteria  No more than 10% of samples contair coliform bacteria, and No sample has 10 total coliform bacteria per 100ml  of above Drinking Water Proteinal sheets if necessary.	Did  per 100ml  total more than  ction Regulation 9	this system meet standard?  Tes No  Tes No  Tes No  Tes No  Tes No  Standards, record the results
Bacteriological summary attach If no, how do the users of the system WATER QUALITY STANDARDS FOR PO Parameter: Escherichia coli (for all samples) Total Coliform Bacteria (if only 1 sample collected in a 30 day period) Total Coliform Bacteria (if more than 1 sample collected in a 30 day period) If the system did not meet any of the table below; attach addition	Stem view the results?  DTABLE WATER  Standard:  No detectable Escherichia coli per 100  No detectable total coliform bacteria  No more than 10% of samples contair coliform bacteria, and No sample has 10 total coliform bacteria per 100ml  of above Drinking Water Proteinal sheets if necessary.	Did  per 100ml  total more than  ction Regulation 9	this system meet standard?  Tes No  Tes No  Tes No  Tes No  Tes No  Standards, record the results
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DRINKING WATER SYSTEM ANNUAL REPORT

Nas any che	mical sampling c	onducted durin	ig reporting	period?	✓Yes	No
f no, when w	vere the last cher m?	mical samples c	conducted		l all water sam Drinking Wat	ples meet the Guidelines for er Quality?
(date) Don't Know Never			⁄er	<b>√</b> Yes		
	samples did not i ow; attach addit			anadian Dr	inking Water C	Quality, record the results in
Parameter	Result	Result Corrective Action / Treatment / Comments				
Additional T	ESTING					
	tem have analyz	ers for continue	ous monito	rina?	□Yes	√No
	all boxes that ap		Jus Mome	9:	□163	<u> </u>
	ин волез ини ир	יעיקי				
Chlorino	[]± <sub></sub>	hidity	Other	(details)		
Chlorine	Tur Its available on r	•	Other	(details)		
Are the resu	lts available on r	equest?				
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Are the result any additional Towns and the control of the control	Its available on ronal testing or so essary.  esting & Reason  ITY COMPLAINTS  any water qualit	equest? ampling was co for Sampling y complaints in	Correcti	ecord resul		
Are the result any additional T  Additional T  WATER QUAL	Its available on ronal testing or so essary.  Testing & Reason	equest? ampling was co for Sampling y complaints in	Correcti	ecord resul	Taken	below; attach additional
Are the result any additional T  Water Qualter Were there period? (e.g.	Its available on ronal testing or so essary.  esting & Reason  ITY COMPLAINTS  any water qualit	equest? ampling was co for Sampling y complaints in	Correction this report	ve Action	<b>Taken</b> ☐Yes	
Are the result any additional Towns and the control of the control	Its available on ronal testing or so essary.  TY COMPLAINTS  any water quality, taste, odour, collete the table be	equest? ampling was co for Sampling y complaints in slour etc.) low; attach add	Correction this report	ecord resul	Taken  ☐Yes  ssary.	√No
Are the result any additional T  Additional T  WATER QUAL  Were there period? (e.g.	Its available on ronal testing or so essary.  TY COMPLAINTS  any water quality, taste, odour, collete the table be	equest? ampling was co for Sampling y complaints in	Correction this report	ecord resul	<b>Taken</b> ☐Yes	√No
Are the result any additional Towns and the control of the control	Its available on ronal testing or so essary.  TY COMPLAINTS  any water quality, taste, odour, collete the table be	equest? ampling was co for Sampling y complaints in slour etc.) low; attach add	Correction this report	ecord resul	Taken  ☐Yes  ssary.	√No
Are the result any additional To Additional To Water Qualt Were there period? (e.g. If yes, comp	Its available on ronal testing or so essary.  TY COMPLAINTS  any water quality, taste, odour, collete the table be	equest? ampling was co for Sampling y complaints in slour etc.) low; attach add	Correction this report	ecord resul	Taken  ☐Yes  ssary.	✓No

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### DRINKING WATER SYSTEM ANNUAL REPORT

OPERATIONAL PR	OBLEMS						
Were there any operational problems during this reporting period? (e.g. insufficient water supply, malfunction of disinfection equipment, line breaks, elevated turbidity etc.).   ✓ No							
f yes, complete	e the table below; att	ach additional	sheet	s if necessary.			
Incident Date Type of Operational Problem Corre			Correc	ective Action Taken			
7							
Major Upgrade	ES/REPAIRS & EXPENSES						
Were there any major upgrades/repairs or any major costs incurred during this reporting period?   ✓ No					√No		
If yes, complet	e the table below; att	ach additional	sheet	s if necessary.			
Major Upgrade	es/Expenses	Details					
mprovements	required by DWO						
Additions/char	iges to system						
Purchase or ins	stall new equipment						
Equipment rep	air or replacement						
Annual maintenance of system Filters, UV lamps replaced.							
Specialist repo	rt						
Other							
Are there any plans for future improvements?  Yes  No							
•	te the table below; at		l chap		ØE]IVO		
		tucii udaitionai	SHEE	is if necessury.	Estimated Date of Completion		
Future Upgrades or Improvements Estimated Date of Completion							
Click here to enter a date.  DATE COMPLETED: March 15 2023  COMPLETED BY: Brad cairns							
DATE COMPLETED: Missist 19 2020 COMPLETED BY. Draw callfile							

Revised June 2014