

EMERGENCY RESPONSE & CONTINGENCY PLAN 2024

Water System Name: Coghlan Elementary

Emergency Contacts	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 Authority Contacts				
Environmental Health Officer	Barbara Haworth	604-870-7900	604-870-7901	barb.haworth@fraserhealth.ca
Medical Health Officer	MHO Line 8-4:30	604-587-3828 or 1-877-342-6467		
	After Hours Line	604-527-4806		
Fraser Health After Hours Contact (After 4:30 pm or on weekends)	Fraser Health On-Call Staff	604-527-4806		
Emergency Contacts				
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				

Signature: 

Title: _____

Name: Brad Cairns
Manager, Mechanical Systems

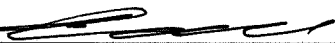
Date: MAR 01 2024

EMERGENCY RESPONSE & CONTINGENCY PLAN

2024

Water System Name: Peterson Rd

Emergency Contacts	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
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B.C. Hydro		1-888-769-3766		
Other				

Signature: 

Title: _____

Name: Brad Cairns
Manager, Mechanical Systems

Date: _____

MAR 01, 2024

Sample Range Report

Fraser Health Authority

Facility Name: Coghlan Elementary School WS

Date Range: Jan 1 2023 to Dec 31 2023

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>				
	1-10-2023 7:20:00 AM	LT1	LT1	
	1-31-2023 7:50:00 AM	LT1	LT1	
	2-7-2023 7:30:00 AM	LT1	LT1	
	2-21-2023 8:25:00 AM	LT1	LT1	
	3-7-2023 7:55:00 AM	LT1	LT1	
	3-21-2023 8:50:00 AM	LT1	LT1	
	4-4-2023 7:45:00 AM	LT1	LT1	
	4-25-2023 12:30:00 PM	LT1	LT1	
	5-9-2023 7:30:00 AM	LT1	LT1	
	5-23-2023 8:35:00 AM	LT1	LT1	
	6-6-2023 8:00:00 AM	LT1	LT1	
	6-20-2023 9:00:00 AM	LT1	LT1	
	7-4-2023 7:55:00 AM	LT1	LT1	
	7-18-2023 8:15:00 AM	LT1	LT1	
	8-1-2023 8:10:00 AM	LT1	LT1	
	8-15-2023 9:15:00 AM	LT1	LT1	
	9-12-2023 7:50:00 AM	LT1	LT1	
	9-26-2023 9:00:00 AM	LT1	LT1	
	10-10-2023 10:55:00 AM	LT1	LT1	
	10-25-2023 12:35:00 PM	LT1	LT1	

11-7-2023 9:30:00 AM	LT1	LT1	
11-21-2023 7:40:00 AM	LT1	LT1	
12-5-2023 7:45:00 AM	LT1	LT1	
12-19-2023 7:30:00 AM	<u>LT1</u>	<u>LT1</u>	
Total Positive:	0	0	0

Mechanical Room.
4452 256 St

1-10-2023 7:25:00 AM	LT1	LT1
1-31-2023 7:55:00 AM	LT1	LT1
2-7-2023 7:35:00 AM	LT1	LT1
2-21-2023 8:30:00 AM	LT1	LT1
3-7-2023 8:00:00 AM	LT1	LT1
3-21-2023 8:55:00 AM	LT1	LT1
4-4-2023 7:50:00 AM	LT1	LT1
4-25-2023 12:35:00 PM	LT1	LT1
5-9-2023 7:35:00 AM	LT1	LT1
5-23-2023 8:35:00 AM	LT1	LT1
6-6-2023 8:05:00 AM	LT1	LT1
6-20-2023 9:15:00 AM	LT1	LT1
7-4-2023 8:00:00 AM	LT1	LT1
7-18-2023 8:20:00 AM	LT1	LT1
8-1-2023 8:15:00 AM	LT1	LT1
8-15-2023 9:20:00 AM	LT1	LT1
9-12-2023 7:55:00 AM	LT1	LT1
9-26-2023 9:15:00 AM	LT1	LT1
10-10-2023 10:50:00 AM	LT1	LT1
10-25-2023 12:30:00 PM	LT1	LT1
11-7-2023 9:35:00 AM	LT1	LT1
11-21-2023 7:45:00	LT1	LT1

AM			
12-5-2023 7:50:00	LT1	LT1	
AM			
12-19-2023 7:35:00	<u>LT1</u>	<u>LT1</u>	
AM			
Total Positive:	0	0	0

AUDIT Staff Rm.
4452 256 St

4-18-2023 10:00:00	<u>LT1</u>	<u>LT1</u>	
AM			
Total Positive:	0	0	0

Result Values:	E - estimated	L - less than	G - greater than
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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:	49	

Comments:

Environmental Health Officer
Jan 23 2024

FOR FURTHER INFORMATION PLEASE CALL: Barb Haworth

Report Transmission Cover Page

Bill To: School District #35 20260 - 64 Avenue Langley, BC, Canada V3A 4P7	Project ID: Project Name: Coghlan Elem Project Location: LSD: P.O.: S00023 Proj. Acct. code:	Lot ID: 1664984 Control Number: Date Received: Jul 13, 2023 Date Reported: Jul 18, 2023 Report Number: 2893530
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:

- Jul 18, 2023 - The analysis of water sample 1664984-1 is below Maximum Acceptable Concentrations for the chemical and bacteriological health related guidelines specified by the September 2022 Guidelines for Canadian Drinking Water Quality for the parameters tested.

Analytical Report

Bill To: School District #35 20260 - 64 Avenue Langley, BC, Canada V3A 4P7	Project ID: Project Name: Coghlan Elem Project Location: LSD: P.O.: S00023 Proj. Acct. code:	Lot ID: 1664984 Control Number: Date Received: Jul 13, 2023 Date Reported: Jul 18, 2023 Report Number: 2893530
Attn: Accounts Payable		
Sampled By:		
Company:		

Reference Number	1664984-1
Sample Date	July 13, 2023
Sample Time	09:00
Sample Location	
Sample Description	Coghlan Elem / Staff Rm / 9.6 °C
Sample Matrix	Drinking Water

Analyte			Units	Result	Nominal Detection Limit	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	0.0017	0.0001	0.010	Below MAC	
Barium	Extractable	mg/L	<0.0001	0.0001	2.0	Below MAC	
Boron	Extractable	mg/L	0.18	0.002	5	Below MAC	
Cadmium	Extractable	mg/L	<0.00001	0.00001	0.007	Below MAC	
Chromium	Extractable	mg/L	0.00010	0.00005	0.05	Below MAC	
Copper	Extractable	mg/L	0.0010	0.0005	1 AO; 2 MAC	Below AO	
Lead	Extractable	mg/L	0.00004	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	0.00002	0.00001	0.02	Below MAC	
Vanadium	Extractable	mg/L	0.00057	0.00005			
Zinc	Extractable	mg/L	0.0010	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	<0.10	0.1	0.1/0.3/1.0 OG		
Routine Water							
pH - Holding Time			Exceeded				
pH	at 25 °C		7.75	0.01	7.0-10.5	Within Range	
Electrical Conductivity		µS/cm at 25 °C	238	1			
Calcium	Extractable	mg/L	<0.01	0.01			
Iron	Extractable	mg/L	<0.004	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	0.81	0.04			
Silicon	Extractable	mg/L	10	0.005			
Sodium	Extractable	mg/L	57	0.1	200	Below AO	
T-Alkalinity	as CaCO3	mg/L	124	5			
Chloride	Dissolved	mg/L	1.05	0.05	250	Below AO	
Fluoride	Dissolved	mg/L	0.39	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	2.6	0.1	500	Below AO	

Analytical Report

Bill To: School District #35 20260 - 64 Avenue Langley, BC, Canada V3A 4P7	Project ID: Project Name: Coghlan Elem Project Location: LSD: P.O.: S00023 Proj. Acct. code:	Lot ID: 1664984 Control Number: Date Received: Jul 13, 2023 Date Reported: Jul 18, 2023 Report Number: 2893530
Attn: Accounts Payable Sampled By: Company:		

Reference Number	1664984-1
Sample Date	July 13, 2023
Sample Time	09:00
Sample Location	
Sample Description	Coghlan Elem / Staff Rm / 9.6 °C
Sample Matrix	Drinking Water

Analyte	Units	Result	Nominal Detection Limit	Guideline Limit	Guideline Comments
Routine Water - Continued					
Hardness	as CaCO ₃ (extractable)	mg/L	<1.00	1	
Total Dissolved Solids	Extractable	mg/L	164	1	500 Below AO

Approved by:



Max Hewitt
Operations Manager

DRINKING WATER SYSTEM ANNUAL REPORT

Reporting Period: January 1st to December 31st, 2023 (year)

Water System Coghlan Elementary

Water System Owner Langley School District

Primary Contact Name (Operator or Manager) Brad Cairns

Phone Number (Operator or Manager) 604-830-6367

E-mail (Operator or Manager) brcairns@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:

Does the Drinking Water System have Primary Disinfection?

☐ Chlorination ☒ Ultraviolet Light ☐ Ozone ☐ Other ☐ Yes ☐ No

If other, specify details:

Does the Drinking Water System have Secondary Disinfection?

☐ Chlorination ☐ Other ☐ Yes ☒ No

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 of your Operating Permit (Contact the DWO for a copy if needed):

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? 49

What is the minimum required sampling frequency for this system? (#samples/month) 1

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 checked="" 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 checked="" 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 checked="" 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? ☐ 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	Replaced medium for arsenic filtration system.
Annual maintenance of system	Filters,UV lamps replaced. Cistern cleaned and disinfected.
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

Click here to enter a date.

DATE COMPLETED: March 04/2024

COMPLETED BY: Brad cairns