

# EMERGENCY RESPONSE & CONTINGENCY PLAN

## 2024

**Water System Name: Peterson Road Elementary**

Emergency Contacts	Name and Title	Phone	Fax	E-mail
<b>Water System - Primary Contact</b> (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
<b>Water System - Secondary Contact</b> (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
<b>Water System Owner</b>	Langley School district #35	Ph: 604-534-3294	604-534-0841	
<b>Fraser Health Authority Contacts</b>				
Environmental Health Officer	Barbara Haworth	604-870-7900	604-870-7901	barb.haworth@fraserhealth.ca
Medical Health Officer	<b>MHO Line 8-4:30</b> <b>After Hours Line</b>	604-587-3828or 1-877-342-6467 604-527-4806		
Fraser Health After Hours Contact (After 4:30 pm or on weekends)	Fraser Health On-Call Staff	604-527-4806		
<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				

**Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

MAR 04 2024

**Name:** Brad Cairns  
Manager, Mechanical Systems

**Date:** \_\_\_\_\_

## Report Transmission Cover Page

Bill To: School District #35 20260 - 64 Avenue Langley, BC, Canada V3A 4P7	Project ID: Project Name: <b>Peterson Road</b> Project Location: LSD: P.O.: S00023 Proj. Acct. code:	Lot ID: <b>1662890</b> Control Number: Date Received: Jul 5, 2023 Date Reported: Jul 10, 2023 Report Number: 2890356
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 10, 2023 - The analysis of water sample 1662890-1 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: Peterson Road Project Location: LSD: P.O.: S00023 Proj. Acct. code:	Lot ID: <b>1662890</b> Control Number: Date Received: Jul 5, 2023 Date Reported: Jul 10, 2023 Report Number: 2890356
Attn: Accounts Payable		
Sampled By:		
Company:		

<b>Reference Number</b>	1662890-1
<b>Sample Date</b>	July 05, 2023
<b>Sample Time</b>	07:30
<b>Sample Location</b>	
<b>Sample Description</b>	Staff Room / 8.4 °C
<b>Sample Matrix</b>	Drinking Water

Analyte		Units	Result	Nominal Detection Limit	Guideline Limit	Guideline Comments
<b>Metals Extractable</b>						
Aluminum	Extractable	mg/L	<0.001	0.001	0.1 OG; 2.9 MAC	Below OG
Antimony	Extractable	mg/L	0.00004	0.00002	0.006	Below MAC
Arsenic	Extractable	mg/L	0.0020	0.0001	0.010	Below MAC
Barium	Extractable	mg/L	0.0030	0.0001	2.0	Below MAC
Boron	Extractable	mg/L	0.005	0.002	5	Below MAC
Cadmium	Extractable	mg/L	<0.00001	0.00001	0.007	Below MAC
Chromium	Extractable	mg/L	0.0012	0.00005	0.05	Below MAC
Copper	Extractable	mg/L	0.028	0.0005	1 AO; 2 MAC	Below AO
Lead	Extractable	mg/L	0.00006	0.00001	0.005	Below MAC
Selenium	Extractable	mg/L	0.0006	0.0002	0.05	Below MAC
Strontium	Extractable	mg/L	0.069	0.0001	7.0	Below MAC
Uranium	Extractable	mg/L	0.00006	0.00001	0.02	Below MAC
Vanadium	Extractable	mg/L	0.0055	0.00005		
Zinc	Extractable	mg/L	0.0024	0.0005	5.0	Below AO
<b>Microbiological Analysis</b>						
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
<b>Physical and Aggregate Properties</b>						
Colour	True	Colour units	<5	5		
Turbidity		NTU	<0.10	0.1	0.1/0.3/1.0 OG	
<b>Routine Water</b>						
pH - Holding Time			Exceeded			
pH	at 25 °C		7.53	0.01	7.0-10.5	Within Range
Electrical Conductivity		µS/cm at 25 °C	147	1		
Calcium	Extractable	mg/L	12	0.01		
Iron	Extractable	mg/L	<0.004	0.004	0.3	Below AO
Magnesium	Extractable	mg/L	5.9	0.02		
Manganese	Extractable	mg/L	<0.001	0.001	0.02 AO; 0.12 MAC	Below AO
Potassium	Extractable	mg/L	1.4	0.04		
Silicon	Extractable	mg/L	10	0.005		
Sodium	Extractable	mg/L	6.0	0.1	200	Below AO
T-Alkalinity	as CaCO3	mg/L	53	5		
Chloride	Dissolved	mg/L	4.59	0.05	250	Below AO
Fluoride	Dissolved	mg/L	0.07	0.01	1.5	Below MAC
Nitrate - N	Dissolved	mg/L	1.31	0.01	10	Below MAC
Nitrite - N	Dissolved	mg/L	<0.01	0.01	1	Below MAC
Sulfate (SO4)	Dissolved	mg/L	7.2	0.1	500	Below AO

## Analytical Report

Bill To: School District #35  
20260 - 64 Avenue  
Langley, BC, Canada  
V3A 4P7  
Attn: Accounts Payable  
Sampled By:  
Company:

Project ID:  
Project Name: Peterson Road  
Project Location:  
LSD:  
P.O.: S00023  
Proj. Acct. code:

Lot ID: **1662890**  
Control Number:  
Date Received: Jul 5, 2023  
Date Reported: Jul 10, 2023  
Report Number: 2890356

Reference Number 1662890-1  
Sample Date July 05, 2023  
Sample Time 07:30  
Sample Location  
Sample Description Staff Room / 8.4 °C  
Sample Matrix Drinking Water

Analyte	Units	Result	Nominal Detection Limit	Guideline Limit	Guideline Comments
Routine Water - Continued					
Hardness	as CaCO3 (extractable)	mg/L	55	1	
Total Dissolved Solids	Extractable	mg/L	102	1	500 Below AO

Approved by:

  
Max Hewitt  
Operations Manager

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.

## Sample Range Report

Fraser Health Authority

**Facility Name:** Peterson Road 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 Lunch Room,</u>				
<u>23422 47th Ave</u>				
	1-10-2023 8:10:00 AM	LT1	LT1	
	1-31-2023 7:15:00 AM	LT1	LT1	
	2-7-2023 8:15:00 AM	LT1	LT1	
	2-21-2023 7:15:00 AM	LT1	LT1	
	3-7-2023 7:20:00 AM	LT1	LT1	
	3-21-2023 7:10:00 AM	LT1	LT1	
	4-4-2023 7:10:00 AM	LT1	LT1	
	4-25-2023 7:15:00 AM	LT1	LT1	
	5-9-2023 7:00:00 AM	LT1	LT1	
	5-23-2023 10:25:00 AM	LT1	LT1	
	6-6-2023 7:20:00 AM	LT1	LT1	
	6-20-2023 8:45:00 AM	LT1	LT1	
	7-4-2023 7:20:00 AM	LT1	LT1	
	7-18-2023 7:15:00 AM	LT1	LT1	
	8-1-2023 10:30:00 AM	LT1	LT1	
	8-15-2023 7:30:00 AM	LT1	LT1	
	9-12-2023 7:05:00 AM	LT1	LT1	
	9-26-2023 11:45:00 AM	LT1	LT1	
	10-10-2023 10:35:00 AM	LT1	LT1	
	10-25-2023 12:55:00 PM	LT1	LT1	

11-7-2023 7:00:00 AM	LT1	LT1	
11-21-2023 7:00:00 AM	LT1	LT1	
12-5-2023 7:10:00 AM	<u>LT1</u>	<u>LT1</u>	
<b>Total Positive:</b>	<b>0</b>	<b>0</b>	<b>0</b>

Kitchen Room 15A,  
23422 47th Ave

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



AM  
Total Positive: 0 0 0

AUDIT Staff Room.  
23422 47th Ave

4-18-2023 10:30:00 LT1 LT1

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:	47	

**Comments:**

Environmental Health Officer  
Jan 23 2024

FOR FURTHER INFORMATION PLEASE CALL: Barb Haworth

### DRINKING WATER SYSTEM ANNUAL REPORT

**Reporting Period:** January 1<sup>st</sup> to December 31<sup>st</sup>, 2023 (year)

**Water System** Peterson Rd 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?**

☐ 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 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?** 47

**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?** (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	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