EMERGENCY RESPONSE & CONTINGENCY PLAN 2023

Water System Name: Vanguard Secondary

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 After Hours Line	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		
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				

Signatu	re:	Title:	
Name:	Brad Cairns	Date:	MAR 1 5 2023
	Manager, Mechanical Systems		

Sample Range Report

Fraser Health Authority

Facility Name: Date Range: Vanguard Secondary School Jan 1 2022 to Dec 31 2022

Operator

Terry Walker

Attn Accounts Payable

4875 222nd St

Langley City, BC V3A 3Z7

Sampling Site	Date Collected	Total Coliform	E. Coli	Fecal Coliform
Class Room 5, 382 244 th St.	5_			
244 11 01.	1-4-2022 9:35:00 AM	LT1	LT1	
	1-25-2022 9:20:00 AM	LT1	LT1	
	2-8-2022 9:30:00 AM	LT1	LT1	
	2-22-2022 8:45:00 AM	LT1	LT1	
	3-8-2022 8:45:00 AM	LT1	LT1	
	3-22-2022 8:40:00 AM	LT1	LT1	
	4-5-2022 8:50:00 AM	LT1	LT1	
	4-26-2022 8:30:00 AM	LT1	LT1	
	5-10-2022 8:35:00 AM	LT1	LT1	
	5-24-2022 8:50:00 AM	LT1	LT1	
	6-7-2022 9:05:00 AM	LT1	LT1	
	6-22-2022 8:30:00 AM	LT1	LT1	
	7-6-2022 7:55:00 AM	LT1	LT1	
	7-19-2022 8:55:00 AM	LT1	LT1	
	8-16-2022 8:00:00 AM	LT1	LT1	
	9-6-2022 8:35:00 AM	LT1	LT1	
	9-20-2022 9:05:00 AM	LT1	LT1	
	10-4-2022 11:35:00 AM	LT1	LT1	
	10-18-2022 8:35:00	LT1	LT1	
	AM 11-8-2022 8:30:00	LT1	LT1	
	AM 11-22-2022 8:40:00	LT1	LT1	
	AM 12-5-2022 8:55:00	LT1	LT1	
	AM 12-19-2022 8:15:00	QRWRT	QRWRT	

	AM Total Positive:	0	0	0
Staff Room, 3825 244th St.				
<u> 244(110).</u>	1-4-2022 9:30:00 AM 1-25-2022 9:15:00 AM	LT1 LT1	LT1 LT1	
	2-8-2022 9:25:00 AM 2-22-2022 8:40:00 AM	LT1 LT1	LT1 LT1	
	3-8-2022 8:40:00 AM 3-22-2022 8:35:00 AM	LT1 LT1	LT1 LT1	
	4-5-2022 8:45:00 AM 4-26-2022 8:25:00 AM	LT1 LT1	LT1 LT1	
	5-10-2022 8:30:00 AM	LT1	LT1	
	5-24-2022 8:45:00 AM	LT1	LT1	
	6-7-2022 9:00:00 AM 6-22-2022 8:25:00 AM	LT1 LT1	LT1 LT1	
	7-6-2022 7:50:00 AM 7-19-2022 8:50:00 AM	LT1 LT1	LT1 LT1	
	8-3-2022 8:05:00 AM 8-16-2022 7:55:00 AM	LT1 LT1	LT1 LT1	
	9-6-2022 8:30:00 AM 9-20-2022 9:00:00 AM	LT1 LT1	LT1 LT1	
	10-4-2022 11:30:00 AM	LT1	LT1	
	10-18-2022 8:30:00 AM	LT1	LT1	
	11-8-2022 8:25:00 AM	LT1	LT1	
	11-22-2022 8:35:00	LT1	LT1	
	AM 12-5-2022 8:50:00	LT1	LT1	
	AM 12-19-2022 8:10:00	QRWRT	QRWRT	
	AM Total Positive:	0	0	0
Class Room,	8-3-2022 8:10:00 AM Total Positive:	<u>LT1</u> 0	<u>LT1</u> 0	0

3825 244th St.

<u>0020 21111 01.</u>	6-7-2022 11:00:0 AM	00	<u>LT1</u>	<u>LT1</u>	
	Total Positive:		0	0	0
Result Values:	E - estimated	t	L - less than	G - gı	reater than
Samples that contai		0		0.00%	100 to 100 min
Samples that contai		0		0.00%	
Samples that contai		0		0.00%	of total
Number of consecutions contain total coliforn		0			
Number of samples coliform in last 30 da		0/0			
Total number of san	nples:	49			

Comments:

Environmental Health Officer

Feb 27 2023

FOR FURTHER INFORMATION PLEASE CALL: Barb Haworth





Flement #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

Control Number:

W: www.element.com

Analytical Report

Bill To: School District #35

20260 - 64 Avenue

Langley, BC, Canada

V3A 4P7

Attn:

Accounts Payable

P.O.: Proj. Acct. code:

LSD:

S00023

Date Received: Jul 19, 2022 Date Reported: Jul 25, 2022

Lot ID: 1585967

2769496 Report Number:

Sampled By: Company:

Reference Number

Project ID:

Project Name:

Project Location:

1585967-4 Sample Date Sample Time

July 19, 2022 09:00

Sample Location

Otter Sch / 11.2 °C Vanquard **Sample Description Drinking Water**

Sample Matrix Guideline Guideline **Nominal Detection** Limit Comments Result Limit Units **Analyte Metals Extractable** 0.001 0.1 OG; 2.9 MAC Below OG < 0.001 Extractable mg/L Aluminum Below MAC 0.006 Extractable mg/L 0.00003 0.00002 Antimony 0.010 Below MAC 0.0010 0.0001 Extractable mg/L Arsenic Below MAC 0.0001 2.0 0.0061 Extractable mg/L Barium 5 Below MAC 0.004 0.002 mg/L Boron Extractable 0.007 Below MAC 0.00001 Extractable mg/L < 0.00001 Cadmium Below MAC mg/L 0.00014 0.00005 0.05 Extractable Chromium 1 AO; 2 MAC Below AO 0.015 0.0005 Copper Extractable mg/L 0.005 Below MAC 0.00011 0.00001 Extractable mg/L Lead 0.05 Below MAC 0.0006 0.0002 mg/L Selenium Extractable 7.0 Below MAC mg/L 0.044 0.0001 Strontium Extractable Below MAC 0.00004 0.00001 0.02 Extractable mg/L Uranium 0.0026 0.00005 Vanadium Extractable mg/L Below AO 5.0 0.0024 0.0005 Extractable mg/L Zinc **Physical and Aggregate Properties** 5 Colour units <5 True Colour 0.1 0.1/0.3/1.0 OG NTU 0.22 **Turbidity Routine Water** Exceeded pH - Holding Time 7.0-10.5 Within Range 7.68 0.01 at 25 °C pН µS/cm at 25 °C 146 1 **Electrical Conductivity** mg/L 11 0.01 Calcium Extractable Below AO 0.004 0.3 Extractable mg/L 0.012 Iron Extractable mg/L 6.9 0.02 Magnesium 0.02 AO; 0.12 Below AO 0.004 0.001 mg/L Extractable Manganese MAC 0.04 Extractable mg/L 1.1 Potassium 0.005 12 Silicon Extractable mg/L Below AO 200 0.1 Sodium Extractable mg/L 5.0 as CaCO3 mg/L 57 5 T-Alkalinity 250 Below AO 3.00 0.05 Chloride Dissolved mg/L 1.5 Below MAC 0.07 0.01 Fluoride Dissolved mg/L Below MAC 0.90 0.01 10 mg/L Dissolved Nitrate - N **Below MAC** < 0.01 0.01 1 Dissolved mg/L Nitrite - N 500 Below AO 5.3 0.1 Dissolved mg/L Sulfate (SO4) 1 57 as CaCO3 Hardness mg/L (extractable) 500 Below AO mg/L 104 1 **Total Dissolved Solids** Extractable



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Analytical Report

Bill To: School District #35

20260 - 64 Avenue

Langley, BC, Canada

V3A 4P7

Attn: Accounts Payable

LSD: P.O.:

Project ID:

Project Name:

Project Location:

Proj. Acct. code:

S00023

Lot ID: 1585967

Control Number:

Date Received: Jul 19, 2022

Date Reported: Jul 25, 2022

Report Number: 2769496

Sampled By:

Company:

1585967-8 Reference Number

Sample Date

July 21, 2022

07:45

Sample Time

Sample Location

Sample Description

Otter Sch / 3.3°C

Sample Matrix

Drinking Water

		outilipio matrix	2111111119			
Analyte		Units	Result	Nominal Detection Limit	Guideline Limit	Guideline Comments
Microbiological Analysis	S					
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

DRINKING WATER SYSTEM ANNUAL REPO)PT		
		mber 31 st , 2022 (year)	
Reporting Period:		mber 31 , 2022 (year)	
Water System Vanguard Se			
Water System Owner Langley Scho			
Primary Contact Name (Operator or Man			
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 W	/ell Surface Water	Other	
If other, specify details:			
Does the Drinking Water System ha	ve Primary Disinfection?	Yes	□No
☐ Chlorination ✓ Ultraviole	t Light Ozone	Other	
If other, specify details:			
Does the Drinking Water System ha	ve Secondary Disinfection?	Yes	√No
☐ Chlorination ☐ Other			
If other, specify details:			
Does the Drinking Water System ha	ve Filtration?	✓Yes	□No
Check all boxes that apply			
✓ Cartridge Filter(s) Carbon Fil	Iter Sand Filtration	Reverse Osmosis	Other
If other, specify details:			
PUBLIC REPORTING			
Emergency Response & Contingence	y Plan (ERCP)		
Is your ERCP up to Date?	✓Yes	□No	
How do you Inform the System Use	rs of the ERCP?		
☐ Hand Delivered ☐ Bulletin Be	oard Newspaper	Utility Bill Insert	✓Website
Other (specify details)			
Drinking Water System Annual Rep	ort		
How do you Inform the System Use	rs of the Annual Report?		
Hand Delivered Bulletin B	oard Newspaper	Utility Bill Insert	✓Website
Other (specify details)			

Revised June 2014

COMPLIANCE	WITH OPERATING PE	RMIT			
List the con	ditions of your Op	erating Permit (Contact the DWO	for a copy	if needed):	
Are you in c	compliance with yo	our Operating Permit?	√ Ye	S	□No
Bacteriolog	GICAL TESTING AND D	RINKING WATER PROTECTION REGULAT	TION WATER	QUALITY STAND	ARDS
How many	bacteriological sa	mples were collected during this r	eporting p	eriod?	49
	e minimum require sampling details:	d sampling frequency for this syst	tem? (#san	ples/month)	1
<i>Was the mi</i> Comments:		ampling frequency achieved?	✓Ye	S	□No
Bacteriolog	ical summary atta	uched to this report?	√Ye	s	No
If no, how a	do the users of the	system view the results?	<u> </u>		
	do the users of the	system view the results? POTABLE WATER			
Water Qual Parameter:	LITY STANDARDS FOR	system view the results?			em meet standard?
WATER QUAI Parameter: Escherichia (for all sample	LITY STANDARDS FOR coli es)	system view the results? POTABLE WATER			
WATER QUAI Parameter: Escherichia (for all sample Total Colifo (if only 1 samp	LITY STANDARDS FOR	POTABLE WATER Standard:	ml	Did this syst	em meet standard?
WATER QUAI Parameter: Escherichia (for all sample Total Colifo (if only 1 sample day period) Total Colifo	coli es) rm Bacteria ple collected in a 30 rm Bacteria 1 sample collected in a	POTABLE WATER Standard: No detectable Escherichia coli per 100 No detectable total coliform bacteria p	ml per 100ml	Did this syst	em meet standard?
WATER QUAI Parameter: Escherichia (for all sample Total Colifo (if only 1 samp day period) Total Colifo (if more than 1 30 day period)	coli es) rm Bacteria ole collected in a 30 rm Bacteria 1 sample collected in a)	POTABLE WATER Standard: No detectable Escherichia coli per 100 No detectable total coliform bacteria pure 100 has more than 10% of samples contain coliform bacteria, and No sample has a	ml per 100ml total more than	Did this syst √Yes √Yes √Yes	em meet standard? No No
WATER QUAI Parameter: Escherichia (for all sample Total Colifo (if only 1 samp day period) Total Colifo (if more than 1 30 day period) If the system the table be	coli es) rm Bacteria ole collected in a 30 rm Bacteria 1 sample collected in a) m did not meet an elow; attach addit	POTABLE WATER Standard: No detectable Escherichia coli per 100 No detectable total coliform bacteria p No more than 10% of samples contain coliform bacteria, and No sample has 10 total coliform bacteria per 100ml y of above Drinking Water Protection	ml total more than etion Regula	Did this syst √Yes √Yes √Yes	em meet standard? No No
WATER QUAI Parameter: Escherichia (for all sample Total Colifo (if only 1 sampled day period) Total Colifo (if more than 2 30 day period)	coli es) rm Bacteria ole collected in a 30 rm Bacteria 1 sample collected in a) m did not meet an elow; attach addit	POTABLE WATER Standard: No detectable Escherichia coli per 100 No detectable total coliform bacteria p No more than 10% of samples contain coliform bacteria, and No sample has 10 total coliform bacteria per 100ml y of above Drinking Water Protectional sheets if necessary.	ml total more than etion Regula	Did this syst √Yes √Yes √Yes ation standard	em meet standard? No No

GF		

_		-		
DRINKING	WATER	SVSTEM	ΔΝΝΙΙΔΙ	REPORT

If any water samples did not meet the Guidelines for Canadian Drinking Water Quality, record the related below; attach additional sheets if necessary. Parameter Result Corrective Action / Treatment / Comments	dalinas fa	1 11/11						
for this system? (date)	INCTIPE TOP							
If any water samples did not meet the Guidelines for Canadian Drinking Water Quality, record the rithe 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	uennes jui		•		conauctea	ncui sumpies c		
If any water samples did not meet the Guidelines for Canadian Drinking Water Quality, record the rithe 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			[ver .	ow \square Nev		-
ADDITIONAL TESTING Does the system have analyzers for continuous monitoring? Yes No If yes, check all boxes that apply: Other (details) Are the results available on request? If any additional testing or sampling was conducted, record results in the table below; attach addit sheets if necessary. Additional Testing & Reason for Sampling Corrective Action Taken WATER QUALITY COMPLAINTS Were there any water quality complaints in this reporting Yes No If yes, complete the table below; attach additional sheets if necessary.	results in	ity, record the resul	nking Water Qualit	ınadian Drii				
Does the system have analyzers for continuous monitoring?			mments	atment / Co	ction / Tre	Corrective A	Result	Parameter
Does the system have analyzers for continuous monitoring?								
Does the system have analyzers for continuous monitoring?								
Does the system have analyzers for continuous monitoring?								
Does the system have analyzers for continuous monitoring?								
Does the system have analyzers for continuous monitoring?								Desirious Te
If yes, check all boxes that apply: Chlorine		ZNa		do a 2				
□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 addit 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 If yes, complete the table below; attach additional sheets if necessary.		[₹]I/IO	Yes	ring:	ous monito	_		
Are the results available on request? If any additional testing or sampling was conducted, record results in the table below; attach addit sheets if necessary. Additional Testing & Reason for Sampling				dataila\			_	
If any additional testing or sampling was conducted, record results in the table below; attach addit sheets if necessary. Additional Testing & Reason for Sampling				uetalis)	Otner	•		
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.) If yes, complete the table below; attach additional sheets if necessary.						quest?	available on re	Are the result
WATER QUALITY COMPLAINTS Were there any water quality complaints in this reporting period? (e.g. taste, odour, colour etc.) If yes, complete the table below; attach additional sheets if necessary.	tional	w; attach additiona	in the table below	cord results	nducted, re	npling was coi	_	
Were there any water quality complaints in this reporting period? (e.g. taste, odour, colour etc.) If yes, complete the table below; attach additional sheets if necessary.			ıken	ve Action Ta	Correcti	or Sampling	ting & Reason fo	Additional Te
Were there any water quality complaints in this reporting period? (e.g. taste, odour, colour etc.) If yes, complete the table below; attach additional sheets if necessary.								
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Were there any water quality complaints in this reporting period? (e.g. taste, odour, colour etc.) If yes, complete the table below; attach additional sheets if necessary.					•			
period? (e.g. taste, odour, colour etc.) If yes, complete the table below; attach additional sheets if necessary.							COMPLAINTS	W ATER Q UALIT
If yes, complete the table below; attach additional sheets if necessary.		✓No	Yes	ing	this report			
			ary.	ets if necess	litional she			, ,
Date Water Quanty Complaint Corrective Action / Treatment								
			ii / ii eatillelit	ective Actio	COL			
						Complaint	water Quality	Date
						Complaint	water Quality	Date

OPERATIONAL PROBLEMS			
Were there any operational problen period? (e.g. insufficient water supp disinfection equipment, line breaks,	ly, malfunction of	Yes	✓No
If yes, complete the table below; att	ach additional shee	ts if necessary.	
Incident Date Type of Operational	Problem Corre	ective Action Taken	
Major Upgrades/Repairs & Expenses			
Were there any major upgrades/rep		osts Yes	✓No
incurred during this reporting period If yes, complete the table below; at		ts if necessarv.	
Major Upgrades/Expenses	Details		
Improvements required by DWO			
Additions/changes to system			
Purchase or install new equipment	Well casing extend	ed new well pump	and controls added. (Union Pumps)
Equipment repair or replacement	Troil odding order		, ,
Annual maintenance of system	Filters, UV lamps re	eplaced.	
Specialist report			
Other			
FUTURE IMPROVEMENTS			
Are there any plans for future impro	ovements?	√ Yes	√No
If yes, complete the table below; at	tach additional shee	ts if necessary.	
Future Upgrades or Improvements			Estimated Date of Completion
New system planned with	addition to existing	school	April 30 2023
Click here to enter a date. DATE COMPLETED: March 15 2023		COMPLETED BY: Bra	ad cairns