# EMERGENCY RESPONSE & CONTINGENCY PLAN 2024

## Water System Name: Vanguard Secondary

<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				
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	Fraser Health	604-527-4806		
Hours Contact	On-Call Staff			
(After 4:30 pm or on				·
weekends)				
<b>Emergency Contacts</b>				The same of the sa
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 0 1 2024	
	Manager, Mechanical Systems			

## Sample Range Report

Fraser Health Authority

Facility Name: Date Range: Vanguard Secondary School Jan 1 2023 to Dec 31 2023

Operator

Ryan Smith 4875 222nd St

Langley City, BC V3A 3Z7

Sampling Site	Date Collected	Total Coliform	E. Coli	Fecal Coliform
Class Room 5, 3825 244 th St.	5			
	1-10-2023 8:55:00 AM	LT1	LT1	
	1-31-2023 7:25:00 AM	LT1	LT1	
	2-7-2023 8:55:00 AM	LT1	LT1	
	2-21-2023 9:05:00 AM	LT1	LT1	
	3-7-2023 8:45:00	LT1	LT1	
	AM 3-21-2023 8:30:00	OGO OGC	OGO OGC	
	AM Total Positive:	0	0	0
Staff Room, 3825 244th St.				
<u> 24441 01.</u>	1-10-2023 8:50:00 AM	LT1	LT1	
	1-31-2023 9:20:00 AM	LT1	LT1	
	2-7-2023 8:50:00 AM	LT1	LT1	
	2-21-2023 9:00:00 AM	LT1	LT1	
	3-7-2023 8:40:00	LT1	LT1	
	AM 3-21-2023 10:30:00	OGO OGC	OGO OGC	
	AM 4-4-2023 8:30:00 AM	LT1 GTR200	LT1 GTR200	
	4-25-2023 7:55:00	LT1 GTR200	LT1 GTR200	
	AM 5-2-2023 8:10:00	LT1	LT1	
	AM 5-9-2023 8:10:00	LT1 GTR200	LT1 GTR200	
	AM 5-23-2023 9:20:00	LT1	LT1	
	AM 6-6-2023 8:45:00	LT1	LT1	

	AM 6-20-2023 9:45:00	LT1 GTR200	LT1 GTR200	
	AM 7-4-2023 8:30:00 AM	LT1 GTR200	LT1 GTR200	
	7-18-2023 8:55:00 AM	LT1	LT1	
	8-1-2023 9:30:00 AM	LT1	LT1	
	8-15-2023 8:30:00 AM	1	LT1	
	9-12-2023 8:35:00 AM	LT1	LT1	
	9-26-2023 12:00:00 PM	LT1	LT1	
	10-10-2023 11:35:00 AM	LT1	LT1	
	10-25-2023 11:25:00 AM	LT1	LT1	
	11-7-2023 8:30:00 AM	LT1	LT1	
	11-21-2023 8:45:00 AM	LT1	LT1	
	12-5-2023 8:25:00	LT1	LT1	
	AM 12-19-2023 8:30:00	LT1	<u>LT1</u>	
	AM Total Positive:	1	0	0
ALIDIT Stoff Doom				
AUDIT - Staff Room 3825 244th St.	4-18-2023 11:00:00	<u>ogo ogc</u>	OGO OGC	
	AM Total Positive:	0	0	0
	i otal Positive.	U	Ü	J
Room 153 Multi-Purpose Room, 3825 244th	-			
Street	4-4-2023 8:35:00	LT1 GTR200	LT1 GTR200	
	AM 4-25-2023 8:00:00	LT1 GTR200	LT1 GTR200	
	AM 5-2-2023 8:15:00	LT1	LT1	
	AM 5-9-2023 8:15:00	LT1 GTR200	LT1 GTR200	
	AM 5-23-2023 9:20:00	LT1	LT1	
	AM 6-6-2023 8:50:00	LT1	LT1	
	AM 6-20-2023 9:30:00	LT1 GTR200	LT1	
	AM 7-4-2023 8:40:00	LT1 GTR200	LT1 GTR200	
	7-4-2023 0.40.00	LITAINZOO	ETTATIVE	

AM			
7-18-2023 9:00:00	LT1	LT1	
AM	1.74	1 T4	
8-1-2023 9:35:00	LT1	LT1	
AM 8-15-2023 8:35:00	LT1	LT1	
AM	LII	LII	
9-12-2023 8:40:00	LT1	LT1	
AM			
9-26-2023 12:15:00	LT1	LT1	
PM			
10-10-2023 11:30:00	LT1	LT1	
AM		1.74	
10-25-2023 11:20:00	LT1	LT1	
AM 11-7-2023 8:35:00	LT1	LT1	
AM	LII	LII	
11-21-2023 8:50:00	LT1	LT1	
AM			
12-5-2023 8:30:00	LT1	LT1	
AM			
12-19-2023 8:30:00	<u>LT1</u>	<u>LT1</u>	
AM	•	•	0
Total Positive:	0	0	0

Result Values: E - 6	stimated	L - less than	G - greater than
Samples that contain total colife Samples that contain e. coli:	orm: 1		1.96% of total 0.00% of total
Samples that contain fecal colin	orm: 0		0.00% of total
Number of consecutive sample contain total coliform:	s that 0		
Number of samples that contain coliform in last 30 days:	n total 0/0		
Total number of samples:	51		

### Comments:

Environmental Health Officer Jan 23 2024

FOR FURTHER INFORMATION PLEASE CALL: Barb Haworth



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

Vanguard Secondary

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Report Transmission Cover Page

Bill To: School District #35

20260 - 64 Avenue

Langley, BC, Canada

V3A 4P7

Attn: Accounts Payable

Project Name:

Project ID:

Project Location:

Proj. Acct. code:

LSD: P.O.:

S00023

Lot ID: 1664980

Control Number:

Date Received: Jul 13, 2023 Date Reported: Jul 18, 2023

Report Number: 2893526

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		
Delivery	<u>Format</u>	<u>Deliverables</u>		
Email - Merge	PDF	COC / Invoice		
Ryan Smith	School District #35	20260 - 64th Ave		
in Anthony of the Control of the Con		Langley, BC V3A 4P7		
		Phone: (604) 534-3294	Fax:	(604) 534-0841
		Email: rsmith@sd35.bc.ca		
Delivery	<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 1664980-1 is below Maximum Acceptable Concentrations for the chemical and bacteriological health • Jul 18, 2023 related guidelines specified by the September 2022 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

Attn: Accounts Payable

LSD: P.O.:

Project ID:

Project Name: Vanguard Secondary

Project Location:

S00023

Lot ID: 1664980

Control Number:

Date Received: Jul 13, 2023 Date Reported: Jul 18, 2023

Report Number: 2893526

Sampled By:

Company:

**Reference Number** 

Sample Date

Proj. Acct. code:

1664980-1 July 13, 2023 10:00

Sample Time

**Sample Location Sample Description** 

Vanguard Secondary / Staff Rm. / 9.6 °C

Sample Matrix Drinking Water

		Sample Matrix	Drinking Water	r		
				Nominal Detection	Guideline	Guideline
Analyte	Acceleration 1997	Units	Result	Limit	Limit	Comments
Metals Extractable						
Aluminum	Extractable	mg/L	<0.001	0.001	0.1 OG; 2.9 MAC	Below OG
Antimony	Extractable	mg/L	0.00003	0.00002	0.006	Below MAC
Arsenic	Extractable	mg/L	0.0010	0.0001	0.010	Below MAC
Barium	Extractable	mg/L	0.0050	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	0.00020	0.00005	0.05	Below MAC
Copper	Extractable	mg/L	0.066	0.0005	1 AO; 2 MAC	Below AO
Lead	Extractable	mg/L	0.00002	0.00001	0.005	Below MAC
Selenium	Extractable	mg/L	0.0006	0.0002	0.05	Below MAC
Strontium	Extractable	mg/L	0.048	0.0001	7.0	Below MAC
Uranium	Extractable	mg/L	0.00005	0.00001	0.02	Below MAC
Vanadium	Extractable	mg/L	0.0029	0.00005		
Zinc	Extractable	mg/L	0.0036	0.0005	5.0	Below AO
Microbiological Analys	is					
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	e Properties					
Colour	True	Colour units	<5	5		
Turbidity		NTU	0.11	0.1	0.1/0.3/1.0 OG	
Routine Water						
pH - Holding Time			Exceeded			
pН	at 25 °C		7.30	0.01	7.0-10.5	Within Range
Electrical Conductivity		μS/cm at 25 °C	139	1		
Calcium	Extractable	mg/L	11	0.01		
Iron	Extractable	mg/L	< 0.004	0.004	0.3	Below AO
Magnesium	Extractable	mg/L	6.8	0.02		
Manganese	Extractable	mg/L	0.004	0.001	0.02 AO; 0.12 MAC	Below AO
Potassium	Extractable	mg/L	1.1	0.04		
Silicon	Extractable	mg/L	12	0.005		
Sodium	Extractable	mg/L	5.3	0.1	200	Below AO
T-Alkalinity	as CaCO3	mg/L	55	5		
Chloride	Dissolved	mg/L	3.34	0.05	250	Below AO
Fluoride	Dissolved	mg/L	0.06	0.01	1.5	Below MAC
Nitrate - N	Dissolved	mg/L	1.06	0.01	10	Below MAC
Nitrite - N	Dissolved	mg/L	<0.01	0.01	1	Below MAC
Sulfate (SO4)	Dissolved	mg/L	6.0	0.1	500	Below AO

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**Analytical Report** 

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20260 - 64 Avenue

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V3A 4P7

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Project ID:

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P.O.:

Proj. Acct. code:

S00023

Lot ID:

Control Number:

Date Received: Jul 13, 2023 Date Reported: Jul 18, 2023

Report Number: 2893526

1664980

Sampled By:

Company:

**Reference Number** 

1664980-1

July 13, 2023 10:00

Vanguard Secondary

Sample Time **Sample Location** 

**Sample Date** 

**Sample Description** 

Vanguard Secondary / Staff Rm. / 9.6 °C

		Sample Matrix	Drinking Water	r		
				Nominal Detection	Guideline	Guideline
Analyte		Units	Result	Limit	Limit	Comments
Routine Water - Continue	k					
Hardness	as CaCO3	mg/L	56	1		
Total Dissolved Solids	(extractable) Extractable	mg/L	103	1	500	Below AO

Approved by:

Max Hewitt

**Operations Manager** 

DRINKING WATER SYSTEM AND	NUAL <b>R</b> EPORT			
Reporting Period:		January 1 <sup>st</sup> to Decer	nber 31 <sup>st</sup> , 2023 (year)	
Water System Van	guard Secondary			
Water System Owner Lan	gley School Distri	ct		
Primary Contact Name (Ope	erator or Manager) Br	ad cairns	4	
Phone Number (Operator or N	Manager) 604-8	830-6367		
E-mail (Operator or Manager)	brcai	rns@sd35.bc.ca		,
DESCRIBE YOUR WATER SUPPL	y System			
What is the Source(s) of Re	aw Water?			
✓ Deep Well	Shallow Well	Surface Water	Other	
If other, specify details:				*
Does the Drinking Water S	System have Prim	ary Disinfection?	Yes	□No
☐ Chlorination ✓ U	Ultraviolet Light	Ozone	Other	
If other, specify details:				
Does the Drinking Water S	System have Seco	ndary Disinfection?	Yes	✓No
Chlorination 0	Other			
If other, specify details:				
Does the Drinking Water S	System have Filtro	ation?	✓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 & Co	ontingency Plan (I			
Is your ERCP up to Date?		✓Yes	No	
How do you Inform the Sy	_			
	Bulletin Board	Newspaper	Utility Bill Insert	✓Website
Other (specify details)				,
Drinking Water System Ar				
How do you Inform the Sy				
	Bulletin Board	Newspaper	Utility Bill Insert	✓Website
Other (specify details)				

Revised June 2014

List the condit	ions of your	Operating Pern	nit (Contact the DWO for a	copy if needed):	
Are you in con	npliance with	h your Operatin	g Permit?	√Yes	No
BACTERIOLOGICA	AL TESTING AND	DRINKING WAT	ER PROTECTION REGULATION W	ATER QUALITY STAND	ARDS
How many ba	cteriological	samples were	collected during this reporti	ing period?	51
What is the m	inimum requ	iired sampling j	frequency for this system? (	#samples/month)	1
Additional san	npling details	:			
Nas the minir	num require	d sampling freq	uency achieved?	√Yes	□No
Comments:				1	
3acteriologica	al summary a	ittached to this	report?	✓Yes	□No
Water Qualit	y Standards f	OR POTABLE WA	TER		
	y Standards f	OR POTABLE WA		Did this syst	em meet standard?
<b>Parameter:</b> Escherichia co		Standard		Did this syst ✓ Yes	em meet standard?
Parameter: Escherichia co (for all samples) Total Coliform (if only 1 sample	li Bacteria	<b>Standard</b> No detectab	:	√Yes	
Parameter: Escherichia co (for all samples) Total Coliform (if only 1 sample day period) Total Coliform (if more than 1 so	li Bacteria collected in a 30	No detectable  No more the coliform back	: ole <i>Escherichia coli</i> per 100ml	√Yes ml √Yes	□No
Parameter: Escherichia co (for all samples) Total Coliform (if only 1 sample day period) Total Coliform (if more than 1 so 30 day period)	li Bacteria collected in a 30 Bacteria ample collected in	No detectable  No more the coliform bar 10 total coli	cole Escherichia coli per 100ml  cole total coliform bacteria per 100  colombian 10% of samples contain total colombian and No sample has more the colombian bacteria per 100ml  Colombian Water Protection Recolombian colombian	√Yes ml √Yes nan √Yes	□No □No □No
Parameter: Escherichia co (for all samples) Total Coliform (if only 1 sample day period) Total Coliform (if more than 1 so 30 day period)  If the system of	li Bacteria collected in a 30 Bacteria ample collected in	No detectable  No more that coliform bar 10 total coliform are coliform bar 10 total col	cole Escherichia coli per 100ml  cole total coliform bacteria per 100  colombian 10% of samples contain total colombian and No sample has more the colombian bacteria per 100ml  Colombian Water Protection Recolombian colombian	√Yes ml √Yes nan √Yes	□No □No □No
Parameter: Escherichia co (for all samples) Total Coliform (if only 1 sample day period) Total Coliform (if more than 1 so 30 day period)  If the system of	li Bacteria collected in a 30 Bacteria mple collected in a did not meet	No detectable  No more the coliform back 10 total coliform any of above Editional sheets	cole Escherichia coli per 100ml  cole total coliform bacteria per 100  cole total coliform bacteria per 100  color an 10% of samples contain total  color and No sample has more the form bacteria per 100ml  Color and Water Protection Relation if necessary.	✓ Yes  ml ✓ Yes  nan ✓ Yes  Regulation standard  Corrective Action	□No □No □No
Parameter: Escherichia co (for all samples) Total Coliform (if only 1 sample day period) Total Coliform (if more than 1 so 30 day period)  If the system of the table belo Date	li Bacteria collected in a 30 Bacteria mple collected in a did not meet ow; attach ad	No detectable  No more the coliform back 10 total coliform any of above Editional sheets	cole Escherichia coli per 100ml cole total coliform bacteria per 100 cole total coliform bacteria per 100 color and 10% of samples contain total color and No sample has more the form bacteria per 100ml color and Water Protection Relif necessary.  Reason	✓ Yes  ml ✓ Yes  nan ✓ Yes  Regulation standard  Corrective Action	□No □No □No

Nas any che	mical sampling	conducted during	g reporting	period?	✓Yes	□No
f no, when v for this syste <sup>date)</sup>		emical samples c			all water sam Drinking Wat	ples meet the Guidelines for er Quality?
		t meet the Guide itional sheets if n		nadian Dri	nking Water C	Quality, record the results in
Parameter	Result	Corrective A	ction / Trea	tment / Co	mments	
Additional T	ESTING					
	its available on	request?		details)		
If any additie	onal testing or s		nducted, red	·	in the table k	below; attach additional
If any additions sheets if nec	onal testing or s	sampling was con		·		pelow; attach additional
If any additions sheets if nec	onal testing or s essary.	sampling was con		cord results		pelow; attach additional
If any additionships and additio	onal testing or s essary.	sampling was con		cord results		below; attach additional
If any additionsheets if nec	onal testing or s essary.	sampling was con		cord results		below; attach additional
If any additional To Additional To Water Quali	onal testing or sessary. esting & Reason TY COMPLAINTS	ampling was con	Correctiv	e Action Ta		pelow; attach additional
If any additional To Additional To Water Quali Were there of period? (e.g.	onal testing or sessary. esting & Reason TY COMPLAINTS any water qualicates, odour, c	ampling was con	Corrective contraction of the co	e Action Ta	aken	
If any additional To Additional To Water Quali Were there operiod? (e.g.	onal testing or sessary.  esting & Reason  TY COMPLAINTS  any water quality taste, odour, collete the table be	ty complaints in a	Corrective this reporti	e Action Ta	aken	√No
If any additional To Additional To Water Quality Were there to period? (e.g., If yes, complete the second of the s	onal testing or sessary.  esting & Reason  TY COMPLAINTS  any water quality taste, odour, collete the table be	ty complaints in to clour etc.)	Corrective this reporti	e Action Ta	Yes	√No

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.).   ✓ No				
If yes, complete the table below; at	tach additional shee	ets if necessary.		
Incident Date Type of Operational	Problem Corre	ective Action Ta	ken	
Major Upgrades/Repairs & Expenses				
Were there any major upgrades/repincurred during this reporting period	osts 🗸	Yes	√No	
If yes, complete the table below; at		ets if necessary.		
Major Upgrades/Expenses	Details			
Improvements required by DWO				
Additions/changes to system	New well water pump and controls. New cistern controls New piping from cis			
Purchase or install new equipment	New filtration system in school.			
Equipment repair or replacement				
Annual maintenance of system	Cistern cleaned and disinfected.			
Specialist report		·		
Other				
FUTURE IMPROVEMENTS				
Are there any plans for future improvements?		<b>✓</b>	Yes	✓No
If yes, complete the table below; at	tach additional shee	ets 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		