

# EMERGENCY RESPONSE & CONTINGENCY PLAN

## 2020

**Water System Name: Coghlan El.**

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)	Terry Walker	Office : 604-534-3294 Cell: 604-841-7299	604-534-0841	tewalker@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:** \_\_\_\_\_

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

**Date:** MAR 06 2020

## Sample Range Report

Fraser Health Authority

**Facility Name:** Coghlan Elementary School WS

**Date Range:** Jan 1 2019 to Dec 31 2019

**Operator** Brad Cairns  
20260 64th Ave  
Langley, BC V3A 4P7

Sampling Site	Date Collected	Total Coliform	E. Coli	Fecal Coliform
<u>AUDIT - Staff Rm.,</u>				
<u>4452 256 St</u>				
	1-28-2019	L1	L1	
	4-2-2019	L1	L1	
	5-27-2019	L1	L1	
	10-8-2019	<u>L1</u>	<u>L1</u>	
	<b>Total Positive:</b>	<b>0</b>	<b>0</b>	<b>0</b>
 <u>Staff Room, 4452</u>				
<u>256 St</u>				
	1-14-2019	L1	L1	
	1-30-2019	L1	L1	
	2-19-2019	L1	L1	
	2-26-2019	L1	L1	
	3-12-2019	L1	L1	
	3-26-2019	L1	L1	
	4-10-2019	L1	L1	
	4-24-2019	L1	L1	
	5-8-2019	L1	L1	
	5-27-2019	L1	L1	
	6-11-2019	L1	L1	
	6-25-2019	L1	L1	
	7-9-2019	L1	L1	
	7-23-2019	L1	L1	
	8-6-2019	L1	L1	
	8-20-2019	L1	L1	
	9-3-2019	L1	L1	
	9-17-2019	L1	L1	
	10-8-2019	L1	L1	
	10-22-2019	A		
	11-6-2019	L1	L1	
	11-19-2019	L1	L1	
	12-2-2019	L1	L1	
	12-16-2019	<u>L1</u>	<u>L1</u>	
	<b>Total Positive:</b>	<b>0</b>	<b>0</b>	<b>0</b>
 <u>Mechanical Room,</u>				
<u>4452 256 St</u>				
	1-14-2019	L1	L1	

1-30-2019	L1	L1	
2-19-2019	L1	L1	
2-26-2019	L1	L1	
3-12-2019	L1	L1	
3-26-2019	L1	L1	
4-10-2019	L1	L1	
4-24-2019	L1	L1	
5-8-2019	L1	L1	
5-27-2019	L1	L1	
6-11-2019	L1	L1	
6-25-2019	L1	L1	
7-9-2019	L1	L1	
7-23-2019	L1	L1	
8-6-2019	L1	L1	
8-20-2019	L1	L1	
9-3-2019	L1	L1	
9-17-2019	L1	L1	
10-8-2019	L1	L1	
11-1-2019	A		
11-6-2019	L1	L1	
11-19-2019	L1	L1	
12-2-2019	L1	L1	
12-16-2019	<u>L1</u>	<u>L1</u>	
<b>Total Positive:</b>	<b>0</b>	<b>0</b>	<b>0</b>

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:	52	

**Comments:**



Environmental Health Officer

Jan 30 2020

FOR FURTHER INFORMATION PLEASE CALL: Barb Haworth

## Analytical Report

Bill To: School District #35	Project ID: July 24, 2019	Lot ID: <b>1365833</b>
20260 - 64 Avenue	Project Name: Langley School District #	Control Number:
Langley, BC, Canada	35	Date Received: Jul 24, 2019
V3A 4P7	Project Location:	Date Reported: Jul 29, 2019
Attn: Accounts Payable	LSD:	Report Number: 2426604
Sampled By:	P.O.: S00023	
Company:	Proj. Acct. code:	

Reference Number 1365833-2  
Sample Date July 24, 2019  
Sample Time 08:45  
Sample Location  
Sample Description Coghlan Elementary / 8.3 °C  
Sample Matrix Drinking Water

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	Below OG
Antimony	Extractable	mg/L	0.00006	0.00002	0.006	Below MAC
Arsenic	Extractable	mg/L	0.0040	0.0001	0.010	Below MAC
Barium	Extractable	mg/L	<0.0001	0.0001	1	Below MAC
Boron	Extractable	mg/L	0.171	0.002	5	Below MAC
Cadmium	Extractable	mg/L	<0.00001	0.00001	0.005	Below MAC
Chromium	Extractable	mg/L	<0.00005	0.00005	0.05	Below MAC
Copper	Extractable	mg/L	0.0006	0.0005	1 AO; 2 MAC	Below AO
Lead	Extractable	mg/L	0.00001	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	<0.00005	0.00005		
Zinc	Extractable	mg/L	0.0011	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	0.36	0.1		
Routine Water						
pH - Holding Time			Exceeded			
pH	at 25 °C		7.89	0.01	7.0-10.5	Within Range
Electrical Conductivity		µS/cm at 25 °C	263	1		
Calcium	Extractable	mg/L	0.04	0.01		
Iron	Extractable	mg/L	0.009	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	0.57	0.04		
Silicon	Extractable	mg/L	11	0.005		
Sodium	Extractable	mg/L	60	0.1	200	Below AO
T-Alkalinity	as CaCO3	mg/L	137	5		
Chloride	Dissolved	mg/L	1.02	0.05	250	Below AO
Fluoride	Dissolved	mg/L	0.27	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

## Analytical Report

Bill To: School District #35 20260 - 64 Avenue Langley, BC, Canada V3A 4P7	Project ID: July 24, 2019 Project Name: Langley School District #35 Project Location: LSD: P.O.: S00023 Proj. Acct. code:	Lot ID: <b>1365833</b> Control Number: Date Received: Jul 24, 2019 Date Reported: Jul 29, 2019 Report Number: 2426604
Attn: Accounts Payable Sampled By: Company:		

Reference Number	1365833-2
Sample Date	July 24, 2019
Sample Time	08:45
Sample Location	
Sample Description	Coghlan Elementary / 8.3 °C
Sample Matrix	Drinking Water

Analyte		Units	Result	Nominal Detection Limit	Guideline Limit	Guideline Comments
<b>Routine Water - Continued</b>						
Sulfate (SO4)	Dissolved	mg/L	2.4	0.1	500	Below AO
Hardness	as CaCO3 (extractable)	mg/L	<1.00	1		
Total Dissolved Solids	Extractable	mg/L	178	1		

Approved by:   
Mathieu Simoneau  
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.



**DRINKING WATER SYSTEM ANNUAL REPORT**

**Reporting Period:** January 1<sup>st</sup> to December 31<sup>st</sup>, 2019 (year)

**Water System** Coghlan Elem

**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):*

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*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?* 52

*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?*

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**WATER QUALITY STANDARDS FOR POTABLE WATER**

<i>Parameter:</i>	<i>Standard:</i>	<i>Did this system meet standard?</i>	
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, <b>and</b> 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	
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: 03/062020

COMPLETED BY: Brad Cairns