EMERGENCY RESPONSE & CONTINGENCY PLAN 2021

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

Signature		Title:		
Name:	Brad Cairns	_ Date:	FEB 1 9 2021	

Sample Range Report

Fraser Health Authority

Facility Name: Date Range: Peterson Road Elementary School WS Jan 1 2020 to Dec 31 2020

Operator

Sampling Site	Date Collected	Total Coliform	E. Coli	Fecal Coliform
Kitchen Room 15A, 23422 47th Ave	-			
20422 47117110	1-7-2020	L1	L1	
	1-21-2020	L1	L1	
	2-4-2020 8:25:00 AM	LT1	LT1	
	2-18-2020 8:25:00	LT1	LT1	
	AM 3-3-2020 9:10:00	LT1	LT1	
	AM	E11	- 111	
	3-16-2020 11:20:00 AM	LT1	LT1	
	4-6-2020 9:45:00 AM	LT1	LT1	
	4-21-2020 8:05:00 AM	LT1	LT1	
	5-5-2020 9:25:00 AM	LT1	LT1	
	5-26-2020 9:35:00 AM	LT1	LT1	
	6-3-2020 8:15:00	QRWRT	QRWRT	
	AM 6-16-2020 8:05:00	LT1	LT1	
	AM 7-7-2020 9:15:00	LT1	LT1	
	AM 7-28-2020 11:00:00	LT1	LT1	
	AM 8-11-2020 8:25:00	LT1	LT1	
	AM 8-25-2020 8:05:00	LT1	LT1	
	AM 9-8-2020 11:30:00	LT1	LT1	
	AM 9-23-2020 12:00:00	LT1	LT1	
	PM 10-7-2020 9:50:00	LT1	LT1	
	AM 10-19-2020 8:20:00	REJCT DELAY3	REJCT DELAY3	
	AM 10-27-2020 10:25:00 AM	LT1	LT1	

11-24-2020 9:30:00		11-17-2020 8:05:00 AM	LT1	LT1		
12-1-2020 10:15:00		11-24-2020 9:30:00	LT1	LT1		
12-15-2020 10:20:00		12-1-2020 10:15:00	LT1	LT1		
AUDIT - Staff Room. 23422 47th Ave 2.5-2020 10:45:00		12-15-2020 10:20:00	LT1	<u>LT1</u>		
2-5-2020 10:45:00 LT1 LT1 AM 6-15-2020 11:20:00 LT1 LT1 AM Total Positive: 0 0 0 0 Staff Lunch Room. 23422 47th Ave 1-7-2020 L1 L1 1-21-2020 L1 L1 2-4-2020 8:20:00 LT1 LT1 AM 2-18-2020 8:20:00 LT1 LT1 AM 3-3-2020 9:20:00 LT1 LT1 AM 3-16-2020 11:15:00 LT1 LT1 AM 4-6-2020 9:40:00 LT1 LT1 AM 4-6-2020 9:40:00 LT1 LT1 AM 5-5-2020 9:20:00 LT1 LT1 AM 6-3-2020 8:20:00 LT1 LT1 AM 6-3-2020 8:00:00 LT1 LT1 AM 7-7-2020 S:00:00 LT1 LT1 AM 5-5-2020 9:20:00 LT1 LT1 AM 6-3-2020 8:10:00 QRWRT QRWRT AM 6-16-2020 8:00:00 LT1 LT1 AM 7-7-2020 9:10:00 LT1 LT1 AM 7-7-2020 9:10:00 LT1 LT1 AM 8-11-2020 8:20:00 LT1 LT1 AM 8-25-2020 8:00:00 LT1 LT1 AM 8-25-2020 8:00:00 LT1 LT1 AM 8-25-2020 8:20:00 LT1 LT1 AM 9-8-2020 11:35:00 LT1 LT1			0	0	0	
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			LT1	LT1		
AM		9-8-2020 11:35:00 AM	LT1			
9-23-2020 11:55:00 LT1 LT1 AM			LT1	LT1		

10-7-2020 9:45:00 AM	LT1	LT1	
10-19-2020 8:15:00 AM	REJCT DELAY3	REJCT DELAY3	
10-27-2020 10:20:00 AM	LT1	LT1	
11-17-2020 8:00:00	LT1	LT1	
AM 11-24-2020 9:35:00	LT1	LT1	
AM 12-1-2020 10:20:00	LT1	LT1	
AM 12-15-2020 10:15:00	LT1	LT1	
AM		<u>=···</u>	0
AM Total Positive:	0	0	0

Result Values: E - estima	ted	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:	t 0			
Number of samples that contain tota coliform in last 30 days:	1 0/0			
Total number of samples:	52			

Comments:

Environmental Health Officer Feb 11 2021

FOR FURTHER INFORMATION PLEASE CALL: Barb Haworth



#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

W: element.com

Analytical Report

Bill To: School District #35

20260 - 64 Avenue

Langley, BC, Canada

V3A 4P7

Attn: Accounts Payable

Sampled By: Company:

Boron

Total Coliforms

Nitrite - N

Project ID:

Project Name:

Project Location:

Proj. Acct. code:

LSD:

P.O.: S00023

Lot ID: 1433137

Control Number:

Date Received: Jul 7, 2020 Date Reported: Jul 13, 2020

Report Number: 2528595

Guideline

Limit

0.1

0.006

0.010

2.0

5

0 per 100 mL

0 per 100 mL

0.1

1

500

0.002

1.0

1.0

0.01

0.1

Guideline Comments

Below OG

Below MAC

Below MAC

Below MAC

Below MAC

Below MAC

Below MAC

Below OG

Below MAC

Below AO

Reference Number

Sample Date Sample Time

mg/L

MPN/100 mL

mg/L

1433137-4 July 07, 2020 09:15

0.007

<1.0

<1.0

Sample Location

Peterson Road / 8.8 °C **Sample Description** Sample Matrix **Drinking Water Nominal Detection** Limit Units Result Analyte **Metals Extractable** < 0.001 0.001 Aluminum Extractable mg/L 0.00004 0.00002 Extractable Antimony mg/L 0.0020 0.0001 Arsenic Extractable mg/L 0.0028 0.0001 **Barium** Extractable mg/L

0.005 **Below MAC** Extractable < 0.00001 0.00001 Cadmium mg/L Below MAC 0.00005 0.05 Chromium Extractable mg/L 0.0012 Extractable mg/L 0.030 0.0005 1 AO; 2 MAC Below AO Copper 0.00009 0.00001 0.005 Below MAC Extractable Lead mg/L Below MAC Extractable 0.0005 0.0002 0.05 Selenium mg/L 7.0 Below MAC 0.059 0.0001 Strontium Extractable mg/L Below MAC 0.00001 0.02 Uranium Extractable mg/L 0.00005 Vanadium Extractable mg/L 0.0057 0.00005 0.0027 0.0005 5.0 Below AO Extractable Zinc mg/L Microbiological Analysis

MPN/100 mL Escherichia coli **Enzyme Substrate** Test **Physical and Aggregate Properties**

Test

Enzyme Substrate

Extractable

5 <5 Colour True Colour units **Turbidity** NTU < 0.10 0.1 **Routine Water**

Exceeded pH - Holding Time at 25 °C 7.60 0.01 7.0-10.5 Within Range pΗ 136 **Electrical Conductivity** µS/cm at 25 °C 1 Calcium Extractable mg/L 11 0.01 Extractable mg/L < 0.004 0.004 0.3 Below AO Iron Magnesium Extractable mg/L 5.4 0.02 0.02 AO; 0.12 Below AO Extractable mg/L 0.003 0.001 Manganese

MAC 1.2 0.04 Potassium Extractable mg/L Extractable 10 0.005 Silicon mg/L Below AO 5.6 0.1 200 Sodium Extractable mg/L T-Alkalinity as CaCO3 mg/L 51 5 0.05 250 Below AO Chloride Dissolved mg/L 4.52 **Below MAC** Dissolved 0.06 0.01 1.5 Fluoride mg/L 1.20 0.01 10 **Below MAC** Nitrate - N Dissolved mg/L

< 0.01

5.0

Sulfate (SO4) mg/L Terms and Conditions: https://www.element.com/terms/terms-and-conditions

Dissolved

Dissolved

DRINKING WATER SYSTEM ANNUAL REPORT			
Reporting Period:	January 1 st to Decen	nber 31 st , 2020 (year)	
Water System Peterson Rd		, , , , , , , , , , , , , , , , , , , ,	
Water System Owner Langley School	ol District		
Primary Contact Name (Operator or Manager)	Brad Cairns		
	830-6367		
	irns@sd35.bc.ca		
DESCRIBE YOUR WATER SUPPLY SYSTEM			
What is the Source(s) of Raw Water?			
□ Shallow Well □ Shallow Well	☐ Surface Water	☐ Other	
If other, specify details:			
Does the Drinking Water System have Pri	mary Disinfection?	☐Yes	□No
☐ Chlorination ☑ Ultraviolet Light	☐ Ozone	☐ Other	
If other, specify details:			
Does the Drinking Water System have Sec	ondary Disinfection?	☐ Yes	⊠ No
☐ Chlorination ☐ Other			
If other, specify details:			
Does the Drinking Water System have Filt	ration?	X 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?		☐ No	
How do you Inform the System Users of the		_	
☐ Hand Delivered ☐ Bulletin Board	☐ Newspaper	Utility Bill Insert	
Other (specify details)			
Drinking Water System Annual Report			
How do you Inform the System Users of the	-		
Hand Delivered Bulletin Board	☐ Newspaper	Utility Bill Insert	
Other (specify details)			

Revised March 2016

ist the cond	ditions that hav	re been placed	on your Operating Pe	rmit (if you have co	nditions, these	e will be stated	l on your perm
Are you in c	ompliance with	the conditions	s listed on your Opera	ting Permit?	⊠ Yes	□No	□ N/A
BACTERIOLOG	SICAL TESTING AND	DRINKING WAT	ER PROTECTION REGULAT	ION WATER QUAI	ITY S TANDA	RDS	
low many l	bacteriological .	samples were d	collected during this r	eporting period	?	52	
Nhat is the	minimum requ	ired sampling j	requency for this syst	em? (#samples,	/month)	1	
Additional s	ampling details	:					
Nas the mii	nimum required	d sampling freq	uency achieved?	✓ Yes		□No	
Comments:							
commence.							
Bacteriologi	ical summary a lo the users of t		•	⊠ Yes		□No	
Bacteriologi f no, how d	•	he system view	the results?		d this syste		andard2
Bacteriologi f no, how d Nater Qual Parameter:	lo the users of t	he system view OR POTABLE WAT	the results?	Die		em meet st	
WATER QUAL Parameter: Escherichia of for all samples Total Colifor only 1 samp	lo the users of t LITY STANDARDS F COli s)	OR POTABLE WAT Standard: No detectab	the results?	Di o	I this syste Yes Yes		o
WATER QUAL Parameter: Escherichia (for all samples Total Colifor (if only 1 samp day period)	coli s) rm Bacteria ole collected in a 30 rm Bacteria	OR POTABLE WAT Standard: No detectab No more that colliform back	rER	Did ml ⊠ per 100ml ⊠ total	Yes	em meet st	0
NATER QUAL Parameter: Escherichia of for all samples Fotal Colifor only 1 samp day period) Fotal Colifor of the Colifor of the System	coli s) rm Bacteria ole collected in a 30 rm Bacteria	OR POTABLE WAT Standard: No detectab No more that coliform bac 10 total coli	the results? TER Die Escherichia coli per 100 Die total coliform bacteria per 100 of samples contain cteria, and No sample has form bacteria per 100ml	Did ml 🔀 per 100ml 🔀 total more than	Yes Yes Yes	em meet st	o o o
NATER QUAL Parameter: Escherichia of the samples of the system of the system of the table be	coli s) rm Bacteria ole collected in a 30 rm Bacteria a sample collected i	OR POTABLE WAT Standard: No detectab No more that coliform bac 10 total coli	the results? TER Die Escherichia coli per 100 Die total coliform bacteria per 100 of samples contain cteria, and No sample has form bacteria per 100ml	Did ml total more than tion Regulation	Yes Yes Yes	em meet st	o o o
NATER QUAL Parameter: Escherichia efor all samples Total Colifor if only 1 samp lay period) Total Colifor if more than 1 10 day period) If the system	coli s) rm Bacteria de collected in a 30 rm Bacteria de sample collected i m did not meet elow; attach ad	No detectable No more that coliform bac 10 total coli any of above Diditional sheets	the results? TER Tele Escherichia coli per 100 Tele total coliform bacteria per 10% of samples contain cteria, and No sample has a form bacteria per 100ml Trinking Water Protect if necessary.	Did ml total more than tion Regulation	Yes Yes Yes <i>standards</i>	em meet st	o o o
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Was any che	mical sampling	conducted during	g reporting	period?		□No
If no, when w for this syste		emical samples co	onducted		all water sam Drinking Wat	ples meet the Guidelines for er Quality?
(date)	☐ Don't	Know Neve	er	✓ Yes		□No
-	-	t meet the Guidel litional sheets if n	-	nadian Drin	king Water C	Quality, record the results in
Parameter	Result	Corrective Ac	tion / Trea	itment / Coi	mments	
Additional Te						
	•	zers for continuou	us monitor	ing?	☐ Yes	⊠ No
5 .5	all boxes that a	ірріу:				
☐ Chlorine						
			☐ Other (details)		
	∏ Tu ts available on	•	Other (details)		
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Are the result If any additionsheets if neces Additional Tele Water Quality Were there as period? (e.g.	ts available on onal testing or sessary. esting & Reason TY COMPLAINTS Iny water qualitaste, odour, contested the table before the table be	request? sampling was con n for Sampling ity complaints in to	Corrective his reportional sheet	re Action Ta	ken ☐ Yes	No

Revised March 2016

Were there any operational problems during this reporting period? (e.g. insufficient water supply, malfunction of Yes No disinfection equipment, line breaks, elevated turbidity etc.). If yes, complete the table below; attach additional sheets if necessary. Incident Date Type of Operational Problem Corrective Action Taken
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 Cleaned and disinfected the reservoir.
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
DATE COMPLETED BY: Brad Cairns