

DRINKING WATER SYSTEM ANNUAL REPORT

<b>Reporting Period:</b>	January 1 <sup>st</sup> to December 31 <sup>st</sup> , 2018
<b>Water System</b>	<b>Dewdney Water System</b>
<b>Water System Owner</b>	<b>Fraser Valley Regional District</b>
<b>Primary Contact Name</b> (Operator or Manager)	Dave Roblin
<b>Phone Number</b> (Operator or Manager)	604-702-5027
<b>E-mail</b> (Operator or Manager)	droblin@fvrd.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: chloramines

**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) call in

**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 call in

**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?** 51

**What is the minimum required sampling frequency for this system? (#samples/month)** 4

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**

<b>Parameter:</b>	<b>Standard:</b>	<b>Did this system meet standard?</b>	
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 100m	<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 type="checkbox"/>	<input type="checkbox"/>

**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
Complete scada upgrade	May 2019

<b>DATE COMPLETED: April 18 2019</b>	<b>COMPLETED BY: D.Roblin</b>
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## Sample Range Report

Fraser Health Authority

**Facility Name:** Dewdney WS  
**Date Range:** Jan 1 2018 to Dec 31 2018

**Operator** Fraser Valley Regional District  
45950 Cheam Ave  
Chilliwack, BC V2P 1N6

<u>Sampling Site</u>	<u>Date Collected</u>	<u>Total Coliform</u>	<u>E. Coli</u>	<u>Fecal Coliform</u>
<u>Lougheed &amp; Hawkin</u>				
<u>Intersection,</u>				
	1-3-2018	L1	L1	
	1-17-2018	L1	L1	
	1-31-2018	L1	L1	
	2-14-2018	L1	L1	
	2-27-2018	L1	L1	
	3-13-2018	L1	L1	
	3-27-2018	L1	L1	
	4-10-2018	L1	L1	
	4-24-2018	L1	L1	
	5-8-2018	L1	L1	
	8-14-2018	<u>L1</u>	<u>L1</u>	
	<b>Total Positive:</b>	<b>0</b>	<b>0</b>	<b>0</b>
 <u>Mill Standpipe,</u>				
	1-9-2018	L1	L1	
	1-24-2018	L1	L1	
	2-6-2018	L1	L1	
	2-20-2018	L1	L1	
	3-6-2018	L1	L1	
	3-20-2018	L1	L1	
	4-3-2018	L1	L1	
	4-17-2018	L1	L1	
	5-1-2018	L1	L1	
	5-15-2018	L1	L1	
	5-23-2018	L1	L1	
	5-29-2018	L1	L1	
	6-5-2018	L1	L1	
	6-13-2018	L1	L1	
	6-20-2018	L1	L1	
	6-26-2018	L1	L1	
	7-4-2018	L1	L1	
	7-10-2018	L1	L1	
	7-17-2018	L1	L1	
	7-24-2018	L1	L1	
	8-1-2018	L1	L1	
	8-7-2018	L1	L1	
	8-21-2018	L1	L1	

9-5-2018	L1	L1	
9-12-2018	L1	L1	
9-19-2018	L1	L1	
9-25-2018	L1	L1	
10-3-2018	L1	L1	
10-9-2018	L1	L1	
10-16-2018	L1	L1	
10-17-2018	C		
10-23-2018	L1	L1	
10-30-2018	L1	L1	
11-7-2018	L1	L1	
11-13-2018	L1	L1	
11-20-2018	L1	L1	
11-28-2018	L1	L1	
12-4-2018	L1	L1	
12-11-2018	L1	L1	
12-18-2018	<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**

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:	0/1		
Total number of samples:	51		

**Comments:**

\_\_\_\_\_  
Environmental Health Officer  
Jan 21 2019

FOR FURTHER INFORMATION PLEASE CALL: David Fowler (604) 870-7900



**fraserhealth** Better health.  
Best in health care.

February, 2019

*Water System Operators*

**Re: Metals in Drinking Water – “Flush” Message in Annual Reports**

Fraser Health has revised its metals at the tap “Flush” message and we are asking all water systems to please include the following health message with your next annual reports to your users.

***Anytime the water in a particular faucet has not been used for six hours or longer, “flush” your cold-water pipes by running the water until you notice a change in temperature. (This could take as little as five to thirty seconds if there has been recent heavy water use such as showering or toilet flushing. Otherwise, it could take two minutes or longer.) The more time water has been sitting in your home’s pipes, the more lead it may contain.***

***Use only water from the cold-tap for drinking, cooking, and especially making baby formula. Hot water is likely to contain higher levels of lead.***

***The two actions recommended above are very important to the health of your family. They will probably be effective in reducing lead levels because most of the lead in household water usually comes from the plumbing in your house, not from the local water supply.***

***Conserving water is still important. Rather than just running the water down the drain you could use the water for things such as watering your plants.***

If you have any questions, please contact our Drinking Water Program at 604-870-7903 or 1-866-749-7900.

Sincerely,

Marc Zubel  
Manager, Drinking Water Program  
Health Protection