

## DRINKING WATER SYSTEM ANNUAL REPORT

**Reporting Period:** January 1<sup>st</sup> to December 31<sup>st</sup>, 2018

**Water System** Hope Airpark

**Water System Owner** Fraser Valley Regional District

**Primary Contact Name** (Operator or Manager) Dave Roblin

**Phone Number** (Operator or Manager) 604 702 5027

**E-mail** (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:

**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?** 48

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

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? Contact fraser health**

**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 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 yes	<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

DATE COMPLETED May 31 2019	COMPLETED BY: Droblin
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## Sample Range Report

Fraser Health Authority

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

**Operator**

<u>Sampling Site</u>	<u>Date Collected</u>	<u>Total Coliform</u>	<u>E. Coli</u>	<u>Fecal Coliform</u>
<u>Hope Airport Cafe,</u> <u>62724 Airport Rd</u>				
	1-2-2018	L1	L1	
	1-9-2018	L1	L1	
	1-16-2018	L1	L1	
	1-23-2018	L1	L1	
	1-30-2018	L1	L1	
	2-6-2018	L1	L1	
	2-13-2018	L1	L1	
	2-20-2018	L1	L1	
	2-27-2018	L1	L1	
	3-6-2018	L1	L1	
	3-13-2018	L1	L1	
	3-20-2018	L1	L1	
	3-27-2018	L1	L1	
	4-3-2018	L1	L1	
	4-10-2018	L1	L1	
	4-17-2018	L1	L1	
	4-24-2018	L1	L1	
	5-1-2018	L1	L1	
	5-8-2018	L1	L1	
	5-15-2018	L1	L1	
	5-22-2018	L1	L1	
	5-29-2018	L1	L1	
	6-5-2018	L1	L1	
	6-12-2018	L1	L1	
	6-19-2018	L1	L1	
	6-26-2018	L1	L1	
	7-3-2018	L1	L1	
	7-10-2018	L1	L1	
	7-17-2018	L1	L1	
	7-24-2018	L1	L1	
	7-31-2018	L1	L1	
	8-7-2018	5	L1	
	8-14-2018	L1	L1	
	8-21-2018	L1	L1	
	8-28-2018	L1	L1	
	9-4-2018	L1	L1	
	9-11-2018	L1	L1	
	9-18-2018	L1	L1	
	9-25-2018	L1	L1	

10-2-2018	L1	L1	
10-9-2018	L1	L1	
10-16-2018	L1	L1	
10-23-2018	L1	L1	
10-30-2018	L1	L1	
11-6-2018	L1	L1	
11-13-2018	L1	L1	
11-20-2018	L1	L1	
11-27-2018	L1	L1	
12-4-2018	L1	L1	
12-11-2018	L1	L1	
12-18-2018	<u>L1</u>	<u>L1</u>	
Total Positive:	1	0	0

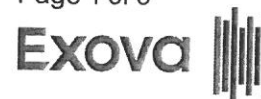
**Result Values:**                      **E - estimated**                      **L - less than**                      **G - greater than**

Samples that contain total coliform:	1		1.96% 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:**

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Environmental Health Officer  
Jan 29 2019

FOR FURTHER INFORMATION PLEASE CALL: Kevin Freer (604) 870-7900



Analytical Report

Bill To: Fraser Valley Regional District  
 1 - 45950 Cheam Ave.  
 Chilliwack, BC, Canada  
 V2P 1N6  
 Attn: Accounts Payable  
 Sampled By: J.Horn  
 Company: FVRD

Project ID:  
 Project Name:  
 Project Location:  
 LSD:  
 P.O.:  
 Proj. Acct. code:

Lot ID: **1287150**  
 Control Number: C117053  
 Date Received: Jul 25, 2018  
 Date Reported: Jul 30, 2018  
 Report Number: 2308441

Reference Number: 1287150-1  
 Sample Date: July 24, 2018  
 Sample Time: 06:40  
 Sample Location:  
 Sample Description: Hope Airport / 5.0 °C  
 Sample Matrix: Drinking Water

Analyte		Units	Result	Nominal Detection Limit	Guideline Limit	Guideline Comments
<b>Metals Extractable</b>						
Aluminum	Extractable	mg/L	<0.001	0.001	0.1	Below OG
Antimony	Extractable	mg/L	<0.00002	0.00002	0.006	Below MAC
Arsenic	Extractable	mg/L	0.0001	0.0001	0.010	Below MAC
Barium	Extractable	mg/L	0.0118	0.0001	1	Below MAC
Boron	Extractable	mg/L	0.006	0.002	5	Below MAC
Cadmium	Extractable	mg/L	<0.00001	0.00001	0.005	Below MAC
Chromium	Extractable	mg/L	0.00088	0.00005	0.05	Below MAC
Copper	Extractable	mg/L	0.0112	0.0005	1.0	Below AO
Lead	Extractable	mg/L	0.00015	0.00001	0.01	Below MAC
Selenium	Extractable	mg/L	<0.0002	0.0002	0.05	Below MAC
Uranium	Extractable	mg/L	<0.00001	0.00001	0.02	Below MAC
Vanadium	Extractable	mg/L	0.00019	0.00005		
Zinc	Extractable	mg/L	0.0169	0.0005	5.0	Below AO
<b>Physical and Aggregate Properties</b>						
Colour	True	Colour units	<5	5		
Turbidity		NTU	1.0	0.05		
<b>Routine Water</b>						
pH - Holding Time			Exceeded			
pH	at 25 °C		7.47	0.01	7.0-10.5	Within Range
Electrical Conductivity		µS/cm at 25 °C	123	1		
Calcium	Extractable	mg/L	13	0.01		
Iron	Extractable	mg/L	0.046	0.004	0.3	Below AO
Magnesium	Extractable	mg/L	3.1	0.02		
Manganese	Extractable	mg/L	0.006	0.001	0.05	Below AO
Potassium	Extractable	mg/L	0.69	0.04		
Silicon	Extractable	mg/L	8.9	0.005		
Sodium	Extractable	mg/L	3.0	0.1	200	Below AO
T-Alkalinity	as CaCO3	mg/L	50	5		
Chloride	Dissolved	mg/L	3.19	0.05	250	Below AO
Fluoride	Dissolved	mg/L	<0.01	0.01	1.5	Below MAC
Nitrate - N	Dissolved	mg/L	0.54	0.01	10	Below MAC
Nitrite - N	Dissolved	mg/L	<0.01	0.01	1	Below MAC
Sulfate (SO4)	Dissolved	mg/L	2.8	0.1	500	Below AO
Hardness	as CaCO3 (extractable)	mg/L	46	1		
Total Dissolved Solids	Extractable	mg/L	83	1		



**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