

## RECEIVED

FEB U8 2024

PRASER VALLEY REGIONAL DISTRICT
DEPARTMENT David

February 1, 2024

Dear: Water System Operator

Re: Annual Reporting Requirements for Permitted Water Systems

Please find enclosed a copy of the 2023 Range Report for your water system. This report contains a summary of the bacteriological water quality results for the samples submitted through Fraser Health from your water system within the 2023 calendar year. As per the Drinking Water Protection Act the report is required to be made available to all users by June 30th 2024.

Please email HPLand@fraserhealth.ca if you would like to request a copy of the Annual Report Template.

The following are reminders for all water system operators:

- a) As drinking water testing has been deemed an essential service, all health units continue to remain open for sample drop-off on their regular designated days.
- b) Please do not use expired requisition forms as this will result in the samples either not being processed or results not being returned properly from the lab. Please discard all expired requisition forms. The expiration date is located on the bottom of the form.
- c) Please do not modify sample sites or other sections on the requisition forms. Key information is contained in the barcode and the lab is unable to include handwritten information. Please contact HPLand@fraserhealth.ca to request any changes to your requisition forms.
- d) Ensure the lead flush message provided is included with your Annual Report.
- e) The coding system from BCCDC has recently changed.

**QRWRT** indicates that the sample exceeded the 30 hour hold time. This could be due to courier issues or an incorrect date being recorded by the operator on the requisition forms. Water systems will still be given credit for the sample collected and a qualitative result is provided to Fraser Health. If there is bacteria detected, a separate email will be sent to the operator from Fraser Health.

**REJCT DELAY3** indicates that the sample has been rejected as it has been too long in transit. No results will be provided for this sample.

Sincerely,

Drinking Water Program
Fraser Health Authority
HPLand@fraserhealth.ca



February 1, 2024

Water System Operators

Re: Metals in Drinking Water - "Flush" Message in Annual Reports

Fraser Health has recently 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.

Sincerely,

Drinking Water Program Fraser Health Authority HPLand@fraserhealth.ca



Reporting Period: Water System Boston bar community Water Water System Owner Fraser Valley Regional District Primary Contact Name (Operator or Manager) Dave Roblin Phone Number (Operator or Manager) 604-798-5426 E-mail (Operator or Manager) OBSCHIEBYOURWOFFE SUBRAYSTATEM What is the Source(s) of Raw Water? O Deep Well O Shallow Well D Surface Water D Other If other, specify details:  Does the Drinking Water System have Primary Disinfection? OB Chlorination D Ultraviolet Light D Ozone D Other If other, specify details:  Does the Drinking Water System have Secondary Disinfection?   Yes	DRINKING WATER SYSTEM ANNUAL REPORT			
Water System Owner Fraser Valley Regional District  Primary Contact Name (Operator or Manager) Dave Roblin  Phone Number (Operator or Manager) 604-798-5426  E-mail (Operator or Manager) droblin@fvrd.ca    District   Dist	Reporting Period:	January l <sup>st</sup> to Decen	nber 31 <sup>st</sup> , 2023 (year)	
Primary Contact Name (Operator or Manager) Dave Roblin  Phone Number (Operator or Manager) 604-798-5426  E-mail (Operator or Manager) 604-798-5426  E-mail (Operator or Manager) droblin@fvrd.ca    Distribution	Water System Boston bar com	munity Water		
Phone Number (Operator or Manager) 604-798-5426 E-mail (Operator or Manager) droblin@fvrd.ca    Description   Grand	Water System Owner Fraser Valley F	Regional District		
E-mail (Operator or Manager) droblin@fvrd.ca    Description   Commonwealth   Comm	Primary Contact Name (Operator or Manager)	Dave Roblin		
Distribusivo   What is the Source(s) of Raw Water?	Phone Number (Operator or Manager) 604-79	98-5426		
What is the Source(s) of Raw Water?  O Deep Well O Shallow Well D Surface Water D Other  If other, specify details:  Does the Drinking Water System have Primary Disinfection? No D Other  If other, specify details:  Does the Drinking Water System have Primary Disinfection? D Other  If other, specify details:  Does the Drinking Water System have Secondary Disinfection? Yes No  D Chlorination Other  If other, specify details:  Does the Drinking Water System have Filtration? No  Check all boxes that apply  OX Cartridge Filter(s) O Carbon Filter No  Sand Filtration D Reverse Osmosis D Other  If other, specify details:  PRECECT (1850 DETAINS)  Emergency Response & Contingency Plan (ERCP)  Is your ERCP up to Date? Q Yes ONO  How do you Inform the System Users of the ERCP?  O Hand Delivered O Bulletin Board D Newspaper O Utility Bill Insert D Website  O Other (specify details)  Drinking Water System Annual Report  How do you Inform the System Users of the Annual Report?  D Hand Delivered O Bulletin Board O Newspaper Utility Bill Insert O Website	E-mail (Operator or Manager) droblin@f	vrd.ca		
What is the Source(s) of Raw Water?  O Deep Well O Shallow Well D Surface Water D Other  If other, specify details:  Does the Drinking Water System have Primary Disinfection? No D Other  If other, specify details:  Does the Drinking Water System have Primary Disinfection? D Other  If other, specify details:  Does the Drinking Water System have Secondary Disinfection? Yes No  D Chlorination Other  If other, specify details:  Does the Drinking Water System have Filtration? No  Check all boxes that apply  OX Cartridge Filter(s) O Carbon Filter No  Sand Filtration D Reverse Osmosis D Other  If other, specify details:  PRECECT (1850 DETAINS)  Emergency Response & Contingency Plan (ERCP)  Is your ERCP up to Date? Q Yes ONO  How do you Inform the System Users of the ERCP?  O Hand Delivered O Bulletin Board D Newspaper O Utility Bill Insert D Website  Drinking Water System Annual Report  How do you Inform the System Users of the Annual Report?  D Hand Delivered O Bulletin Board O Newspaper Utility Bill Insert O Website				
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If other, specify details:    Does the Drinking Water System have Primary Disinfection?   Yes   No   No   Other	What is the Source(s) of Raw Water?			
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Record Company	If other, specify details:			
If other, specify details:    Does the Drinking Water System have Secondary Disinfection?	Does the Drinking Water System have Prima	ry Disinfection?	⊠ <sub>Yes</sub>	□No
Does the Drinking Water System have Secondary Disinfection?  D Chlorination	$\Omega$ Chlorination $\Omega$ Ultraviolet Light	D Ozone	D Other	
D Chlorination	If other, specify details:			
If other, specify details:    Does the Drinking Water System have Filtration?   Yes	Does the Drinking Water System have Second	ondary Disinfection?	Yes	⊠No
Does the Drinking Water System have Filtration?  Check all boxes that apply  (IX Cartridge Filter(s) (I) Carbon Filter  IX Sand Filtration  D Reverse Osmosis  D Other  FURGICE REPORTING  Emergency Response & Contingency Plan (ERCP)  Is your ERCP up to Date?  Q Yes  ONO  How do you Inform the System Users of the ERCP?  O Hand Delivered  O Bulletin Board  D Newspaper  O Utility Bill Insert  D Website  D Hand Delivered  O Bulletin Board  O Newspaper  Utility Bill Insert  O Website	$D$ Chlorination $\Box$ Other			
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Emergency Response & Contingency Plan (ERCP)  Is your ERCP up to Date? Q Yes ONo  How do you Inform the System Users of the ERCP?  O Hand Delivered O Bulletin Board D Newspaper O Utility Bill Insert D Website  O Other (specify details)  Drinking Water System Annual Report  How do you Inform the System Users of the Annual Report?  D Hand Delivered O Bulletin Board O Newspaper Utility Bill Insert O Website	Check all boxes that apply			
Emergency Response & Contingency Plan (ERCP)  Is your ERCP up to Date?	0X Cartridge Filter(s) $0$ Carbon Filter	$oldsymbol{\mathbb{Q}}$ Sand Filtration	D Reverse Osmosis	D Other
Emergency Response & Contingency Plan (ERCP)  Is your ERCP up to Date?	If other, specify details:			
Emergency Response & Contingency Plan (ERCP)  Is your ERCP up to Date?				
Is your ERCP up to Date?  Q Yes  ONO  How do you Inform the System Users of the ERCP?  O Hand Delivered O Bulletin Board D Newspaper  O Other (specify details)  Drinking Water System Annual Report  How do you Inform the System Users of the Annual Report?  D Hand Delivered O Bulletin Board O Newspaper  Utility Bill Insert O Website	PUBLIC REPORTING			
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O Other (specify details)  Drinking Water System Annual Report  How do you Inform the System Users of the Annual Report?  D Hand Delivered O Bulletin Board O Newspaper Utility Bill Insert O Website	How do you Inform the System Users of the E	RCP?		
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How do you Inform the System Users of the Annual Report?  D Hand Delivered O Bulletin Board O Newspaper □ Utility Bill Insert O Website	O Other (specify details)			
$D$ Hand Delivered $O$ Bulletin Board $O$ Newspaper $\square$ Utility Bill Insert $O$ Website	Drinking Water System Annual Report			
		_	_	_
D Other (specify details)	_	O Newspaper	Utility Bill Insert	O Website
	D Other (specify details)			

OMPUANCE WITH OPERATING PERMIT			
List the conditions that have been placed on your Operating Permit (if you have	e_conditions_these_will	be stated on you	<u>r_permit):</u>
Are you in compliance with the conditions listed an your Operating Permit?	<sup>X</sup> D Yes	O No	ON/A
CTERIOLOGICAL TESTING AND DRINKING WATER PROTECTION REGULATION WATER Q	WALITY STANDARD	S .	
How many bacteriological samples were collected during thisreporting per	iod?	102	?
What is the minimum required sampling frequency for this system? {#sam	nples/month)	8	
Additional sampling details:			
Was the minimum required sampling frequency achieved? $\Box$ Yes	S	□No	
Comm ent s:  Bacteriological summary attached to this report?		□No	
VATIER QUALITY STANDARDS FOR POTABLE WATER			
Parameter: Standard:	Did this syste	em meet sta	ndard?
Parameter: Standard: Escherichia coli (for all samples) No detectable Escherichia coli per 100ml	Did this syste	em meet sta	
Parameter: Standard:  Escherichia coli (for all samples)  Total Coliform Bacteria (if only 1 sample collected in a 30  No detectable Escherichia coli per 100ml  No detectable total coliform bacteria per 100ml	Y_		)
Parameter:  Escherichia coli (for all samples)  Total Coliform Bacteria (if only 1 sample collected in a 30  And a pariod coliform Bacteria (if more than 1 sample collected in o  Standard:  No detectable Escherichia coli per 100ml No detectable total coliform bacteria per 100ml No more than 10% of samples contain total coliform bacteria, and No sample has more than	Yes	□No	)
Parameter:  Escherichia coli (for all samples)  Total Coliform Bacteria (if only 1 sample collected in a 30  Ava pariod)  Total Coliform Bacteria  No detectable Escherichia coli per 100ml  No more than 10% of samples contain total (if more than 1 sample collected in o 30 day period)  Total Coliform Bacteria  No more than 10% of samples contain total  coliform bacteria, and No sample has more than 10 total coliform bacteria per 100ml  If the system did not meet any of above Drinking Water Protection Regularia	Yes Yes Yes	□ No	
Parameter:  Escherichia coli (for all samples)  No detectable Escherichia coli per 100ml  Total Coliform Bacteria (if only 1 sample collected in a 30  No detectable total coliform bacteria per 100ml  No more than 10% of samples contain total (if more than 1 sample collected in o 30 day period)  If the system did not meet any of above Drinking Water Protection Regular, the table below; attach additional sheets if necessary.	Yes Yes Yes	□ No	
Parameter:  Escherichia coli (for all samples)  Total Coliform Bacteria (if only 1 sample collected in a 30 India Coliform Bacteria (if more than 1 sample collected in o 30 day period)  If the system did not meet any of above Drinking Water Protection Regular, the table below; attach additional sheets if necessary.	Yes Yes Yes Yes	□ No	
Escherichia coli (for all samples)  Total Coliform Bacteria (if only 1 sample collected in a 30  Total Coliform Bacteria  No detectable Escherichia coli per 100ml  No more than 10% of samples contain total  (if more than 1 sample collected in o 30 day period)  Total Coliform Bacteria  No more than 10% of samples contain total  coliform bacteria, and No sample has more than 10 total coliform bacteria per 100ml  If the system did not meet any of above Drinking Water Protection Regular the table below; attach additional sheets if necessary.	Yes Yes Yes Yes	□ No	
Parameter:  Escherichia coli (for all samples)  Total Coliform Bacteria (if only 1 sample collected in a 30 Total Coliform Bacteria  And No detectable total coliform bacteria per 100ml  No more than 10% of samples contain total  (if more than 1 sample collected in o 30 day period)  Total Coliform Bacteria  No more than 10% of samples contain total  coliform bacteria, and No sample has more than 10 total coliform bacteria per 100ml  If the system did not meet any of above Drinking Water Protection Regular, the table below; attach additional sheets if necessary.	Yes Yes Yes Yes	□ No	

				DRINI	KING WATERS	YSTEMANNUALR	EPORT
							NAME OF THE PARTY
EMICAL SAMPLE	ng Completied (	DURING THIS REPO	RITING PERIOD				
Was any chen	nical sampling	conducted during	g reporting pe	riod?	$\vec{x} \vec{0}$ Yes	ÖÑo	)
		emical samples co		If yes, die	l all water san	nples meet the G	fuidelines for
f <i>ar this syster</i> date]	n ? $0$ Don't k	Know O Nev	v	Canadian OYes	Drinking Wat	er Quality? O No	
-							
-	-	meet the Guideli ional sheets if ne	-	dian Drink	aing Water Qu	ality, record the	results in
Parameter	Result	Corrective A	Action /Treatr	nent/ Cor	nments		
OTHONAL TEST	ine						
	12 0 Ann 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ers for continuou	s monitoring	.2	Tilyes	ONo	
•	all boxes that ap	_	is monitoring	•	□ res	ONO	
OChlorine	XO Tu		Other (de	etails)			
re the result	s available on r	request?					
f any additio	nal testino or s	sampling was co	nducted reco	ord results	s in the table h	elow: attach ad	ditional
heets if nece	_	umpung was co	nancica, reco	Ta resuits	in the table b	cion, anach aa	amonar
Additional Te	esting & Reason	n for Sampling	Corrective	Action Ta	aken		
	<u> </u>	1 8					
		THE RESERVE OF LANSING	日子·东西2000年11月11日	For the Bally of Tools			
ATTER QUALITY	ACTIVITY TO THE RESIDENCE OF THE PARTY OF TH				<b>基础的</b>		() 1000年度
Vere there a	ny water qualii	ty complaints in	this reporting	g	Yes	□N	0
	taste; odour, co						
yes, comple	te the table belo	ow; attach additi	onal sheets if	necessary	·.		
ate	Water Qualit	ty Complaint	Corre	ctive Acti	on/ Treatmen	t	

		INKING WAT	EK 3421 EIVI AININUAL REPORT	
The state of the s	(注入) (基本) (基本) (基本) (基本) (基本) (基本)			
DRENAMONAL PROBLEMS				3.77.08.11
Were there any operational problem period? (e.g. insufficient water supp		ting Ye	s X No	
disinfection e uipment, line breaks,	elevated turbidity		5 <u> </u>	
If yes, complete the table below; atta	ach additional sheets	s if necessary.		
Incident Date Type of Operational	Problem Cor	rective Ai:tion Take	en	
				DWG/SEENDY/FIII
MATOR UPGRADES/REPAIRS & EXPENSES				
Were there any major upgrades/rep		costs	x <sub>□No</sub>	
incurred during this reporting period	d?			
If yes, complete the table below; att	ach additional shee	ts 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	flushing			
Specialist report				
Other				
FUTURE IMPROVEMENTS				
Are there any plans for future improv	rements?	Yes	T No	
If yes, complete the table below; at	tach additional shee	ets if necessary.		
Future Upgrades or Improvements			Estimated Date of Completion	n
DATE COMPLETED: July 92024		COMPLETED BY: I	Dave Roblin	
<u> </u>				

Revised March 2016

## Sample Range Report

Fraser Health Authority

Facility Name: Date Range: Boston Bar Community WS Jan 1 2023 to Dec 31 2023

Operator

Dave Roblin 45950 Cheam Ave Chilliwack, BC V2P 1N6

Sampling Site	Date Collected	Total Coliform	E. Coli	Fecal Coliform
Sample Site 1 Cottonwood Rd,				
OSKOMYOGA I KAT	1-10-2023 9:00:00 AM	LT1	LT1	
	1-24-2023 10:00:00	LT1	LT1	
	AM 2-7-2023 9:30:00 AM	LT1	LT1	
	2-21-2023 9:30:00 AM	LT1	LT1	
	3-7-2023 10:00:00 AM	LT1	LT1	
	3-21-2023 10:00:00 AM	LT1	LŢ1	
	4-18-2023 10:30:00 AM	LT1	LT1	
	5-2-2023 10:00:00 AM	LT1	LT1	
	5-16-2023 9:30:00 AM	LT1	LT1	
	5-30-2023 10:30:00 AM	LT1	LT1	
	6-13-2023 10:15:00 AM	QRWRT	QRWRT	
	6-27-2023 10:15:00 AM	LT1	LT1	
	7-11-2023 10:00:00 AM	LT1	LT1	
	7-25-2023 10:50:00 AM	LT1	LT1	
	8-8-2023 10:15:00 AM	LT1	LT1	
	9-5-2023 9:30:00 AM	LT1	LT1	
	9-19-2023 10:05:00 AM	LT1	LT1	
	10-3-2023 10:05:00 AM	LT1	LT1	
	10-17-2023 10:15:00 AM	LT1	LT1	
	10-31-2023 10:00:00	LT1	LT1	
	AM 11-14-2023 10:05:00	LT1	LT1	

	AM 11-28-2023 10:30:00 AM	LT1	LT1
	12-12-2023 9:30:00 AM	<u>LT1</u>	<u>LT1</u>
	Total Positive:	0	0
Sample Site 2 Hwy	-		
<u>.11</u>	1-3-2023 10:00:00 AM	LT1	LT1
	1-17-2023 9:15:00 AM	LT1	LT1
	1-31-2023 10:00:00 AM	LT1	LT1
	2-14-2023 8:30:00 AM	LT1	LT1
	2-28-2023 9:25:00 AM	LT1	LT1
	3-14-2023 9:10:00 AM	LT1	LT1
	3-28-2023 10:05:00	LT1	LT1
	AM 4-11-2023 10:05:00	LT1	LT1
	AM 4-25-2023 10:15:00	LT1	LT1 -
	AM 5-9-2023 10:45:00	QRWRT	QRWRT
	AM 5-23-2023 10:40:00	LT1	LT1
	AM 6-6-2023 10:20:00	LT1	LT1
	AM 6-20-2023 9:10:00 AM	LT1	LT1
	7-4-2023 10:20:00 AM	LT1	LT1
	7-18-2023 10:15:00	LT1	LT1
	AM 8-1-2023 8:45:00 AM	LT1	LT1
	8-15-2023 9:15:00	LT1	LT1
	AM		
	8-29-2023 9:00:00 AM	LT1	LT1
	9-12-2023 9:45:00 AM	LT1	LT1
	9-26-2023 9:15:00 AM	LT1	LT1
	10-10-2023 9:30:00 AM	LT1	LT1
	10-24-2023 9:45:00 AM	LT1	LT1
	11-7-2023 9:00:00 AM	LT1	LT1

11-21-2023 9:30:00	LT1	LT1	
AM 12-5-2023 9:10:00 AM	LT1	LT1	
12-19-2023 9:45:00 AM	<u>LT1</u>	<u>LT1</u>	
Total Positive:	0	0	0
Sample Site 3 Hwy			
1-3-2023 10:15:00	LT1	LT1	
AM 1-17-2023 9:30:00 AM	LT1	LT1	
1-31-2023 9:45:00 AM	LT1	LT1	
2-14-2023 8:15:00 AM	LT1	LT1	
2-28-2023 9:45:00 AM	LT1	LT1	
3-14-2023 10:00:00 AM	LT1	LT1	
3-28-2023 10:15:00 AM	LT1	LT1	
4-11-2023 9:45:00 AM	LT1	LT1	
4-25-2023 9:45:00 AM	LT1	LT1	
5-9-2023 10:55:00 AM	QRWRT	QRWRT	
6-6-2023 10:35:00 AM	LT1	LT1	
6-20-2023 8:30:00 AM	LT1	LT1	
8-1-2023 9:00:00 AM 8-15-2023 9:00:00	LT1 LT1	LT1 LT1	
AM 8-29-2023 10:45:00	LT1	LT1	
AM 9-12-2023 10:00:00	LT1	LT1	
AM 10-10-2023 9:15:00 AM	LT1	LT1	
10-24-2023 10:10:00 AM	LT1	LT1	
11-7-2023 9:15:00 AM	LT1	LT1	
11-21-2023 10:15:00 AM	<u>LT1</u>	<u>LT1</u>	
Total Positive:	0	0	0

1-10-2023 8:45:00 AM	LT1	LT1	
1-24-2023 9:45:00 AM	LT1	LT1	
2-7-2023 9:15:00 AM	LT1	LT1	
2-7-2023 9:15:00 AW 2-21-2023 9:15:00	LT1	LT1	
2-21-2023 9.13.00 AM	LII	<b>L</b> 111	
3-7-2023 9:45:00 AM	LT1	LT1	
3-21-2023 9:45:00 AM	LT1	LT1	
3-21-2023 9.45.00 AM	LII	LII	
4-4-2023 10:00:00	LT1	LT1	
4-4-2023 10.00.00 AM	LII	LII	
4-18-2023 10:15:00	LT1	LT1	
4-16-2023 10.13.00 AM	L11	L11	
5-2-2023 9:45:00 AM	LT1	LT1	
5-16-2023 9:15:00	LT1	LT1	
5-10-2025 9.15.00 AM	LII	<b>L</b> 11	
5-23-2023 10:50:00	LT1	LT1	
3-23-2023 10.30.00 AM	EII.	₩ I I	
6-13-2023 9:50:00	QRWRT	QRWRT	
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6-27-2023 10:05:00	LT1	LT1	
AM	211		
7-11-2023 9:45:00	LT1	LT1	
AM			
	LT1	LT1	
AM			
8-8-2023 10:00:00	LT1	LT1	
AM			
8-22-2023 10:15:00	LT1	LT1	
AM			
9-5-2023 9:00:00 AM	LT1	LT1	
9-19-2023 9:45:00	LT1	LT1	
AM			
10-3-2023 9:50:00	LT1	LT1	
AM			
10-17-2023 10:00:00	LT1	LT1	
AM			
10-31-2023 9:40:00	LT1	LT1	
AM			
11-28-2023 10:15:00	LT1	LT1	
AM			
12-12-2023 9:40:00	<u>LT1</u>	<u>LT1</u>	
AM	_		
Total Positive:	0	0	0
0.00.0000.44.00.00	1 T4	LT1	
2-28-2023 11:22:00	LT1	LII	
AM	LT4	I T1	
4-4-2023 11:55:00 AM	LT1	LT1	
	LT1	LT1	
5-30-2023 12:15:00 PM	LII	LII	
6-13-2023 12:30:00	QRWRT	QRWRT	
0-10-2020 12.00.00	CUTANITI	CUTAALLI	

Treatment Plant

PM			
7-18-2023 12:00:00 PM	LT1	LT1	
8-22-2023 12:00:00 PM	LT1	LT1	
9-26-2023 11:15:00	LT1	LT1	
AM 12-5-2023 10:00:00	LT1	LT1	
AM 12-19-2023 12:05:00	<u>LT1</u>	<u>LT1</u>	
PM Total Positive:	0	0	0

E - estimated	L - less than	G - greater than	
oli: coliform: 0 mples that 0 ontain total 0/0		0.00% of total 0.00% of total 0.00% of total	
	coliform: 0 oli: 0 l coliform: 0 mples that 0	coliform: 0 li: 0 coliform: 0 mples that 0 contain total 0/0	Coliform:   0

## Comments:

Environmental Health Officer Jan 24 2024

FOR FURTHER INFORMATION PLEASE CALL: Jessica Hibbs (604) 870-7900



Element #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: www.element.com

**Analytical Report** 

Bill To: Fraser Valley Regional District

1 - 45950 Cheam Ave. Chilliwack, BC, Canada

V2P 1N6

Attn: Accounts Payable

Sampled By:

Company: FVRD

Project ID: Canyon Chem/Phys

Project Name: Canyon WS Fraser Canyon

Project Location: LSD:

P.O.:

Proj. Acct. code:

Lot ID: 1724059

Control Number:

Date Received: Apr 9, 2024 Date Reported: Apr 15, 2024 2991155 Report Number: Report Type: Final Report

Reference Number 1724059-5 Sample Date April 09, 2024 Sample Time 11:00

Sample Location **Sample Description** 

Boston Bar Community WS / 7.1 °C Sample Matrix

**Drinking Water** 

		Sample Matrix	Dilliking wate			
Analyte		Units	Result	Nominal Detection Limit	Guideline Limit	Guideline Comments
Metals Extractable						
Aluminum	Extractable	mg/L	0.003	0.001	0.1 OG; 2.9 MAC	Below OG
Antimony	Extractable	mg/L	0.00053	0.00002	0.006	Below MAC
Arsenic	Extractable	mg/L	0.0005	0.0001	0.010	Below MAC
Barium	Extractable	mg/L	0.0096	0.0001	2.0	Below MAC
Boron	Extractable	mg/L	0.037	0.002	5	Below MAC
Cadmium	Extractable	mg/L	< 0.00001	0.00001	0.007	Below MAC
Chromium	Extractable	mg/L	0.00007	0.00005	0.05	Below MAC
Copper	Extractable	mg/L	0.0016	0.0005	1 AO; 2 MAC	Below AO
Lead	Extractable	mg/L	< 0.00001	0.00001	0.005	Below MAC
Selenium	Extractable	mg/L	0.0011	0.0002	0.05	Below MAC
Strontium	Extractable	mg/L	0.73	0.0001	7.0	Below MAC
Uranium	Extractable	mg/L	0.00010	0.00001	0.02	Below MAC
Vanadium	Extractable	mg/L	0.00010	0.00005		
Zinc	Extractable	mg/L	0.0005	0.0005	5.0	Below AO
Physical and Aggregate	Properties					
Colour	True	Colour units	<5	5		
Turbidity		NTU	0.26	0.1	0.1/0.3/1.0 OG	
outine Water						
рН			7.76	0.01	7.0-10.5	Within Range
pH - Holding Time			Exceeded			
Temp. of observed pH		°C	21.0			
Electrical Conductivity	at 25 °C	μS/cm	471	1		
Calcium	Extractable	mg/L	80	0.01		
Iron	Extractable	mg/L	< 0.004	0.004	0.3	Below AO
Magnesium	Extractable	mg/L	7.2	0.02		
Manganese	Extractable	mg/L	0.001	0.001	0.02 AO; 0.12 MAC	Below AO
Potassium	Extractable	mg/L	0.29	0.04		
Silicon	Extractable	mg/L	5.5	0.005		
Sodium	Extractable	mg/L	7.8	0.1	200	Below AO
T-Alkalinity	as CaCO3	mg/L	165	5		
Chloride	Dissolved	mg/L	1.08	0.05	250	Below AO
Fluoride	Dissolved	mg/L	0.04	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
Sulfate (SO4)	Dissolved	mg/L	77.3	0.1	500	Below AO
Hardness	as CaCO3 (extractable)	mg/L	230	1		
Total Dissolved Solids	Extractable	mg/L	288	1	500	Below AO