

January 25, 2025

*Water System Operators*

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

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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,

Alex Kwan  
Acting Manager, Drinking Water Program  
Fraser Health Authority  
[HPLand@fraserhealth.ca](mailto:HPLand@fraserhealth.ca)

## DRINKING WATER SYSTEM ANNUAL REPORT

**Reporting Period:** January 1<sup>st</sup> to December 31<sup>st</sup>, 2024

**Water System** Bell Acres Water System

**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@fvrld.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 call in

## COMPLIANCE WITH OPERATING PERMIT

**List the conditions of your Operating Permit (Contact the DWO for a copy if needed):**

**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?**

**56**

**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?**

## WATER QUALITY STANDARDS FOR POTABLE WATER

Parameter:	Standard:	Did this system meet standard?	
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 100 ml 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
08/20/2024	2			Flushed system
09/03/2024	4	1		Flushed system added cl2
01/16/2024	QRWRT			Re sample
09/09/2024	4			Flushed system

**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
Yes re sample locations that had counts	Flushed system

**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 &amp; 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	Flushed system and annual valve and hydrant maintenance
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: July 08 2025**

**COMPLETED BY: Dave Roblin**

## Sample Range Report

Fraser Health Authority

**Facility Name:** Bell Acres Water System  
**Date Range:** Jan 1 2024 to Dec 31 2024

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

Sampling Site	Date Collected	Total Coliform	E. Coli	Fecal Coliform
<u>48947 BA 1,</u> <u>Riverbend Dr</u>	1-9-2024 9:45:00 AM	LT1	LT1	
	1-10-2024 8:30:00 AM	LT1	LT1	
	3-5-2024 9:40:00 AM	LT1	LT1	
	4-2-2024 11:15:00 AM	LT1	LT1	
	4-30-2024 7:00:00 AM	LT1	LT1	
	5-28-2024 11:15:00 AM	LT1	LT1	
	7-23-2024 11:30:00 AM	LT1	LT1	
	8-20-2024 10:15:00 AM	2	LT1	
	8-27-2024 11:15:00 AM	LT1	LT1	
	9-9-2024 8:30:00 AM	LT1	LT1	
	9-17-2024 10:30:00 AM	LT1	LT1	
	10-15-2024 10:30:00 AM	LT1	LT1	
	11-12-2024 11:45:00 AM	LT1	LT1	
	12-10-2024 7:15:00 AM	<u>LT1</u>	<u>LT1</u>	
	Total Positive:	1	0	0
<u>49044 BA 2,</u> <u>Riverbend Dr</u>	1-16-2024 9:45:00 AM	QRWRT	QRWRT	
	3-12-2024 8:45:00 AM	LT1	LT1	
	4-9-2024 7:30:00 AM	LT1	LT1	
	5-7-2024 9:00:00	LT1	LT1	

AM			
6-4-2024 9:15:00	LT1	LT1	
AM			
7-2-2024 11:15:00	LT1	LT1	
AM			
7-30-2024 7:30:00	LT1	LT1	
AM			
9-24-2024 8:00:00	LT1	LT1	
AM			
10-22-2024 8:00:00	LT1	LT1	
AM			
11-19-2024 12:00:00	LT1	LT1	
PM			
12-17-2024 12:40:00	<u>LT1</u>	<u>LT1</u>	
PM			
<b>Total Positive:</b>	<b>0</b>	<b>0</b>	<b>0</b>

AUDIT 49044 BA 2.  
Riverbend Dr.

1-10-2024 8:30:00	<u>LT1</u>	<u>LT1</u>	
AM			
<b>Total Positive:</b>	<b>0</b>	<b>0</b>	<b>0</b>

Chwk River Valley  
Fire Depart.

1-23-2024 10:30:00	LT1	LT1	
AM			
2-6-2024 12:00:00	LT1	LT1	
PM			
2-20-2024 7:30:00	LT1	LT1	
AM			
3-19-2024 7:00:00	LT1	LT1	
AM			
4-16-2024 9:00:00	LT1	LT1	
AM			
5-14-2024 8:55:00	LT1	LT1	
AM			
7-9-2024 7:30:00	LT1	LT1	
AM			
8-6-2024 8:00:00	LT1	LT1	
AM			
9-3-2024 7:00:00	4	1	
AM			
9-9-2024 8:30:00	4	LT1	
AM			
9-16-2024 11:00:00	LT1	LT1	
AM			
10-1-2024 8:00:00	LT1	LT1	
AM			
10-29-2024 7:45:00	LT1	LT1	
AM			
12-3-2024 11:30:00	<u>LT1</u>	<u>LT1</u>	
AM			
<b>Total Positive:</b>	<b>2</b>	<b>1</b>	<b>0</b>

Reservoir, Chilliwack

Lake Rd

2-13-2024 9:15:00 AM LT1 LT1

6-18-2024 12:00:00 PM LT1 LT1

9-24-2024 7:30:00 AM LT1 LT1

Total Positive: 0 0 0

**Result Values:**

**E - estimated**

**L - less than**

**G - greater than**

Samples that contain total coliform:	3	6.98% of total
Samples that contain e. coli:	1	2.33% of total
Samples that contain fecal coliform:	0	0.00% of total
Number of consecutive samples that contain total coliform:	1	
Number of samples that contain total coliform in last 30 days:	0/1	
Total number of samples:	43	

**Comments:**

Environmental Health Officer

Jan 14 2025

FOR FURTHER INFORMATION PLEASE CALL: Jeniene Lutz (604) 870-7900



## Sample Range Report

Fraser Health Authority

**Facility Name:** Bell Acres Water System  
**Date Range:** Jan 1 2024 to Dec 31 2024

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

Sampling Site	Date Collected	Total Coliform	E. Coli	Fecal Coliform
<u>Well Pumphouse,</u> <u>Riverbend Dr</u>	1-2-2024 7:40:00 AM	LT1	LT1	
	1-30-2024 10:00:00 AM	LT1	LT1	
	2-27-2024 9:00:00 AM	LT1	LT1	
	3-26-2024 8:25:00 AM	LT1	LT1	
	4-23-2024 9:00:00 AM	LT1	LT1	
	5-21-2024 7:30:00 AM	LT1	LT1	
	6-11-2024 8:40:00 AM	LT1	LT1	
	6-25-2024 7:15:00 AM	LT1	LT1	
	7-16-2024 7:15:00 AM	LT1	LT1	
	8-13-2024 7:45:00 AM	LT1	LT1	
	10-8-2024 9:05:00 AM	LT1	LT1	
	11-5-2024 11:45:00 AM	LT1	LT1	
	11-26-2024 11:45:00 AM	<u>LT1</u>	<u>LT1</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:	0/0	
Total number of samples:	13	

**Comments:**

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Environmental Health Officer  
Jan 14 2025

FOR FURTHER INFORMATION PLEASE CALL: Jeniene Lutz (604) 870-7900

## Analytical Report

Bill To: Fraser Valley Regional District 1 - 45950 Cheam Ave. Chilliwack, BC, Canada V2P 1N6	Project ID: Project Name: Project Location: Southsite LSD: P.O.:	Lot ID: <b>1818623</b> Control Number: Date Received: Jun 3, 2025 Date Reported: Jun 6, 2025 Report Number: 3144201 Report Type: Final Report
Attn: Accounts Payable Sampled By: Peter C. Company: FVRD	Proj. Acct. code:	

<b>Reference Number</b>	1818623-1
<b>Sample Date</b>	June 03, 2025
<b>Sample Time</b>	06:50
<b>Sample Location</b>	
<b>Sample Description</b>	Bell Acres / Pumphouse Bell Acres / 5.0 °C
<b>Sample Matrix</b>	Drinking Water

Analyte	Units	Result	Nominal DL	Guideline Limit	Guideline Comments
<b>Metals Extractable</b>					
Aluminum	Extractable mg/L	0.002	0.001	0.1 OG, 2.9 MAC	Below OG
Antimony	Extractable mg/L	0.00004	0.00002	0.006	Below MAC
Arsenic	Extractable mg/L	0.0005	0.0001	0.010	Below MAC
Barium	Extractable mg/L	0.013	0.0001	2.0	Below MAC
Boron	Extractable mg/L	0.011	0.002	5	Below MAC
Cadmium	Extractable mg/L	<0.00001	0.00001	0.007	Below MAC
Chromium	Extractable mg/L	0.00023	0.00005	0.05	Below MAC
Copper	Extractable mg/L	<0.0005	0.0005	1 AO, 2 MAC	Below AO
Lead	Extractable mg/L	0.00005	0.00001	0.005	Below MAC
Selenium	Extractable mg/L	0.0005	0.0002	0.05	Below MAC
Strontium	Extractable mg/L	0.14	0.0001	7.0	Below MAC
Uranium	Extractable mg/L	0.00020	0.00001	0.02	Below MAC
Vanadium	Extractable mg/L	0.00084	0.00005		
Zinc	Extractable mg/L	0.0022	0.0005	5.0	Below AO
<b>Physical and Aggregate Properties</b>					
Colour	True	Colour units	<5	5	
Turbidity		NTU	0.21	0.1	
<b>Routine Water</b>					
pH		7.78	0.01	7.0-10.5	Within Range
pH - Holding Time		Exceeded			
Temp. of observed pH		°C	24.0		
Electrical Conductivity	at 25 °C	µS/cm	215	1	
Calcium	Extractable	mg/L	32	0.01	
Iron	Extractable	mg/L	<0.004	0.004	0.1 Below AO
Magnesium	Extractable	mg/L	3.9	0.02	
Manganese	Extractable	mg/L	<0.001	0.001	0.02 AO, 0.12 MAC Below AO
Potassium	Extractable	mg/L	0.87	0.04	
Silicon	Extractable	mg/L	4.6	0.005	
Sodium	Extractable	mg/L	3.0	0.1	200 Below AO
T-Alkalinity	as CaCO3	mg/L	91	5	
Chloride	Dissolved	mg/L	1.88	0.05	250 Below AO
Fluoride	Dissolved	mg/L	0.03	0.01	1.5 Below MAC
Nitrate - N	Dissolved	mg/L	0.24	0.01	10 Below MAC
Nitrite - N	Dissolved	mg/L	<0.01	0.01	1.0 Below MAC
Sulfate (SO4)	Dissolved	mg/L	10.2	0.1	500 Below AO
Hardness	as CaCO3 (extractable)	mg/L	96	1	
Total Dissolved Solids	Extractable	mg/L	120	1	500 Below AO