

January 25, 2025

Water System Operators

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

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

Reporting Period: January 1 st to December 31 st , 2024 Water System	DRINKING WATER SYSTEM A	NNUAL REPORT			
Water System Owner Fraser Valley Regional District Primary Contact Name (Operator or Manager) Dave Robbin 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	Reporting Period:		January 1 st to Decem	ber 31 st , 2024	
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 Shallow Well Surface Water Other	Water System Cul	tus Lake Integrated	d Water System		
Phone Number (Operator or Manager) 604 702 5027 E-mail (Operator or Manager) droblin@furd.ca Describe Your Water Supply System	Water System Owner Fra	aser Valley Regiona	al District		
E-mail (Operator or Manager) droblin@fvrd.ca Describe Your Water Supriv System	Primary Contact Name (c	Operator or Manager) Dav	e Roblin		
DESCRIBE YOUR WATER SUPPLY SYSTEM What is the Source(s) of Raw Water? Deep Well	Phone Number (Operator or	r Manager) 604 702 5027			
What is the Source(s) of Raw Water? Deep Well	E-mail (Operator or Manager) d	lroblin@fvrd.ca			
What is the Source(s) of Raw Water? Deep Well					
Deep Well	DESCRIBE YOUR WATER SUPP	PLY SYSTEM			
If other, specify details: Does the Drinking Water System have Primary Disinfection? Yes No	What is the Source(s) of	Raw Water?			·
Does the Drinking Water System have Primary Disinfection? 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 Other 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 X Website Other (specify details) Drinking Water System Annual Report Hand Delivered Bulletin Board Newspaper Utility Bill Insert X Website Hand Delivered Bulletin Board Newspaper Utility Bill Insert X Website Hand Delivered Bulletin Board Newspaper Utility Bill Insert X Website Other (specify details) Hand Delivered Bulletin Board Newspaper Utility Bill Insert X Website Other (specify details) Drinking Water System Annual Report Hand Delivered Bulletin Board Newspaper Utility Bill Insert X Website	🛚 Deep Well] Shallow Well	☐ Surface Water	Other	
Chlorination	If other, specify details:				
If other, specify details: Does the Drinking Water System have Secondary Disinfection? Yes X No Chlorination Other If other, specify details: Yes X No Check all boxes that apply Yes X No Cartridge Filter(s) Carbon Filter Sand Filtration Reverse Osmosis Other If other, specify details: Yes Yes PUBLIC REPORTING Yes No How do you Inform the System Users of the ERCP? Hand Delivered Bulletin Board Newspaper Utility Bill Insert X 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 X Website Other (specify details)	Does the Drinking Water	System have Prim	ary Disinfection?	☑ Yes	□ No
Does the Drinking Water System have Secondary Disinfection?	☐ Chlorination ☐]Ultraviolet Light	Ozone	☐ Other	
Chlorination Other If other, specify details: Does the Drinking Water System have Filtration? Yes No Check all boxes that apply 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 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	If other, specify details:				
If other, specify details: Does the Drinking Water System have Filtration?	Does the Drinking Water	System have Seco	ndary Disinfection?	☐ Yes	⊠ No
Does the Drinking Water System have Filtration?	☐ Chlorination ☐]Other			
Check all boxes that apply Cartridge Filter(s)	If other, specify details:				
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? If your ERCP u	Does the Drinking Water	System have Filtro	ntion?	☐Yes	☑ No
PUBLIC REPORTING Emergency Response & Contingency Plan (ERCP) Is your ERCP up to Date?	Check all boxes that apply				
PUBLIC REPORTING Emergency Response & Contingency Plan (ERCP) Is your ERCP up to Date?] Carbon Filter	Sand Filtration	Reverse Osmosis	Other
Emergency Response & Contingency Plan (ERCP) Is your ERCP up to Date? X Yes	If other, specify details:				
Emergency Response & Contingency Plan (ERCP) Is your ERCP up to Date? X Yes					
Is your ERCP up to Date? Yes	PUBLIC REPORTING				
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			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	Is your ERCP up to Date?	•	X Yes	□No	
☐ 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	• •	-			
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	_			Utility Bill Insert	x Website
How do you Inform the System Users of the Annual Report? Hand Delivered Bulletin Board Newspaper Utility Bill Insert X Website					
☐ Hand Delivered ☐ Bulletin Board ☐ Newspaper ☐ Utility Bill Insert ☒ Website		•			
	• •	-	•		
LUTINER (SNECITY METAILS)	_	_	∐ Newspaper	☐ Utility Bill Insert	[x] Website
Other (specify details)	Other (specify details)				

Revised June 2014

List the some		PERMIT			
LIST THE COUL	ditions of your	Operating Per	mit (Contact the DWC	for a copy if neede	d):
Are you in c	ompliance wit	h your Operati	ng Permit?	✗ Yes	□No
BACTERIOLOG	ICAL TESTING AN	d Drinking Wat	TER PROTECTION REGULA	TION WATER QUALITY	STANDARDS
How many bacteriological samples were collected during this			reporting period?	165	
What is the	minimum requ	uired sampling	frequency for this sys	tem? (#samples/mo	onth) 12/mnth
	ampling details				
	nimum require	d sampling fre	quency achieved?	☑ Yes	□ No
Comments:	••				
Bacteriologi	icai summary d	attached to this	s report?		☐ No
	ITY STANDARDS F	FOR POTABLE WA			
Parameter:		FOR POTABLE WA		Did th	is system meet standard?
Parameter: Escherichia (for all samples	coli s)	Standara		_	-
Parameter: Escherichia (for all samples Total Colifor	coli s)	Standara No detecta	d:	ıml 🔀 Yes	□ No
Parameter: Escherichia (for all samples Total Colifor (if only 1 samp day period) Total Colifor	coli s) rm Bacteria le collected in a 30 rm Bacteria sample collected	No detecta No detecta No more the coliform ba	i: able <i>Escherichia coli</i> per 100	per 100ml X Yes	. □ No
Parameter: Escherichia (for all samples Total Colifor (if only 1 samp day period) Total Colifor (if more than 1	coli s) rm Bacteria le collected in a 30 rm Bacteria sample collected	No detecta No detecta No more the coliform ba	able Escherichia coli per 100 able total coliform bacteria man 10% of samples contain acteria, and No sample has liform bacteria per 100ml	per 100ml X Yes	. □ No
Parameter: Escherichia (for all samples Total Colifor (if only 1 samp day period) Total Colifor (if more than 1 30 day period) If the system	coli s) rm Bacteria le collected in a 30 rm Bacteria s sample collected	No detecta No detecta No more the coliform bat 10 total co	d: able Escherichia coli per 100 able total coliform bacteria man 10% of samples contain acteria, and No sample has liform bacteria per 100ml Y Corinking Water Protect	per 100ml X Yes total more than	□ No
Parameter: Escherichia (for all samples Total Colifor (if only 1 samp day period) Total Colifor (if more than 1 30 day period) If the system	coli s) rm Bacteria le collected in a 30 rm Bacteria s sample collected	No detecta No detecta No more the coliform bath 10 total co	d: able Escherichia coli per 100 able total coliform bacteria man 10% of samples contain acteria, and No sample has liform bacteria per 100ml Y Corinking Water Protect	per 100ml X Yes total more than	No □ No □ No □
Parameter: Escherichia (for all samples Total Colifor (if only 1 samp day period) Total Colifor (if more than 1 30 day period) If the system the table be	coli s) rm Bacteria le collected in a 30 rm Bacteria s sample collected	No detecta No detecta No more the coliform bat 10 total co	d: able Escherichia coli per 100 able total coliform bacteria man 10% of samples contain acteria, and No sample has liform bacteria per 100ml Y Corinking Water Protect	per 100ml X Yes total more than	□ No □ No □ ndards, record the results in
Parameter: Escherichia (for all samples) Total Colifor (if only 1 samp day period) Total Colifor (if more than 1 30 day period)	coli s) rm Bacteria le collected in a 30 rm Bacteria sample collected m did not meet	No detecta No more the coliform beauto to total control total control to	d: able Escherichia coli per 100 able total coliform bacteria man 10% of samples contair acteria, and No sample has liform bacteria per 100ml Y Drinking Water Protects s if necessary.	per 100ml X Yes total more than	□ No □ No □ ndards, record the results in
Parameter: Escherichia (for all samples Total Colifor (if only 1 samp day period) Total Colifor (if more than 1 30 day period) If the system the table be	coli s) rm Bacteria le collected in a 30 rm Bacteria sample collected m did not meet elow; attach ad TC/100ml	No detecta No more the coliform beauto to total control total control to	d: able Escherichia coli per 100 able total coliform bacteria man 10% of samples contair acteria, and No sample has liform bacteria per 100ml Y Drinking Water Protects s if necessary.	per 100ml X Yes total more than es tion Regulation sta	□ No □ No □ ndards, record the results in
Parameter: Escherichia (for all samples Total Colifor (if only 1 samp day period) Total Colifor (if more than 1 30 day period) If the system the table be	coli s) rm Bacteria le collected in a 30 rm Bacteria sample collected m did not meet elow; attach ad TC/100ml	No detecta No more the coliform beauto to total control total control to	d: able Escherichia coli per 100 able total coliform bacteria man 10% of samples contair acteria, and No sample has liform bacteria per 100ml Y Drinking Water Protects s if necessary.	per 100ml X Yes total more than es tion Regulation sta	□ No □ No □ ndards, record the results in
Parameter: Escherichia (for all samples Total Colifor (if only 1 samp day period) Total Colifor (if more than 1 30 day period) If the system the table be	coli s) rm Bacteria le collected in a 30 rm Bacteria sample collected m did not meet elow; attach ad TC/100ml	No detecta No more the coliform beauto to total control total control to	d: able Escherichia coli per 100 able total coliform bacteria man 10% of samples contair acteria, and No sample has liform bacteria per 100ml Y Drinking Water Protects s if necessary.	per 100ml X Yes total more than es tion Regulation sta	□ No □ No □ ndards, record the results in

Revised June 2014

CHEMICAL SAMP	LING COMPLETED [OURING THIS REPORTIN	g Perio	D		
•	<u> </u>	nducted during rep			≭ Yes	□No
If no, when we for this system		nical samples condu			ıll water samp Drinking Wate	les meet the Guidelines for
(date)	<i>':</i> ☐Don't Kn	ow		r≯ Yes	rinking water	r quanty: □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	/ Treat	ment / Cor	nments	
Additional Tes	STING					
•	_	ers for continuous m	onitori	ng?	🔀 Yes	□No
	II boxes that ap					
☐ Chlorine	Turk	•	Other (d	details)		
Are the result	s available on re	equest?				
If any addition sheets if nece	_	mpling was conduct	ted, red	ord results	in the table be	elow; attach additional
Additional Tes	sting & Reason fo	or Sampling Co	rrectiv	e Action Ta	ken	
W						
Water Quality		complaints in this	onorti-			
	ny water quality taste, odour, col	complaints in this r our etc.)	ерипп	iy	☐ Yes	□No
If yes, comple	te the table belo	ow; attach additiond	al shee	ts if necesso	ary.	
Date	Water Quality	Complaint	Corre	ctive Action	n / Treatment	

OPERATIONAL PR	OBLEMS				
period? (e.g. in	y operational problen sufficient water supp uipment, line breaks,	ly, malfunction of		Yes	স No
If yes, complete	e the table below; att	ach additional shee	ets if necessary.		
Incident Date	Type of Operational	Problem Corr	ective Action Ta	ken	
Major Upgrad	es/Repairs & Expenses				
	Were there any major upgrades/repairs or any major costs incurred during this reporting period? ☐ Yes ☑ No				
If yes, complet	te the table below; at	tach additional she	ets if necessary.		
Major Upgrade	es/Expenses	Details			
Improvements	required by DWO				
Additions/char	nges to system				
Purchase or ins	stall new equipment				
Equipment rep	air or replacement				
Annual mainte	nance of system	Flushed annual hy	drant and valve i	maintenance	
Specialist repo	rt				
Other					
FUTURE IMPROV	EMENTS				
Are there any	plans for future impro	ovements?		Yes	☑ No
If yes, complet	te the table below; at	tach additional she	ets if necessary.		
Future Upgrad	es or Improvements			Estimated	Date of Completion
DATE COMPLET	ED: July 24 2025		COMPLETED BY:	Dave Roblin	

Sample Range Report

Fraser Health Authority

Facility Name: Date Range:

Cultus Lake Integrated Water System Jan 1 2024 to Dec 31 2024

Operator

Dave Roblin

1 - 45950 Cheam Ave Chilliwack, BC V2P 1N6

Sampling Site	Date Collected	Total Coliform	E. Coli	Fecal Coliform
3 180 1st Ave, 180 1st Ave	-			
ISLAVE	1-2-2024 8:45:00	LT1	LT1	
	AM 1-23-2024 9:45:00 AM	LT1	LT1	
	2-6-2024 12:15:00	LT1	LT1	
	PM 2-27-2024 9:40:00 AM	LT1	LT1	
	4-2-2024 11:45:00 AM	LT1	LT1	
	5-7-2024 10:00:00 AM	LT1 °	LT1	
	6-4-2024 10:15:00 AM	LT1	LT1	
	7-16-2024 8:40:00 AM	LT1	LT1	
	8-20-2024 8:45:00 AM	LT1	LT1	
	9-24-2024 10:00:00 AM	LT1	LT1	
	10-29-2024 9:15:00 AM	LT1	LT1	
	12-3-2024 11:45:00 AM	LT1	<u>LT1</u>	
	Total Positive:	0	0	0
4 Outside Tap 657 Mountain View, 657 Mountain View				
<u>wountain view</u>	3-12-2024 9:35:00 AM	LT1	LT1	
	4-16-2024 10:45:00 AM	LT1	LT1	
	5-21-2024 12:00:00 PM	LT1 ·	LT1	
	6-25-2024 9:31:00 AM	LT1	LT1	
	7-30-2024 9:00:00 AM	LT1	LT1	

	9-3-2024 8:15:00	LT1	LT1	
	AM 10-8-2024 11:30:00	LT1	LT1	
	AM 11-12-2024 12:15:00	LT1	LT1	
	PM 11-19-2024 12:40:00	LT1	LT1	
	PM 12-17-2024 12:10:00 PM	<u>LT1</u>	<u>LT1</u>	
	Total Positive:	0 .	0	0
10 Cultus Lake Community Centre Columbia Valley	ž.			
<u>Hwy</u>	1-2-2024 8:30:00 AM	LT1	LT1	
	1-30-2024 10:30:00 AM	LT1	LT1	
	2-27-2024 9:25:00 AM	LT1	LT1	
	3-26-2024 9:05:00	LT1	LT1	
	AM 4-23-2024 9:30:00	LT1	LT1	
	AM 5-21-2024 12:15:00	LT1	LT1	
	PM 6-18-2024 1:15:00	LT1	LT1	
	AM 7-16-2024 8:31:00	LT1	LT1	
	AM 8-13-2024 8:45:00	LT1	LT1	
	AM 9-10-2024 9:15:00	LŢ1 ·	LT1	
	AM 10-8-2024 10:25:00	LT1	LT1	
	AM 11-5-2024 12:40:00	LT1	LT1	
	PM 12-3-2024 12:20:00 PM	<u>LT1</u>	<u>LT1</u>	
	Total Positive:	0	0	0
Well 1,		ODIA/DT	ODWDT	
	1-16-2024 10:45:00 AM	QRWRT	QRWRT	
	2-6-2024 12:45:00 PM	LT1	LT1	
	2-20-2024 8:45:00 AM	LT1	LT1	
	4-30-2024 9:00:00 AM	LT1	LT1	
	7-9-2024 9:00:00	LT1	LT1	

	AM 8-13 - 2024 9:30:00	LT1	LT1	
	AM 8-20-2024 9:00:00	LT1	LT1	
	AM 9-17-2024 9:00:00	LT1	LT1	
	AM 10-22-2024 10:00:00	LT1	LT1	
	AM 11-26-2024 12:30:00 PM	LT1	<u>LT1</u>	
	Total Positive:	0	0	0
2 Munroe Standpipe	3,			
	1-16-2024 10:00:00 AM	QRWRT	QRWRT	
	3-12-2024 9:25:00 AM	LT1	LT1	
	4-9-2024 8:29:00 AM	LT1	LT1	
	5-7-2024 9:30:00 AM	LT1	LT1	
	5-28-2024 12:40:00 PM	LT1	LT1	
	6-11-2024 9:40:00 AM	LT1	LT1	
	7-2-2024 11:30:00 AM	LT1	LT1	
	7-30-2024 8:30:00 AM	LT1	LT1	
	8-27-2024 12:00:00 PM	LT1	LT1	
	9-3-2024 8:00:00 AM	LT1	LT1	
	9-24-2024 9:00:00 AM	LT1	LT1	
	10-22-2024 9:00:00 AM	LT1	LT1	
	11-26-2024 12:00:00 PM	LT1	LT1	
	12-17-2024 11:20:00 AM	<u>LT1</u>	<u>LT1</u>	
	Total Positive:	0	0	0
5 Research Lab, 4222 Columbia				
Valley Hwy	1-23-2024 9:15:00	LT1	LT1	
	AM 2-13-2024 9:50:00	LT1	LT1	
	AM 2-20-2024 8:15:00 AM	LT1	LT1	

	3-19-2024 8:00:00	LT1	LT1	
	AM 4-16-2024 10:30:00	LT1	LT1	
	AM 5-14-2024 8:10:00	LT1	LT1	
	AM 6-11 - 2024 9:50:00	LT1	LT1	
	AM 7-9-2024 8:45:00	LT1	LT1	
	AM 8-6-2024 9:00:00	LT1	LT1	
	AM 10-1-2024 9:00:00	LT1	LT1	
	AM 10-29-2024 8:45:00 AM	LT1	LT1	
	Total Positive:	0	0	0
9 Well 2 Source,				
Sunshine Blvd	1-30-2024 12:00:00	LT1	LT1	
	PM 3-26-2024 9:30:00	LT1	LT1	
	AM 5-14-2024 9:30:00	LT1	LT1	
	AM 6-25-2024 8:45:00	LT1	LT1	
	AM 7-23-2024 12:30:00	LT1	LT1	
	PM 8-27-2024 12:30:00	LT1	LT1	
	PM 10-1-2024 10:00:00	LT1	LT1	
	AM 11-5-2024 12:30:00	LT1	LT1	
	PM 12-10-2024 8:25:00	<u>LT1</u>	<u>LT1</u>	
	AM Total Positive:	0	0	0
<u>6 Sunnyside</u> <u>Campground, 4165</u> <u>Columbia Valley</u> Hwy	_			
<u>1100 y</u>	5-14-2024 8:30:00 AM	LT1	LT1	
	5-21-2024 11:45:00 AM	LT1	LT1	
	5-28-2024 12:00:00 PM	LT1	LT1	
	6-4-2024 9:45:00 AM	LT1 .	LT1	
	6-11-2024 10:00:00 AM	LT1	LT1	

	6-18-2024 12:45:00 PM	LT1	LT1	
	7-2-2024 11:45:00 AM	LT1	LT1	
	7-9-2024 8:35:00 AM	LT1	LT1	
	7-16-2024 8:15:00 AM	LT1	LT1	
	7-23-2024 12:00:00 PM	LT1	LT1	
	7-30-2024 8:15:00 AM	LT1	LT1	
	8-6-2024 9:30:00 AM	LT1	LT1	
	8-13-2024 8:30:00 AM	LT1	LT1	
	8-20-2024 8:15:00 AM	LT1	LT1	
	8-27-2024 12:20:00 PM	<u>LT1</u>	<u>LT1</u>	
	Total Positive:	0	0	0
7 Washroom near Cultus Lake Plaza,				
Cultus Lake Flaza,	1-9-2024 10:30:00 AM	LT1	LT1	
	2-13-2024 10:40:00 AM	LT1	LT1	
	3-19-2024 7:45:00 AM	LT1	LT1	
	4-23-2024 10:00:00 AM	LT1	LT1	
	5-28-2024 12:30:00 PM	LT1	LT1	
	7-2-2024 12:15:00 PM	LT1	LT1	
	9-10-2024 9:30:00 AM	LT1 ·	LT1	
	10-15-2024 8:50:00 AM	LT1	LT1	
	11-19-2024 12:30:00 PM	<u>LT1</u>	<u>LT1</u>	
	Total Positive:	0	0	0
12 3858 Karen Dr. 3858 Karen Dr	ę.			
<u> 3000 Karch Br</u>	1-23-2024 9:00:00 AM	LT1	LT1	
	2-20-2024 8:00:00 AM	LT1	LT1	
	3-5-2024 5:41:00 PM	LT1	LT1	
	3-19-2024 7:30:00 AM	LT1	LT1	

s *

4-2-2024 11:30:00 AM	LT1	LT1
4-16-2024 10:00:00	LT1	LT1
AM 4-30-2024 8:29:00	LT1 ×	LT1
AM 5-28-2024 12:15:00	LT1	LT1
PM 6-25-2024 8:10:00	LT1	LT1
AM 7-9-2024 8:31:00	LT1	LT1
AM 7-23-2024 12:15:00	LT1	LT1
PM 8-6-2024 10:00:00	LT1	LT1
AM 8-20-2024 8:00:00	LT1	LT1
AM 9-3-2024 7:45:00	LT1	LT1
AM	_, ,	LT1
9-17-2024 8:31:00 AM	LT1	
10-1-2024 9:30:00 AM	LT1	LT1
10-15-2024 8:30:00 AM	LT1	LT1
10-29-2024 9:00:00 AM	LT1	LT1
11-12-2024 12:30:00 PM	LT1	LT1
11-26-2024 12:15:00 PM	LT1	LT1
12-10-2024 7:45:00 AM	<u>LT1</u>	<u>LT1</u>
Total Positive:	0	0

13 3696 Columbia Valley Rd, 3696 Columbia Valley Rd

1-2-2024 8:15:00 AM	LT1	LT1
1-16-2024 10:15:00	QRWRT	QRWRT
AM 1-30-2024 11:00:00	LT1	LT1
AM 2-6-2024 12:30:00	LT1 .	LT1
PM 2-13-2024 11:45:00	LT1	LT1
AM 2-27-2024 10:00:00	LT1	LT1
AM 3-5-2024 10:40:00	LT1	LT1
AM 3-12-2024 10:10:00	LT1	LT1
AM		

0

3-26-2024 9:35:00	LT1	LT1		
AM 4-9-2024 9:00:00	LT1	LT1		
AM 4-23-2024 9:45:00	LT1	LT1		
AM 5-7-2024 9:45:00	LT1	LT1		
AM 5-14-2024 8:20:00	LT1	LT1		
AM 5-21-2024 8:00:00	LT1	LT1		
AM 6-4-2024 9:55:00	LT1	LT1		
AM 6-18-2024 1:00:00	LT1	LT1		
AM 7-2-2024 12:00:00	LT1	LT1		
PM 7-16-2024 7:40:00	LT1	LT1		
AM 7-30-2024 8:45:00	LT1	LT1		
AM 8-13-2024 8:15:00	LT1	LT1		
AM 8-27-2024 12:15:00	LT1	LT1		
PM 9-10-2024 9:00:00 AM	LT1	LT1		
9-24-2024 9:30:00 AM	LT1	LT1		
10-8-2024 10:50:00 AM	LT1	LT1		
10-22-2024 9:30:00 AM	LT1	LT1		
11-5-2024 12:00:00 PM	LT1	LT1		
11-19-2024 12:15:00 PM	LT1	LT1		
12-3-2024 12:05:00 PM	LT1	LT1		
12-17-2024 11:40:00 AM	<u>LT1</u>	<u>LT1</u>		
Total Positive:	0	0	0	
<u>d</u>				

1 Cultus Lake	
ESSO, 4161	
Columbia Valley Rd	
	1-

o. e. *

1-9-2024 10:15:00 AM	LT1	LT1
1-31-2024	LT1	LT1
3-5-2024 10:05:00	LT1	LT1
AM		
4-2-2024 12:00:00	LT1	LT1
PM	LT1.	LT1
4-30-2024 8:45:00	LII.	LII

AM			
6-25-2024 9:10:00	LT1	LT1	
AM			
7-23-2024 12:15:00	LT1	LT1	
PM			
8-20-2024 9:30:00	LT1	LT1	
AM			
9-17-2024 8:00:00	LT1	LT1	
AM			
10-15-2024 9:05:00	LT1	LT1	
AM			
11-12-2024 12:00:00	LT1	LT1	
PM			
12-10-2024 8:05:00	<u>LT1</u>	<u>LT1</u>	
AM			
Total Positive:	0	0	0

Result Values:	E - estimated	L - less than	G - greater than	
Samples that contain to	otal coliform: 0		0.00% of total	
Samples that contain e	e. coli: 0		0.00% of total	1
Samples that contain for	ecal coliform: 0		0.00% of total	- 1
Number of consecutive contain total coliform:				
Number of samples that coliform in last 30 days				
Total number of sample	es: 165			

Comments:

Environmental Health Officer Jan 14 2025

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



Jun 3, 2025

Jun 6, 2025



T: +1 (604) 514-3322
55 A Ave. E: info.vancouver@element.com
the Columbia W: www.element.com

Date Reported:



Analytical Report

Bill To: Fraser Valley Regional District Project ID: Lot ID: 1818623

1 - 45950 Cheam Ave. Project Name: Control Number:

Chilliwack, BC, Canada Project Location: Southsite Date Received:

V2P 1N6 LSD:
Accounts Payable P.O.:

Attn: Accounts Payable P.O.: Report Number: 3144201
Sampled By: Peter C. Proj. Acct. code: Report Type: Final Report

Company: FVRD

Reference Number 1818623-3 Sample Date June 03, 2025

Sample Time 08:50 Sample Location

Sample Description Cultus Lake Water Syst. / 13 - 3696 Columbia Valley Rd. / 5.0 °C

		Sample Matrix	Drinking Water			
Analyte		Units	Result	Nominal DL	Guideline Limit	Guideline Comments
Metals Extractable			rtodati			
Aluminum	Extractable	mg/L	0.001	0.001	0.1 OG, 2.9 MAC	Below OG
Antimony	Extractable	mg/L	0.00009	0.00002	0.006	Below MAC
Arsenic	Extractable	mg/L	0.0014	0.0001	0.010	Below MAC
Barium	Extractable	mg/L	0.13	0.0001	2.0	Below MAC
Boron	Extractable	mg/L	0.018	0.002	5	Below MAC
Cadmium	Extractable	mg/L	0.00001	0.00001	0.007	Below MAC
Chromium	Extractable	mg/L	<0.00005	0.00005	0.05	Below MAC
Copper	Extractable	mg/L	0.0013	0.0005	1 AO, 2 MAC	Below AO
Lead	Extractable	mg/L	0.00001	0.00001	0.005	Below MAC
Selenium	Extractable	mg/L	0.0010	0.0002	0.05	Below MAC
Strontium	Extractable	mg/L	0.25	0.0001	7.0	Below MAC
Uranium	Extractable	mg/L	0.00070	0.00001	0.02	Below MAC
Vanadium	Extractable	mg/L	0.00064	0.00005		
Zinc	Extractable	mg/L	< 0.0005	0.0005	5.0	Below AO
Physical and Aggrega	te Properties	· ·				
Colour	True	Colour units	<5	5		
Turbidity		NTU	0.23	0.1		
Routine Water						
рН			7.86	0.01	7.0-10.5	Within Range
pH - Holding Time			Exceeded			
Temp. of observed pH		°C	24.1			
Electrical Conductivity	at 25 °C	μS/cm	430	1		
Calcium	Extractable	mg/L	61	0.01		
Iron	Extractable	mg/L	<0.004	0.004	0.1	Below AO
Magnesium	Extractable	mg/L	5.9	0.02		
Manganese	Extractable	mg/L	0.002	0.001	0.02 AO, 0.12 MAC	Below AO
Potassium	Extractable	mg/L	1.8	0.04		
Silicon	Extractable	mg/L	7.2	0.005		
Sodium	Extractable	mg/L	7.4	0.1	200	Below AO
T-Alkalinity	as CaCO3	mg/L	161	5		
Chloride	Dissolved	mg/L	15.8	0.05	250	Below AO
Fluoride	Dissolved	mg/L	0.02	0.01	1.5	Below MAC
Nitrate - N	Dissolved	mg/L	0.51	0.01	10	Below MAC
Nitrite - N	Dissolved	mg/L	<0.01	0.01	1.0	Below MAC
Sulfate (SO4)	Dissolved	mg/L	25.5	0.1	500	Below AO
Hardness	as CaCO3 (extractable)	mg/L	180	1		
Total Dissolved Solids	Extractable	mg/L	236	1	500	Below AO