

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** Dewdney 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@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):*

*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?*

**50**

*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

<i>Parameter:</i>	<i>Standard:</i>	<i>Did this system meet standard?</i>	
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
01/16/2024	QRWRT			Re Sample

**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	Flush system and hydrant and valve 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
Addition of fire hydrant	May 2025

DATE COMPLETED: July 08, 2025

COMPLETED BY: D.Roblin

## Sample Range Report

Fraser Health Authority

**Facility Name:** Dewdney WS  
**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>Mill Standpipe,</u>	1-2-2024 8:50:00 AM	LT1	LT1	
	1-9-2024 9:15:00 AM	LT1	LT1	
	1-16-2024 9:10:00 AM	QRWRT	QRWRT	
	1-23-2024 11:10:00 AM	LT1	LT1	
	1-30-2024 8:45:00 AM	LT1	LT1	
	2-6-2024 8:30:00 AM	LT1	LT1	
	2-13-2024 8:15:00 AM	LT1	LT1	
	2-20-2024 9:00:00 AM	LT1	LT1	
	2-27-2024 9:00:00 AM	LT1	LT1	
	3-5-2024 8:30:00 AM	LT1	LT1	
	3-12-2024 9:00:00 AM	LT1	LT1	
	3-19-2024 8:40:00 AM	LT1	LT1	
	3-26-2024 8:30:00 AM	LT1	LT1	
	4-2-2024 7:45:00 AM	LT1	LT1	
	4-9-2024 8:30:00 AM	LT1	LT1	
	4-16-2024 8:45:00 AM	LT1	LT1	
	4-23-2024 8:15:00 AM	LT1	LT1	
	4-30-2024 12:00:00 PM	LT1	LT1	
	5-7-2024 9:00:00 AM	LT1	LT1	
	5-14-2024 11:00:00 AM	LT1	LT1	
	5-21-2024 9:30:00	LT1	LT1	

AM		
5-28-2024 8:00:00	LT1	LT1
AM		
6-4-2024 8:29:00	LT1	LT1
AM		
6-18-2024 8:15:00	LT1	LT1
AM		
6-25-2024 8:31:00	LT1	LT1
AM		
7-2-2024 8:00:00	LT1	LT1
AM		
7-9-2024 8:45:00	LT1	LT1
AM		
7-16-2024 8:50:00	LT1	LT1
AM		
7-23-2024 8:00:00	LT1	LT1
AM		
7-30-2024 9:10:00	LT1	LT1
AM		
8-6-2024 8:45:00	LT1	LT1
AM		
8-13-2024 9:10:00	LT1	LT1
AM		
8-19-2024 8:30:00	LT1	LT1
AM		
8-27-2024 8:30:00	LT1	LT1
AM		
9-3-2024 8:45:00	LT1	LT1
AM		
9-10-2024 8:29:00	LT1	LT1
AM		
9-17-2024 9:30:00	LT1	LT1
AM		
9-24-2024 9:00:00	LT1	LT1
AM		
10-1-2024 9:00:00	LT1	LT1
AM		
10-8-2024 8:40:00	LT1	LT1
AM		
10-15-2024 9:00:00	LT1	LT1
AM		
10-22-2024 9:00:00	LT1	LT1
AM		
10-29-2024 8:15:00	LT1	LT1
AM		
11-5-2024 8:15:00	LT1	LT1
AM		
11-12-2024 8:15:00	LT1	LT1
AM		
11-19-2024 8:31:00	LT1	LT1
AM		
11-26-2024 8:15:00	LT1	LT1
AM		
12-3-2024 8:35:00	LT1	LT1
AM		
12-10-2024 8:30:00	LT1	LT1

AM  
12-17-2024 8:55:00  
AM  
Total Positive:

LT1

LT1

0

0

0

**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:	50	

**Comments:**

\_\_\_\_\_  
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: FVRD Project Name: Chem/Phys Project Location: Northside LSD: P.O.: Proj. Acct. code:	Lot ID: <b>1818626</b> Control Number: Date Received: Jun 3, 2025 Date Reported: Jun 6, 2025 Report Number: 3144207 Report Type: Final Report
Attn: Accounts Payable Sampled By: J. H. Company: FVRD		

Reference Number	1818626-2
Sample Date	June 03, 2025
Sample Time	08:30
Sample Location	
Sample Description	Dewdney W.S. / Mill Standpipe / 5.0 °C
Sample Matrix	Drinking Water

Analyte	Units	Result	Nominal DL	Guideline Limit	Guideline Comments
<b>Metals Extractable</b>					
Aluminum	Extractable mg/L	0.033	0.001	0.1 OG, 2.9 MAC	Below OG
Antimony	Extractable mg/L	0.00002	0.00002	0.006	Below MAC
Arsenic	Extractable mg/L	0.0002	0.0001	0.010	Below MAC
Barium	Extractable mg/L	0.0046	0.0001	2.0	Below MAC
Boron	Extractable mg/L	0.005	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	0.0046	0.0005	1 AO, 2 MAC	Below AO
Lead	Extractable mg/L	0.00029	0.00001	0.005	Below MAC
Selenium	Extractable mg/L	<0.0002	0.0002	0.05	Below MAC
Strontium	Extractable mg/L	0.0057	0.0001	7.0	Below MAC
Uranium	Extractable mg/L	0.00003	0.00001	0.02	Below MAC
Vanadium	Extractable mg/L	0.00020	0.00005		
Zinc	Extractable mg/L	0.013	0.0005	5.0	Below AO
<b>Physical and Aggregate Properties</b>					
Colour	True	Colour units	<5	5	
Turbidity		NTU	0.22	0.1	
<b>Routine Water</b>					
pH		6.32	0.01	7.0-10.5	Below Recommended Range
pH - Holding Time		Exceeded			
Temp. of observed pH	°C	24.2			
Electrical Conductivity	at 25 °C µS/cm	21	1		
Calcium	Extractable mg/L	2.0	0.01		
Iron	Extractable mg/L	0.038	0.004	0.1	Below AO
Magnesium	Extractable mg/L	0.23	0.02		
Manganese	Extractable mg/L	<0.001	0.001	0.02 AO, 0.12 MAC	Below AO
Potassium	Extractable mg/L	0.08	0.04		
Silicon	Extractable mg/L	2.1	0.005		
Sodium	Extractable mg/L	0.8	0.1	200	Below AO
T-Alkalinity	as CaCO3 mg/L	<5	5		
Chloride	Dissolved mg/L	2.65	0.05	250	Below AO
Fluoride	Dissolved mg/L	<0.01	0.01	1.5	Below MAC
Nitrate - N	Dissolved mg/L	0.09	0.01	10	Below MAC
Nitrite - N	Dissolved mg/L	<0.01	0.01	1.0	Below MAC
Sulfate (SO4)	Dissolved mg/L	0.8	0.1	500	Below AO
Hardness	as CaCO3 (extractable) mg/L	5.8	1		
Total Dissolved Solids	Extractable mg/L	13	1	500	Below AO