

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 <u>HPLand@fraserhealth.ca</u>

Suite 400 2777 Gladwin Rd Abbotsford BC V2T 4V1 Canada Tel (604) 870-7900 Fax (604) 852-1558 www.fraserhealth.ca

DRINKING WATER SYSTEM ANNUAL REPORT

DRINKING WATER SYSTEM ANNUAL REPORT	
Reporting Period:	January 1 st to December 31 st , 2024
Water System	Hope Airpark 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 deta	ils:				
Does the Drinking W	ater System have Prim	ary Disinfection?	□ Yes	No	
Chlorination	Ultraviolet Light	□ Ozone	□ Other		
If other, specify deta	ils:				
Does the Drinking W	ater System have Seco	ndary Disinfection?	□ ^{Yes}	No	
Chlorination	□ ^{Other}				
If other, specify deta	ils:				
Does the Drinking W	ater System have Filtro	ation?	🗆 Yes	No	
Check all boxes that appl	у				
Cartridge Filter(s)	Carbon Filter	Sand Filtration	🗌 Reverse Osmosis	🗌 Other	
If other, specify deta	ils:				
PUBLIC REPORTING					
Emergency Response	e & Contingency Plan (ERCP)			
Is your ERCP up to De	ate?	X Yes	🗌 No		
How do you Inform t	the System Users of the	e ERCP?			
Hand Delivered	🗌 Bulletin Board	Newspaper	🗌 Utility Bill Insert	🔀 Website	
🗙 Other call in					
Drinking Water System Annual Report					
How do you Inform t	he System Users of the	e Annual Report?			
Hand Delivered	🗌 Bulletin Board	Newspaper	🗌 Utility Bill Insert	XWebsite	
Other (specify det	ails)				

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	
Are you in compliance with your Operating Permit?	X Yes	LI No	

BACTERIOLOGICAL TESTING AND DRINKING WATER PROTECTION REGULATION WATER QUALITY STANDARDS				
How many bacteriological samples were collected during this reporting period?				
What is the minimum required sampling frequency for this system? (#samples/month)				
Additional sampling details:				
Was the minimum required sampling frequency achieved?				
Comments:				
Bacteriological summary attached to this report?	🗌 No			
If no, how do the users of the system view the results?				

WATER QUALITY STANDARDS FOR POTABLE WATER				
Parameter:	Standard:	Did this syste	m meet standard?	
Escherichia coli	No detectable <i>Escherichia coli</i> per 100ml	X Yes	ΠNo	
(for all samples)				
Total Coliform Bacteria (if only 1 sample collected in a 30 day period)	No detectable total coliform bacteria per 100ml	Yes	XNo	
Total Coliform Bacteria	No more than 10% of samples contain total			
(if more than 1 sample collected in a 30 day period)	coliform bacteria, and No sample has more than 10 total coliform bacteria per 100ml	□ Yes	□ x No	

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
1/16/2024	QRWRT			Re sample

			DRINKING WATER	System Annual Report
CHEMICAL SAM	PLING COMPLETED	DURING THIS REPORTING PER	IOD	
Was any chei	nical sampling	conducted during reporting	g period? X Yes	□ No
If no, when w for this syster		mical samples conducted	If yes, did all water so Canadian Drinking W	amples meet the Guidelines for /ater Quality?
(date)	🗌 Don't K	now 🗌 Never	⊢¥ Yes	No
the table belo Parameter	ow; attach addi Result	tional sheets if necessary. Corrective Action / Trea	atment / Comments	
			-	
ADDITIONAL TE	STING			
Does the syst	em have analyz	ers for continuous monito	ring? 🗌 Yes	x No
If yes, check o	all boxes that ap	oply:		
🗌 Chlorine	🗌 Tur	bidity 🗌 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

MARTER .		COMPLAINTS
WVAIER		
VVAILIN	QUALITI	CONTLANTS

Were there any water quality complaints in this reporting	☐ Yes	X No
period? (e.g. taste, odour, colouretc.)		

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 Lx No					
lf yes, complet	If yes, complete the table below; attach additional sheets if necessary.				
Incident Date	Type of Operational Problem	Corrective Action Ta	aken		

MAJOR UPGRADES/REPAIRS & EXPENSES					
Were there any major upgrades/repairs or any major costs					
incurred during this reporting period?		X 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 maintenance
Specialist report	
Other	

FUTURE IMPROVEMENTS		
Are there any plans for future improvements?	X 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: D.Roblin

Sample Range Report

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Fraser Health Authority

Facility Name:	Hope Airport WS
Date Range:	Jan 1 2024 to Dec 31 2024

8

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Operator Dave Roblin 45950 Cheam Ave Chilliwack, BC V2P 1N6

Sampling Site	Date Collected	Total Coliform	E. Coli	Fecal Coliform
Hope Airport Cafe, 62724 Airport Rd	-			
	1-2-2024 7:30:00 AM	LT1	LT1	
	1-16-2024 6:45:00 AM	QRWRT	QRWRT	
	1-23-2024 6:45:00 AM	LT1	LT1	
	1-30-2024 6:30:00 AM	LT1	LT1	
	2-6-2024 6:30:00 AM	LT1	LT1	
	2-13-2024 6:50:00 AM	LT1	LT1	
	2-20-2024 6:30:00 AM	LT1	LT1	
	2-27-2024 6:45:00 AM	LT1	LT1	
	3-5-2024 6:45:00	LT1	LT1	
	AM 3-12-2024 6:45:00	LT1	LT1	
	AM 3-19-2024 6:35:00	LT1	LT1	
	AM 3-26-2024 6:30:00	LT1	LT1	
	AM 4-2-2024 7:00:00	LT1	LT1	
	AM 4-9-2024 6:45:00	LT1	LT1	
	AM 4-16-2024 6:45:00	LT1	LT1	
	AM 4-23-2024 6:45:00	LT1	LT1	
	AM 4-30-2024 6:40:00	LT1	LT1	
	AM 5-7-2024 6:43:00	LT1	LT1	
	AM 5-21-2024 6:45:00	LT1	LT1	
	AM			
	5-28-2024 6:30:00 AM	LT1	LT1	

6-4-2024 6:30:00	LT1	LT1
AM 6-11-2024 7:00:00	LT1	LT1
AM 6-18-2024 6:45:00 AM	LT1 •	LT1
6-25-2024 6:15:00	LT1	LT1
AM 7-2-2024 6:30:00	LT1	LT1
AM 7-9-2024 6:30:00	LT1	LT1
AM 7-16-2024 7:00:00	LT1	LT1
AM 7-23-2024 6:45:00	LT1	LT1
AM 7-30-2024 6:30:00	LT1	LT1
AM 8-6-2024 6:40:00	LT1	LT1
AM 8-20-2024 6:45:00	LT1	LT1
AM 8-27-2024 6:30:00	LT1	LT1
AM 9-3-2024 6:45:00	LT1	LT1
AM 9-10-2024 7:00:00	LT1	LT1
AM 9-17-2024 7:15:00 AM	LT1 .	LT1
9-24-2024 7:30:00 AM	LT1	LT1
AM 10-1-2024 7:30:00 AM	LT1	LT1
AM 10-8-2024 7:00:00 AM	LT1	LT1
AM 10-15-2024 7:30:00 AM	LT1	LT1
AM 10-22-2024 7:15:00 AM	LT1	LT1
AM 10-29-2024 7:15:00 AM	LT1	LT1
11-5-2024 7:15:00 AM	LT1	LT1
AM 11-12-2024 7:30:00 AM	LT1	LT1
AM 11-19-2024 7:10:00 AM	LT1	LT1
11-26-2024 7:00:00 AM	LT1	LT1
12-3-2024 7:15:00 AM	LT1	LT1
12-10-2024 7:00:00 AM	LT1	LT1
12-17-2024 7:00:00 AM	<u>LT1</u>	<u>LT1</u>

	Total Positive:	0	0	0
Hope Airport Residence, 62724 Airport Rd				
	2-27-2024 6:15:00 AM) LT1	LT1	
	8-13-2024 6:20:00 AM	D <u>LT1</u>	<u>LT1</u>	
	Total Positive:	0	0	0
Result Values:	E - estimated	L - less than	G - gr	eater than
Result Values: Samples that contai		L - less than	0.00% 0	of total
	in total coliform:	۰	0.00% c 0.00% c	of total of total
Samples that contai	in total coliform: in e. coli:	0	0.00% 0	of total of total
Samples that contai Samples that contai	in total coliform: in e. coli: in fecal coliform: tive samples that	0 0	0.00% c 0.00% c	of total of total
Samples that contai Samples that contai Samples that contai Number of consecu	in total coliform: in e. coli: in fecal coliform: tive samples that n: that contain total	0 0	0.00% c 0.00% c	of total of total

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Comments:

4

Environmental Health Officer Jan 14 2025

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 E: info.vancouver@element.com W: www.element.com

Bill To:	Fraser Valley Regional District	Project ID:	FVRD Chem/Phys		Lot ID: 18186	21
	1 - 45950 Cheam Ave.	Project Name:	Chem/Phys	0		
	Chilliwack, BC, Canada	Project Location:	Canyon		ol Number:	05
	V2P 1N6	LSD:	,		Received: Jun 3, 20 Reported: Jun 6, 20	
	Accounts Payable	P.O.:			Reported: Jun 6, 20 rt Number: 3144197	25
	J. V.	Proj. Acct. code:			eport Type: Final Rep	vort
Company:				i te		Jon
			4040004 4			
	r	Reference Number Sample Date	1818621-1 June 03, 2025			
		Sample Time	07:00			
		Sample Location	07.00			
	S	ample Description	Hope Airport / Ca	fe Tap / 5.0 °C		
		Sample Matrix	Drinking Water			
		· ·	ŭ		Guideline	Guideline
Analyte		Units	Result	Nominal DL	Limit	Comments
Metals Extractab	le Extractable	~~//	<0.001	0.004		Below OG
Aluminum	Extractable	mg/L	<0.001 0.00003	0.001 0.00002	0.1 OG, 2.9 MAC 0.006	Below OG Below MAC
Antimony Arsenic	Extractable	mg/L mg/L	0.0003	0.00002	0.006	Below MAC
Barium	Extractable	mg/L	0.002	0.0001	2.0	Below MAC
Boron	Extractable	mg/L	0.012	0.0001	5	Below MAC
Cadmium	Extractable	mg/L	<0.0001	0.0002	0.007	Below MAC
Chromium	Extractable	mg/L	0.00080	0.00005	0.05	Below MAC
Copper	Extractable	mg/L	0.0000	0.0005	1 AO, 2 MAC	Below AO
Lead	Extractable	mg/L	0.00043	0.00001	0.005	Below MAC
Selenium	Extractable	mg/L	< 0.0002	0.0002	0.05	Below MAC
Strontium	Extractable	mg/L	0.058	0.0001	7.0	Below MAC
Uranium	Extractable	mg/L	0.00001	0.00001	0.02	Below MAC
Vanadium	Extractable	mg/L	0.00030	0.00005		
Zinc	Extractable	mg/L	0.022	0.0005	5.0	Below AO
Physical and Age	gregate Properties	-				
Colour	True	Colour unit	s <5	5		
Turbidity		NTU	3.64	0.1		
Routine Water						
рН			7.09	0.01	7.0-10.5	Within Rang
pH - Holding Tim	e		Exceeded			
Temp. of observe	ed pH	°C	24.6			
Electrical Conduc	ctivity at 25 °C	µS/cm	124	1		
Calcium	Extractable	mg/L	14	0.01		
Iron	Extractable	mg/L	0.092	0.004	0.1	Below AO
Magnesium	Extractable	mg/L	3.1	0.02		
Manganese	Extractable	mg/L	0.002	0.001	0.02 AO, 0.12 MAC	Below AO
Potassium	Extractable	mg/L	0.75	0.04	-	
Silicon	Extractable	mg/L	7.9	0.005		
Sodium	Extractable	mg/L	2.8	0.1	200	Below AO
T-Alkalinity	as CaCO3	mg/L	47	5		
Chloride	Dissolved	mg/L	3.84	0.05	250	Below AO
Fluoride	Dissolved	mg/L	0.01	0.01	1.5	Below MAC
Nitrate - N	Dissolved	mg/L	0.57	0.01	10	Below MAC
Nitrite - N	Dissolved	mg/L	<0.01	0.01	1.0	Below MAC
Sulfate (SO4)	Dissolved	mg/L	3.3	0.1	500	Below AO
Hardness	as CaCO3 (extractable	-	47	1		
Total Dissolved S	Solids Extractable	mg/L	80	1	500	Below AO

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