

February 3, 2026

*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,

Emily McGuire  
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>, 2025

**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@fvr.d.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 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 (specify details)

COMPLIANCE WITH OPERATING PERMIT

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

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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? 48

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

| Parameter:                                           | Standard:                                                                           | Did this system meet standard?          |                                        |
|------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------|
| Escherichia coli                                     | No detectable <i>Escherichia coli</i> per 100ml                                     | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| (for all samples)                                    |                                                                                     |                                         |                                        |
| Total Coliform Bacteria                              | No detectable total coliform bacteria per 100ml                                     | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| (if only 1 sample collected in a 30 day period)      |                                                                                     |                                         |                                        |
| Total Coliform Bacteria                              | No more than 10% of samples contain total                                           | <input type="checkbox"/> Yes            | <input type="checkbox"/> No            |
| (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 | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> 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 |
|------------|----------|--------------|--------|-------------------|
| 08/12/2025 | 6        |              |        | 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 ☐ x 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?* ☐ 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: May 28 2026

COMPLETED BY: D.Roblin

## Sample Range Report

Fraser Health Authority

**Facility Name:** Hope Airport WS  
**Date Range:** Jan 1 2025 to Dec 31 2025

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

| Sampling Site                                        | Date Collected          | Total Coliform | E. Coli | Fecal Coliform |
|------------------------------------------------------|-------------------------|----------------|---------|----------------|
| <u>Hope Airport Cafe,</u><br><u>62724 Airport Rd</u> | 1-7-2025 7:00:00<br>AM  | LT1            | LT1     |                |
|                                                      | 1-14-2025 7:30:00<br>AM | LT1            | LT1     |                |
|                                                      | 1-21-2025 7:15:00<br>AM | LT1            | LT1     |                |
|                                                      | 1-28-2025 7:10:00<br>AM | LT1            | LT1     |                |
|                                                      | 2-4-2025 7:25:00<br>AM  | LT1            | LT1     |                |
|                                                      | 2-11-2025 7:10:00<br>AM | LT1            | LT1     |                |
|                                                      | 2-18-2025 7:30:00<br>AM | LT1            | LT1     |                |
|                                                      | 2-25-2025 7:10:00<br>AM | LT1            | LT1     |                |
|                                                      | 3-4-2025 7:15:00<br>AM  | LT1            | LT1     |                |
|                                                      | 3-11-2025 7:15:00<br>AM | LT1            | LT1     |                |
|                                                      | 3-18-2025 7:15:00<br>AM | LT1            | LT1     |                |
|                                                      | 3-25-2025 7:15:00<br>AM | LT1            | LT1     |                |
|                                                      | 4-1-2025 7:15:00<br>AM  | LT1            | LT1     |                |
|                                                      | 4-8-2025 7:15:00<br>AM  | LT1            | LT1     |                |
|                                                      | 4-15-2025 7:00:00<br>AM | LT1            | LT1     |                |
|                                                      | 4-22-2025 7:00:00<br>AM | LT1            | LT1     |                |
|                                                      | 4-29-2025 7:10:00<br>AM | LT1            | LT1     |                |
|                                                      | 5-6-2025 7:00:00<br>AM  | LT1            | LT1     |                |
|                                                      | 5-13-2025 7:15:00<br>AM | LT1            | LT1     |                |
|                                                      | 5-20-2025 7:15:00<br>AM | LT1            | LT1     |                |

|                          |                |            |
|--------------------------|----------------|------------|
| 5-27-2025 7:15:00<br>AM  | LT1            | LT1        |
| 6-3-2025 7:00:00<br>AM   | LT1            | LT1        |
| 6-10-2025 7:00:00<br>AM  | LT1 GTR200     | LT1 GTR200 |
| 6-17-2025 6:30:00<br>AM  | LT1            | LT1        |
| 6-24-2025 6:45:00<br>AM  | LT1            | LT1        |
| 7-2-2025 7:15:00<br>AM   | LT1            | LT1        |
| 7-8-2025 6:30:00<br>AM   | LT1            | LT1        |
| 7-15-2025 7:30:00<br>AM  | LT1            | LT1        |
| 7-22-2025 7:00:00<br>AM  | LT1            | LT1        |
| 7-29-2025 7:15:00<br>AM  | LT1            | LT1        |
| 8-5-2025 7:00:00<br>AM   | LT1            | LT1        |
| 8-12-2025 7:15:00<br>AM  | ESTCT 6 ESTHCD | LT1        |
| 8-19-2025 7:30:00<br>AM  | LT1            | LT1        |
| 8-25-2025 7:15:00<br>AM  | QRWRT          | QRWRT      |
| 9-2-2025 7:30:00<br>AM   | LT1            | LT1        |
| 9-9-2025 7:30:00<br>AM   | LT1            | LT1        |
| 9-16-2025 7:15:00<br>AM  | LT1            | LT1        |
| 9-23-2025 7:15:00<br>AM  | LT1            | LT1        |
| 10-7-2025 7:15:00<br>AM  | LT1            | LT1        |
| 10-14-2025 7:30:00<br>AM | LT1            | LT1        |
| 10-21-2025 7:15:00<br>AM | LT1            | LT1        |
| 10-28-2025 7:10:00<br>AM | LT1            | LT1        |
| 11-4-2025 7:15:00<br>AM  | LT1            | LT1        |
| 11-18-2025 6:45:00<br>AM | LT1            | LT1        |
| 11-25-2025 7:00:00<br>AM | LT1            | LT1        |
| 12-2-2025 7:00:00<br>AM  | LT1            | LT1        |
| 12-9-2025 7:00:00<br>AM  | LT1            | LT1        |
| 12-16-2025 7:20:00<br>AM | <u>LT1</u>     | <u>LT1</u> |

**Total Positive:** 1 0 0

**Result Values:** E - estimated L - less than G - greater than

|                                                                |     |                |
|----------------------------------------------------------------|-----|----------------|
| Samples that contain total coliform:                           | 1   | 2.08% 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:                                       | 48  |                |

**Comments:**

Environmental Health Officer  
Feb 3 2026

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

## Analytical Report

|                                                                                                       |                                                                                                                |                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Bill To: Fraser Valley Regional District<br>1 - 45950 Cheam Ave.<br>Chilliwack, BC, Canada<br>V2P 1N6 | Project ID: Chem / Physical<br>Project Name: Canyon<br>Project Location:<br>LSD:<br>P.O.:<br>Proj. Acct. code: | Lot ID: <b>1873803</b><br>Control Number:<br>Date Received: Feb 3, 2026<br>Date Reported: Feb 6, 2026<br>Report Number: 3234773<br>Report Type: Final Report |
| Attn: Accounts Payable<br>Sampled By: J. Vugteveen<br>Company: FVRD                                   |                                                                                                                |                                                                                                                                                              |

|                           |                          |
|---------------------------|--------------------------|
| <b>Reference Number</b>   | 1873803-4                |
| <b>Sample Date</b>        | February 03, 2026        |
| <b>Sample Time</b>        | 12:30                    |
| <b>Sample Location</b>    | Grab                     |
| <b>Sample Description</b> | Hope Airport WS / 9.0 °C |
| <b>Sample Matrix</b>      | Drinking Water           |

| Analyte                                  | Units                       | Result       | Nominal DL | Guideline Limit   | Guideline Comments |
|------------------------------------------|-----------------------------|--------------|------------|-------------------|--------------------|
| <b>Metals Extractable</b>                |                             |              |            |                   |                    |
| Aluminum                                 | Extractable mg/L            | <0.001       | 0.001      | 0.1 OG, 2.9 MAC   | Below OG           |
| Antimony                                 | Extractable mg/L            | 0.00005      | 0.00002    | 0.006             | Below MAC          |
| Arsenic                                  | Extractable mg/L            | 0.0003       | 0.0001     | 0.010             | Below MAC          |
| Barium                                   | Extractable mg/L            | 0.012        | 0.0001     | 2.0               | Below MAC          |
| Boron                                    | Extractable mg/L            | 0.006        | 0.002      | 5                 | Below MAC          |
| Cadmium                                  | Extractable mg/L            | 0.00001      | 0.00001    | 0.007             | Below MAC          |
| Chromium                                 | Extractable mg/L            | 0.00075      | 0.00005    | 0.05              | Below MAC          |
| Copper                                   | Extractable mg/L            | 0.022        | 0.0005     | 1 AO, 2 MAC       | Below AO           |
| Lead                                     | Extractable mg/L            | 0.00051      | 0.00001    | 0.005             | Below MAC          |
| Selenium                                 | Extractable mg/L            | <0.0002      | 0.0002     | 0.05              | Below MAC          |
| Strontium                                | Extractable mg/L            | 0.056        | 0.0001     | 7.0               | Below MAC          |
| Uranium                                  | Extractable mg/L            | 0.00003      | 0.00001    | 0.02              | Below MAC          |
| Vanadium                                 | Extractable mg/L            | 0.00044      | 0.00005    |                   |                    |
| Zinc                                     | Extractable mg/L            | 0.022        | 0.0005     | 5.0               | Below AO           |
| <b>Physical and Aggregate Properties</b> |                             |              |            |                   |                    |
| Colour                                   | True                        | Colour units | <5         | 5                 |                    |
| Turbidity                                |                             | NTU          | 1.36       | 0.1               |                    |
| <b>Routine Water</b>                     |                             |              |            |                   |                    |
| pH                                       |                             | 7.02         | 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        | 119        | 1                 |                    |
| Calcium                                  | Extractable mg/L            | 14           | 0.01       |                   |                    |
| Iron                                     | Extractable mg/L            | 0.050        | 0.004      | 0.1               | Below AO           |
| Magnesium                                | Extractable mg/L            | 3.1          | 0.02       |                   |                    |
| Manganese                                | Extractable mg/L            | <0.001       | 0.001      | 0.02 AO, 0.12 MAC | Below AO           |
| Potassium                                | Extractable mg/L            | 0.71         | 0.04       |                   |                    |
| Silicon                                  | Extractable mg/L            | 8.0          | 0.005      |                   |                    |
| Sodium                                   | Extractable mg/L            | 2.5          | 0.1        | 200               | Below AO           |
| T-Alkalinity                             | as CaCO3 mg/L               | 50           | 5          |                   |                    |
| Chloride                                 | Dissolved mg/L              | 3.02         | 0.05       | 250               | Below AO           |
| Fluoride                                 | Dissolved mg/L              | <0.01        | 0.01       | 1.5               | Below MAC          |
| Nitrate - N                              | Dissolved mg/L              | 0.50         | 0.01       | 10                | Below MAC          |
| Nitrite - N                              | Dissolved mg/L              | <0.01        | 0.01       | 1.0               | Below MAC          |
| Sulfate (SO4)                            | Dissolved mg/L              | 2.4          | 0.1        | 500               | Below AO           |
| Hardness                                 | as CaCO3 (extractable) mg/L | 47           | 1          |                   |                    |
| Total Dissolved Solids                   | Extractable mg/L            | 79           | 1          | 500               | Below AO           |