

Mark In

Water Well Survey

Ontario 1201 Wilson Avenue, Building D, 3rd Floor, Downsview, ON M3M 1J8 1-866-840-5529

Well #:	1069
MOE #:	

Gartner Lee 300 Town Centre Boulevard, Suite 300, Markham, ON L3R 5Z6 (905)477-8400

Owner of Well:

Name: MIKE + DINEEN LEGER Telephone (Bus.): ()
 Address: 6195 COLONATION RD. BROOKLIN (Home): (905) 655-8555
 Person Interviewed: Residence:
 Date: Time: Interviewed By:
 Name of Original Well Owner: (if different from above)

Occupant of House Served by Well: (if other than owner)

Name: Telephone (Bus.): ()
 Address: (Home): ()

Well Location:

Lot: 32 Concession: 6 Township:
 GLL Map Sheet: (to be completed by GLL Staff)

Well Construction Details:

Date Constructed: PREF 2000 Use: Contractor:
 Type (drilled or dug): DUG Diameter: Well Depth:
 Is well accessible for direct sampling? or buried:
 Screen: Yes No If Yes, length: m Depth of top of screen: m

Well Water Levels: (indicate whether measured from ground level, or from top of casing)

Original Water Level Depth: m
 Subsequent Water Level Measurements
 (give depths in m and dates)

Pumping Equipment:

Pump Type: Suction-lift or Positive-submergence Pumping Capacity: Age:
 How is your pump lubricated:
 Depth of Intake Setting: m (Original) m (Present) Pumping Rate: L/s
 Storage Tank: Type: Capacity:
 Do you have a: Chlorinator: NO Water Softener: NO Water Filter: NO Filter Type:
 Water Use: Domestic: No: Yes: No. of persons using water from well: 2
 Livestock: No: Yes: No. of livestock watered from well:
 Lawn Watering: No: Yes: Other: Amount:
 Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.)
 Private Waste and Water Disposal: Type (septic tank, etc.): Distance to Well:
 Well is: 1) Uphill 2) Downhill: 3) Same Grade

Previous Problems:

How long have you owned, operated or lived on this property?

5 YEARS

Have you ever experienced any previous problems with your well?

NO

If so, when?

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage _____

Interference: _____

Contamination: _____

If problem was contamination, what water quality changes were apparent?

(Note any differences in taste, odour, colour or clarity)

What action was taken to overcome this problem?

What were the effects of this problem?

Did you ever have your well deepened NO, or cleaned NO, or a new well constructed NO?

If so, why?

Outline briefly any previous repairs or changes in pumping equipment, and dates:

Does homeowner grant permission to obtain a water quality sample?

Yes

✓

No

Signature:

Dennis Lopez

Location Sketch: (to be completed by GLL staff)

Field Visit: (to be completed by GLL staff)

Well Condition:

Is there a depression around the well?

☐


Yes


☐

No

Photo Number:

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 Gartner Lee 300 Town Centre Boulevard, Suite 300, Markham, ON L3R 5Z6 (905)477-8400

Owner of Well:

Name: ICON PALLINT Telephone (Bus.): ()
Address: 5920 HALLS RD (Home): (905) 655-3914
Person Interviewed: ICON Residence:
Date: APRIL 14/00 Time: 2:50 PM Interviewed By: Bm.
Name of Original Well Owner: (if different from above)

Occupant of House Served by Well: (if other than owner)

Name: Telephone (Bus.): ()
Address: (Home): ()

Well Location:

Lot: Concession: Township:
GLL Map Sheet: (to be completed by GLL Staff)

Well Construction Details:

Date Constructed: 1967, 2 more ones Use: HOUSE Contractor:
Type (drilled or dug): DUG Diameter: 36" Well Depth: 29', 29', 6'
Is well accessible for direct sampling? or buried:
Screen: Yes No If Yes, length: m Depth of top of screen: m

Well Water Levels: (indicate whether measured from ground level, or from top of casing)

Original Water Level Depth: m
Subsequent Water Level Measurements
(give depths in m and dates)

Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence Pumping Capacity: 1342 Age: 40
How is your pump lubricated:
Depth of Intake Setting: m (Original) m (Present) Pumping Rate: L/s
Storage Tank: Type: PRESSURE Capacity: 100 GAL
Do you have a: Chlorinator: ☒ Water Softener: ☒ Water Filter: ☒ Filter Type:
Water Use: Domestic: No: Yes: ☒ No. of persons using water from well: 3
Livestock: No: ☒ Yes: No. of livestock watered from well:
Lawn Watering: No: ☒ Yes: Other: Amount:
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) WASHER, SHOWER, DR

Private Waste and Water Disposal: Type (septic tank, etc.): SEPTIC Distance to Well: 30m
Well is: 1) Uphill ☒ 2) Downhill: 3) Same Grade

Previous Problems:

How long have you owned, operated or lived on this property?

41 yrs

Have you ever experienced any previous problems with your well?

YES

If so, when?

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage _____

Interference: ☒

Contamination: ☒

If problem was contamination, what water quality changes were apparent?

(Note any differences in taste, odour, colour or clarity)

SUPPLIES RUN OFF, NITROGEN,
FERTILIZER

What action was taken to overcome this problem?

DONT DRINK WATER

What were the effects of this problem?

Did you ever have your well deepened _____, or cleaned ☒, or a new well constructed _____?

If so, why? CLOSER TO WALL OF WELLS FROM PREVIOUS OWNER

Outline briefly any previous repairs or changes in pumping equipment, and dates:

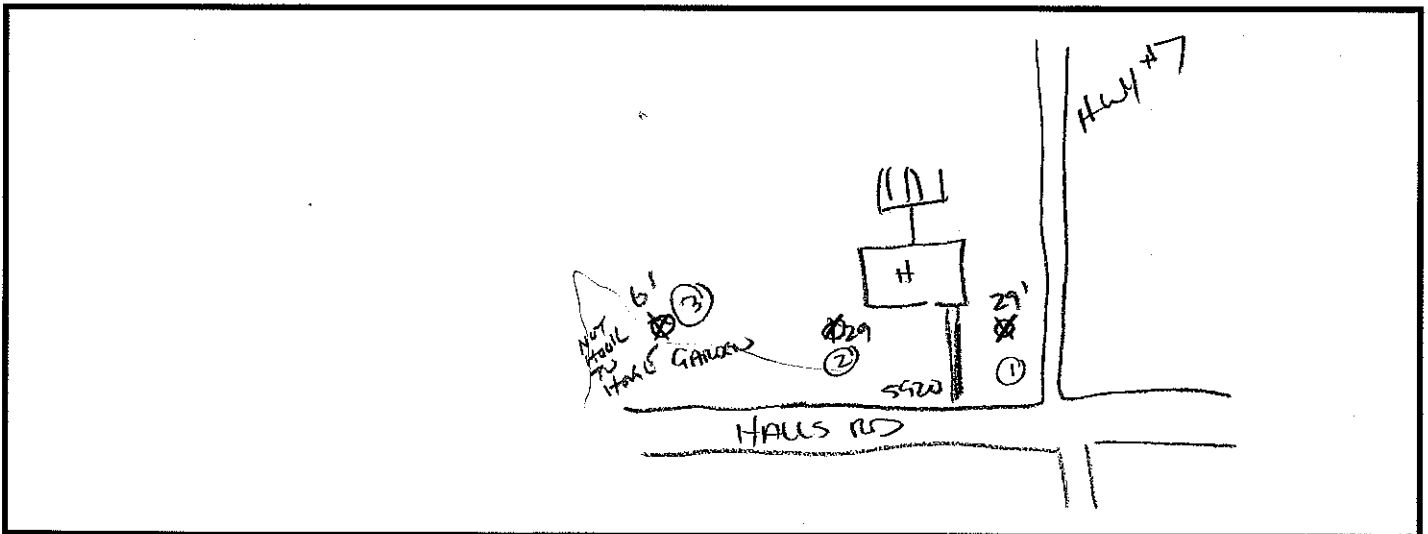
Does homeowner grant permission to obtain a water quality sample?

Yes

No

Signature: _____

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition: _____

Is there a depression around the well?

☐

Yes

☐

No

Photo Number: _____

Water Well Survey



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Gartner Lee 300 Town Centre Boulevard, Suite 300, Markham, ON L3R 5Z6 (905)477-8400

Owner of Well:

Name: SHAWN DUNN Telephone (Bus.): ()
Address: 5770 MAULS RD (Home): (905) 65-3480
Person Interviewed: SHAWN Residence: _____
Date: _____ Time: _____ Interviewed By: Bm
Name of Original Well Owner: (if different from above) _____

Occupant of House Served by Well: (if other than owner)

Name: _____ Telephone (Bus.): ()
Address: _____ (Home): ()

Well Location:

Lot: _____ Concession: _____ Township: _____
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: 354125 AD Use: HOUSE Contractor: _____
Type (drilled or dug): DUG Diameter: 36" Well Depth: 50', 50', ?
Is well accessible for direct sampling? _____ or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

Well Water Levels: (indicate whether measured from ground level, or from top of casing)

Original Water Level Depth: _____ m
Subsequent Water Level Measurements _____
(give depths in m and dates) _____

Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence _____ Pumping Capacity: _____ Age: 77 yrs
How is your pump lubricated: _____
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: PRESSURE Capacity: 80 GAL
Do you have a: Chlorinator: ☒ Water Softener: ☒ Water Filter: ☒ Filter Type: ~
Water Use: Domestic: No: _____ Yes: ☒ No. of persons using water from well: _____
Livestock: No: ☒ Yes: _____ No. of livestock watered from well: _____
Lawn Watering: No: ☒ Yes: _____ Other: _____ Amount: _____
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) SHOWER, WASH, POOL

Private Waste and Water Disposal: Type (septic tank, etc.): SEPTIC Distance to Well: 50m
Well is: 1) Uphill ☒ 2) Downhill: _____ 3) Same Grade: _____

Previous Problems:

DONT DRINK WATER,

How long have you owned, operated or lived on this property?

7 yrs

Have you ever experienced any previous problems with your well?

YES

If so, when? SOME SUMMERS, ONLY 2 OF 7 YRS - 24 HOURS MAXIMUM

What was the cause of the previous problem?

Drought: ☒

Pump Failure: ☐

Plugging: ☐

Increased Usage: ☐

Interference: ☐

Contamination: ☐

If problem was contamination, what water quality changes were apparent?

(Note any differences in taste, odour, colour or clarity)

What action was taken to overcome this problem?

What were the effects of this problem?

Did you ever have your well deepened _____, or cleaned _____, or a new well constructed _____?

If so, why?

Outline briefly any previous repairs or changes in pumping equipment, and dates:

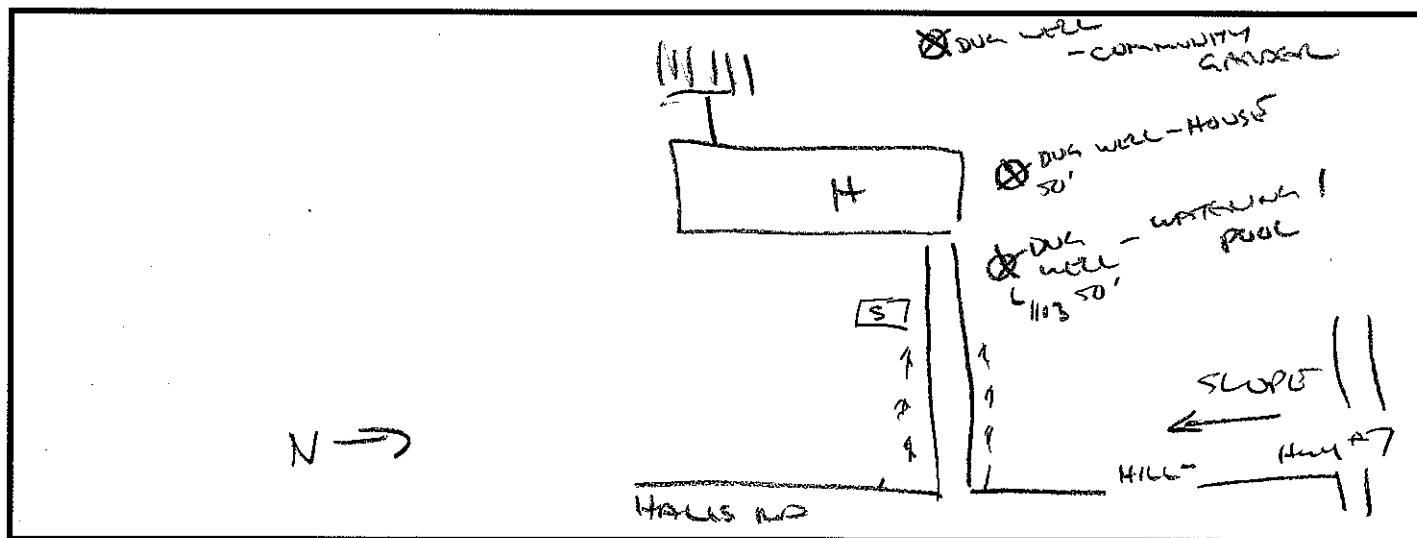
Does homeowner grant permission to obtain a water quality sample?

Yes

☒ No

Signature: S. Drury

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

Is there a depression around the well?

☐

Yes

☐

No

Photo Number: 3, 4

Water Well Survey



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Well #: 1111

MOE #: _____



Gartner Lee 300 Town Centre Boulevard, Suite 300, Markham, ON L3R 5Z6 (905)477-8400

Owner of Well:

Name: William Guthrie Telephone (Bus.): (____) _____
Address: 3925 Lake Ridge Rd. (Home): (905) 668-3865
Person Interviewed: Mrs. Guthrie Residence: yes
Date: May 15 / 06 Time: 2:00 Interviewed By: CC / JC
Name of Original Well Owner: (if different from above) _____

Occupant of House Served by Well: (if other than owner)

Name: _____ Telephone (Bus.): (____) _____
Address: _____ (Home): (____) _____

Well Location:

Lot: _____ Concession: _____ Township: _____
GLL Map Sheet: (to be completed by GLL Staff) West 6

Well Construction Details:

Date Constructed: 1890 Use: domestic Contractor: -
Type (drilled or dug): dug Diameter: 36" Well Depth: 40'
Is well accessible for direct sampling? yes or buried: _____
Screen: Yes _____ No _____ If yes, length: _____ m Depth of top of screen: _____ m

Well Water Levels: (indicate whether measured from ground level, or from top of casing)

Original Water Level Depth: _____ m
Subsequent Water Level Measurements _____
(give depths in m and dates)

Pumping Equipment:

Pump Type: Suction-lift: X or Positive-submergence _____ Pumping Capacity: _____ Age: _____
How is your pump lubricated: _____
Depth of Intake Setting: 38' m (Original) 38' m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: Pressure Tank Capacity: _____
Do you have a: Chlorinator: _____ Water Softener: _____ Water Filter: _____ Filter Type: _____
Water Use: Domestic: No: _____ Yes: ✓ No. of persons using water from well: 2
Livestock: No: ✓ Yes: _____ No. of livestock watered from well: _____
Lawn Watering: No: ✓ Yes: _____ Other: _____ Amount: _____
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) none

Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: 100 m
Well is: 1) Uphill X 2) Downhill: _____ 3) Same Grade _____

Previous Problems:

How long have you owned, operated or lived on this property?

23 years

Have you ever experienced any previous problems with your well?

Went dry for the first time last Summer.

If so, when?

Summer 2007

What was the cause of the previous problem?

Drought: ☒

Pump Failure: ☐

Plugging: ☐

Increased Usage: ☐

Interference: ☐

Contamination: ☐

If problem was contamination, what water quality changes were apparent?

(Note any differences in taste, odour, colour or clarity)

What action was taken to overcome this problem?

~~Repaired~~ -

What were the effects of this problem?

Did you ever have your well deepened ☐, or cleaned ☐, or a new well constructed ☐?

If so, why?

Outline briefly any previous repairs or changes in pumping equipment, and dates:

Does homeowner grant permission to obtain a water quality sample?

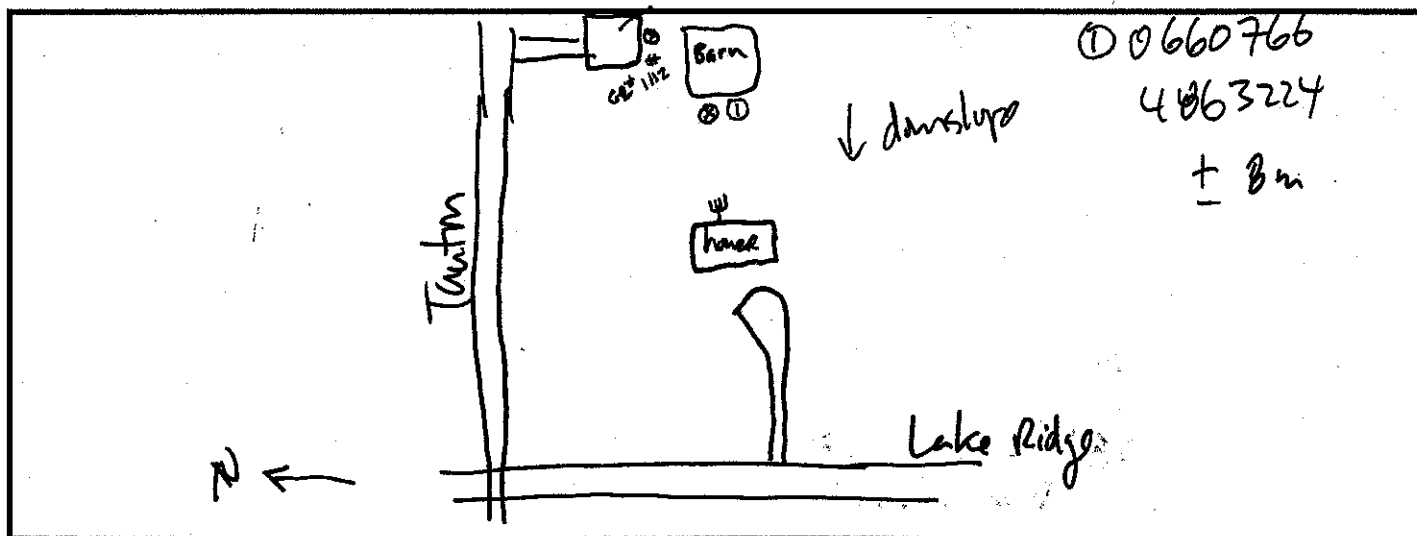
Yes

No

Signature:

J. Smith

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

Good

- well located on adjacent property

Is there a depression around the well?

☐

Yes

☒

No

Photo Number:

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Water Well Survey



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Gartner Lee 300 Town Centre Boulevard, Suite 300, Markham, ON L3R 5Z6 (905)477-8400

Well #: 1115

MOE #: _____

Owner of Well:

Name: Josie O'Connor Telephone (Bus.): (____) _____
Address: 650 Rossland Rd. (Home): (905) 905-426-5789
Person Interviewed: Josie Residence: Y
Date: May 15/09 Time: 3:15 Interviewed By: CL/SC
Name of Original Well Owner: (if different from above) _____

Occupant of House Served by Well: (if other than owner)

Name: _____ Telephone (Bus.): (____) _____
Address: _____ (Home): (____) _____

Well Location:

Lot: _____ Concession: _____ Township: _____
GLL Map Sheet: (to be completed by GLL Staff) West 7

Well Construction Details:

Date Constructed: 1997 Use: domestic Contractor: _____
Type (drilled or dug): drill drilled Diameter: 30" Well Depth: 16'
Is well accessible for direct sampling? yes or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

Well Water Levels: (indicate whether measured from ground level, or from top of casing)

Original Water Level Depth: _____ m

Subsequent Water Level Measurements
(give depths in m and dates) _____

Pumping Equipment:

Pump Type: Suction-lift: _____ or Positive-submergence X Pumping Capacity: _____ Age: 11 yrs.

How is your pump lubricated: _____

Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s

Storage Tank: Type: _____ Capacity: _____

Do you have a: Chlorinator: _____ Water Softener: X Water Filter: _____ Filter Type: _____

Water Use: Domestic: No: _____ Yes: ✓ No. of persons using water from well: 4

Livestock: No: ✓ Yes: _____ No. of livestock watered from well: _____

Lawn Watering: No: _____ Yes: ✓ Other: _____ Amount: _____

Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) none.

Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: 30m

Well is: 1) Uphill X 2) Downhill: _____ 3) Same Grade _____

Previous Problems:

How long have you owned, operated or lived on this property? 11 years

Have you ever experienced any previous problems with your well? none.

If so, when? _____

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage _____

Interference: _____

Contamination: _____

If problem was contamination, what water quality changes were apparent? _____

(Note any differences in taste, odour, colour or clarity) _____

What action was taken to overcome this problem? _____

What were the effects of this problem? _____

Did you ever have your well deepened _____, or cleaned _____, or a new well constructed _____?

If so, why? _____

Outline briefly any previous repairs or changes in pumping equipment, and dates:

none.

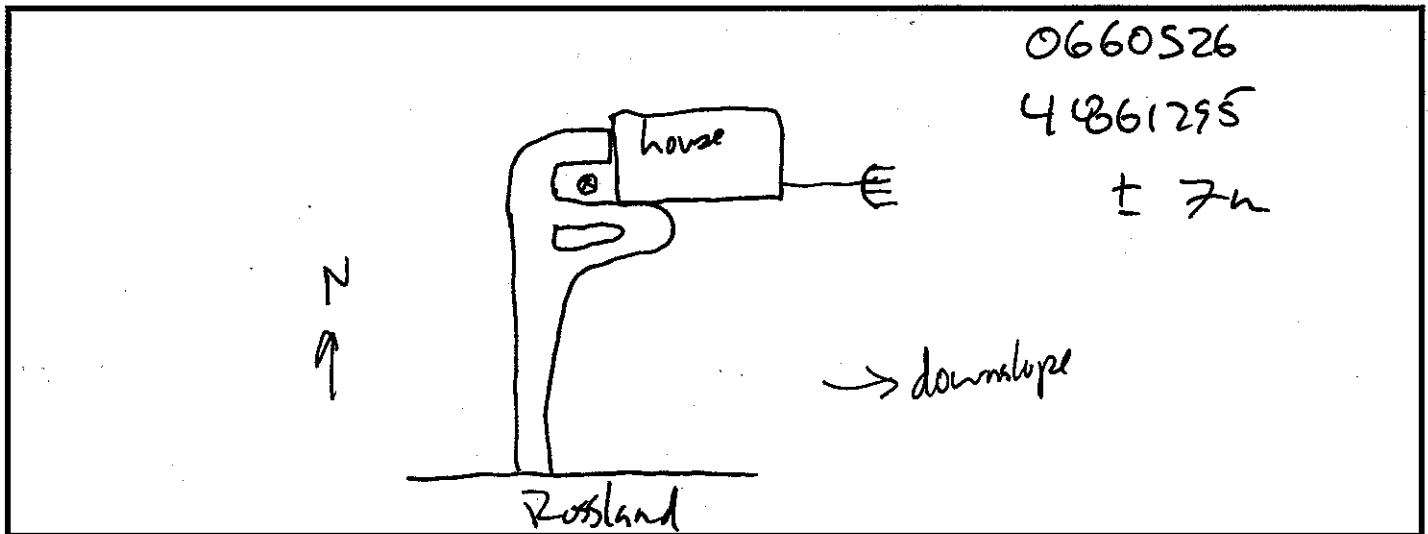
Does homeowner grant permission to obtain a water quality sample?

Yes ☒

No ☐

Signature: [Signature]

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition: Good

- lots of water

Is there a depression around the well? ☐ Yes



No



No

Photo Number: 9

Water Well Survey



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Gartner Lee 300 Town Centre Boulevard, Suite 300, Markham, ON L3R 5Z6 (905)477-8400

Well #: 1116

MOE #: _____

Owner of Well:

Name: Dan O'Connor Telephone (Bus.): (____) _____
Address: 714 Roseland Rd. W (Home): (905) 619-0419
Person Interviewed: Dan Residence: yes
Date: May 15/06 Time: 2:45 Interviewed By: EC/JS
Name of Original Well Owner: (if different from above) _____

Occupant of House Served by Well: (if other than owner)

Name: _____ Telephone (Bus.): (____) _____
Address: _____ (Home): (____) _____

Well Location:

Lot: _____ Concession: _____ Township: _____
GLL Map Sheet: (to be completed by GLL Staff) W08T 7

Well Construction Details:

Year Constructed: 1970 Use: domestic Contractor: _____
Type (drilled or dug): dug Diameter: 36" Well Depth: 23'
Is well accessible for direct sampling? yes or buried: _____
Screen: Yes _____ No _____ Yes, length: _____ m Depth of top of screen: _____ m

Well Water Levels: (indicate whether measured from ground level, or from top of casing)

Original Water Level Depth: 3-6" m
Subsequent Water Level Measurements _____
(give depths in m and dates)

Pumping Equipment:

Pump Type: Suction-lift: _____ or Positive-submergence X Pumping Capacity: _____ Age: 2 yrs
How is your pump lubricated: _____

Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s

Storage Tank: Type: _____ Capacity: _____

Do you have a: Chlorinator: _____ Water Softener: X Water Filter: _____ Filter Type: Iron filter

Water Use: Domestic: No: _____ Yes: ✓ No. of persons using water from well: 4

Livestock: No: ✓ Yes: _____ No. of livestock watered from well: _____

Lawn Watering: No: ✓ Yes: _____ Other: _____ Amount: _____

Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) pool - don't use well water

Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: 30m

Well is: 1) Uphill X 2) Downhill: _____ 3) Same Grade: _____

Previous Problems:

How long have you owned, operated or lived on this property?

38

Have you ever experienced any previous problems with your well?

none, small amounts of Fe

If so, when?

What was the cause of the previous problem?

Drought:

Pump Failure:

Plugging:

Increased Usage

Interference:

Contamination:

If problem was contamination, what water quality changes were apparent?

(Note any differences in taste, odour, colour or clarity)

What action was taken to overcome this problem?

Fe filter

What were the effects of this problem?

Did you ever have your well deepened _____, or cleaned ☒, or a new well constructed _____?

If so, why?

regular maintenance

Outline briefly any previous repairs or changes in pumping equipment, and dates:

Switched to submersible about 10 years ago

Does homeowner grant permission to obtain a water quality sample?

Yes

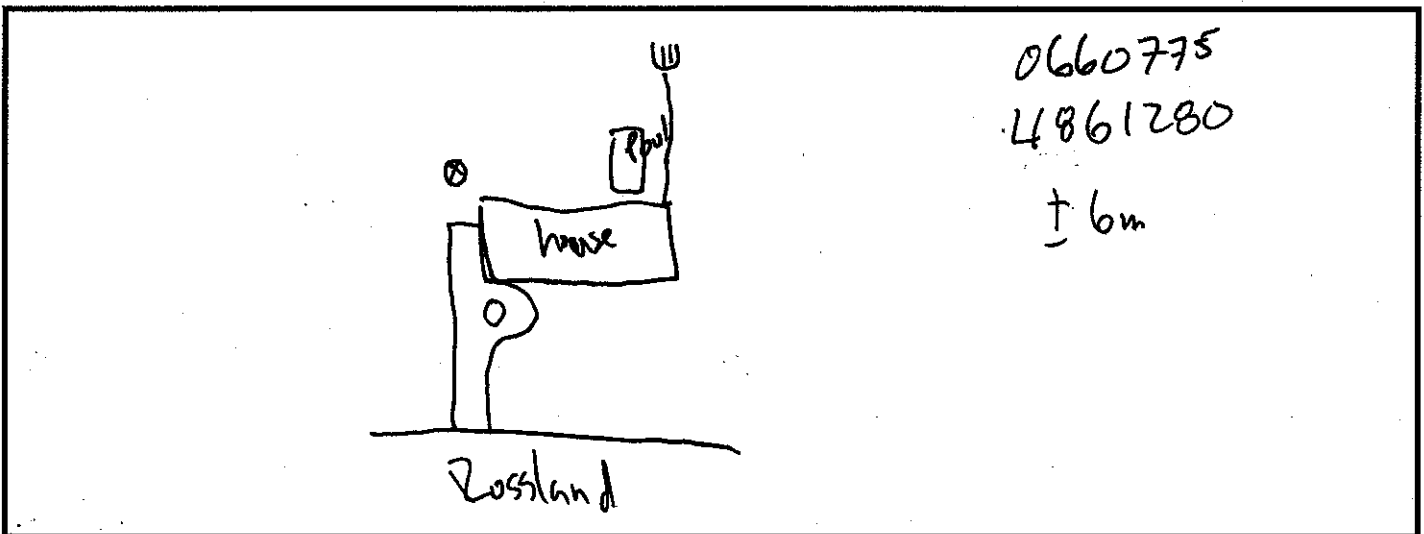


No

Signature:

[Signature]

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

Good

Is there a depression around the well?



Yes





No

Photo Number:

3

Water Well Survey

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 Gartner Lee 300 Town Centre Boulevard, Suite 300, Markham, ON L3R 5Z6 (905)477-8400

Well #: 1118

MOE #: _____

Owner of Well:

Name: Elizabeth Collins Telephone (Bus.): (____) _____

Address: 759 Rosland Rd. (Home): (905) 426-1771

Person Interviewed: Elizabeth Residence: yes

Date: May 5/08 Time: 3:25 Interviewed By: EC / JC

Name of Original Well Owner: (if different from above) _____

Occupant of House Served by Well: (if other than owner)

Name: _____ Telephone (Bus.): (____) _____

Address: _____ (Home): (____) _____

Well Location:

Lot: _____ Concession: _____ Township: _____

GLL Map Sheet: (to be completed by GLL Staff) West 7

Well Construction Details:

Date Constructed: 1988 Use: _____ Contractor: _____

Type (drilled or dug): dug Diameter: 36" Well Depth: unknown

Is well accessible for direct sampling? yes (uv filter directly after well water) or buried: _____

Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

Well Water Levels: (indicate whether measured from ground level, or from top of casing)

Original Water Level Depth: — m

Subsequent Water Level Measurements: _____
(give depths in m and dates)

Pumping Equipment:

Pump Type: Suction-lift: _____ or Positive-submergence X Pumping Capacity: _____ Age: 9

How is your pump lubricated: _____

Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s

Storage Tank: Type: _____ Capacity: _____

Do you have a: Chlorinator: _____ Water Softener: X Water Filter: _____ Filter Type: UV, RO

Water Use: Domestic: No: _____ Yes: ✓ No. of persons using water from well: 4

Livestock: No: ✓ Yes: _____ No. of livestock watered from well: _____

Lawn Watering: No: ✓ Yes: ✓ Other: _____ Amount: _____

Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) none

Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: 30 m

Well is: 1) Uphill X 2) Downhill: _____ 3) Same Grade: _____

Previous Problems:

How long have you owned, operated or lived on this property?

4 yrs

Have you ever experienced any previous problems with your well?

none.

If so, when?

What was the cause of the previous problem?

Drought:

Pump Failure:

Plugging:

Increased Usage

Interference:

Contamination:

If problem was contamination, what water quality changes were apparent?

(Note any differences in taste, odour, colour or clarity)

What action was taken to overcome this problem?

What were the effects of this problem?

Did you ever have your well deepened _____, or cleaned _____, or a new well constructed _____?

If so, why?

Outline briefly any previous repairs or changes in pumping equipment, and dates:

Does homeowner grant permission to obtain a water quality sample?

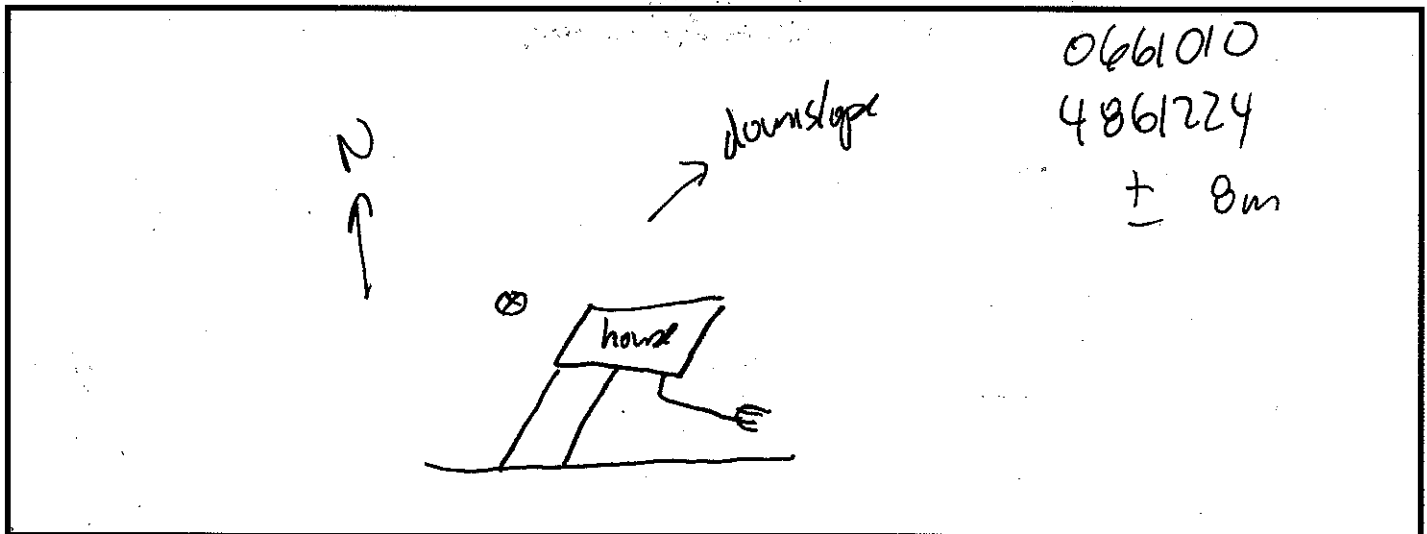
Yes

No

Signature:

E. J. Collins

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

Good - lid slightly loose

Is there a depression around the well?



Yes



No

Photo Number:



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Gartner Lee 300 Town Centre Boulevard, Suite 300, Markham, ON L3R 5Z6 (905)477-8400

Well #: ① 1119

② 1120

MOE #: _____

Owner of Well:

Name: Bessie Bell Telephone (Bus.): () _____

Address: 769 Rossland Rd. (Home): (905) 686-2992

Person Interviewed: _____ Residence: yes

Date: May 15/08 Time: 3:45 Interviewed By: CC/SC

Name of Original Well Owner: (if different from above) _____

Occupant of House Served by Well: (if other than owner)

Name: _____ Telephone (Bus.): () _____

Address: _____ (Home): () _____

Well Location:

Lot: _____ Concession: _____ Township: _____

GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: 1970 / 1988? Use: domestic Contractor: _____

Type (drilled or dug): dug Diameter: 36" Well Depth: 35'

Is well accessible for direct sampling? yes or buried: _____

Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

Well Water Levels: (indicate whether measured from ground level, or from top of casing)

Original Water Level Depth: _____ m

Subsequent Water Level Measurements _____

(give depths in m and dates)

Pumping Equipment:

Pump Type: Suction-lift: X or Positive-submergence _____ Pumping Capacity: _____ Age: _____

How is your pump lubricated: _____

Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s

Storage Tank: Type: _____ Capacity: _____

Do you have a: Chlorinator: _____ Water Softener: X Water Filter: _____ Filter Type: _____

Water Use: Domestic: No: _____ Yes: ✓ No. of persons using water from well: 1

Livestock: No: ✓ Yes: _____ No. of livestock watered from well: _____

Lawn Watering: No: ✓ Yes: _____ Other: _____ Amount: _____

Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) none

Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: 25/35 m

Well is: 1) Uphill X 2) Downhill: _____ 3) Same Grade: X

Previous Problems:

How long have you owned, operated or lived on this property?

38 years

Have you ever experienced any previous problems with your well?

None.

If so, when?

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage: _____

Interference: _____

Contamination: _____

If problem was contamination, what water quality changes were apparent?

(Note any differences in taste, odour, colour or clarity)

What action was taken to overcome this problem?

What were the effects of this problem?

Did you ever have your well deepened _____, or cleaned X, or a new well constructed _____?

If so, why? regular maintenance - every 4-5 years.

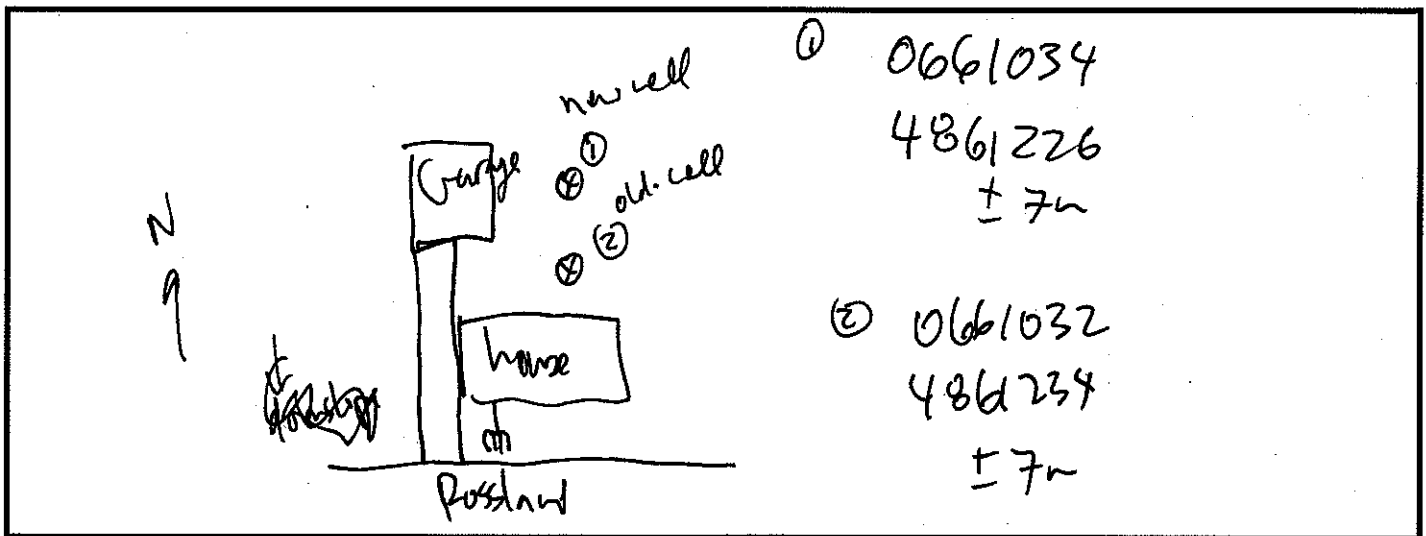
Outline briefly any previous repairs or changes in pumping equipment, and dates:

Does homeowner grant permission to obtain a water quality sample?

Yes X No _____

Signature: Bessie Bell

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

① Good - above ground

② Good - flush w ground

Is there a depression around the well?

☐

Yes

☒

No

Photo Number:

① 11
② 10

1129 - 1 Phillips

Water Well Survey

Ontario 1201 Wilson Avenue, Building D, 3rd Floor, Downsview, ON M3M 1J8 1-866-840-5529

Gartner Lee 300 Town Centre Boulevard, Suite 300, Markham, ON L3R 5Z6 (905)477-8400

Well #: 1129
MOE #: _____

Owner of Well:

Name: Sally Donne Telephone (Bus.): ()
Address: 20 Park (Home): (905) 655-8623
Person Interviewed: Sally Residence: _____
Date: June 18/08 Time: _____ Interviewed By: AD, JM
Name of Original Well Owner: (if different from above) _____

Occupant of House Served by Well: (if other than owner)

Name: _____ Telephone (Bus.): () _____
Address: _____ (Home): () _____

Well Location:

Lot: _____ Concession: _____ Township: _____
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: ~1990 Use: _____ Contractor: _____
Type (drilled or dug): Drilled Diameter: 28" Well Depth: ~65 ft
Is well accessible for direct sampling? inside dug casing or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

Well Water Levels: (indicate whether measured from ground level, or from top of casing)

Original Water Level Depth: _____ m used to be dug ~ 5 ft.
Subsequent Water Level Measurements _____
(give depths in m and dates) _____

Pumping Equipment:

Pump Type: Suction-lift _____ or Positive-submergence ☒ Pumping Capacity: _____ Age: 1990
How is your pump lubricated: _____

Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s

Storage Tank: Type: Pressure Capacity: 10 gallon

Do you have a: Chlorinator: _____ Water Softener: ☒ Water Filter: _____ Filter Type: _____

Water Use: Domestic: No: _____ Yes: ☒ No. of persons using water from well: 3

Livestock: No: ☒ Yes: _____ No. of livestock watered from well: _____

Lawn Watering: No: ☒ Yes: _____ Other: don't drink Amount: _____

Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) reg. equipment

Private Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well: 70m

Well is: 1) Uphill _____ 2) Downhill: _____ 3) Same Grade ☒

Previous Problems:

How long have you owned, operated or lived on this property?

~20 yrs.

Have you ever experienced any previous problems with your well?

high BACT, (on & off)

If so, when?

couple years ago

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage: _____

Interference: _____

Contamination: _____

If problem was contamination, what water quality changes were apparent?

(Note any differences in taste, odour, colour or clarity)

What action was taken to overcome this problem?

stop drinking
(neighbours septic out front)

What were the effects of this problem?

Did you ever have your well deepened ☒, or cleaned ☒, or a new well constructed _____?

If so, why?

Outline briefly any previous repairs or changes in pumping equipment, and dates:

Does homeowner grant permission to obtain a water quality sample?

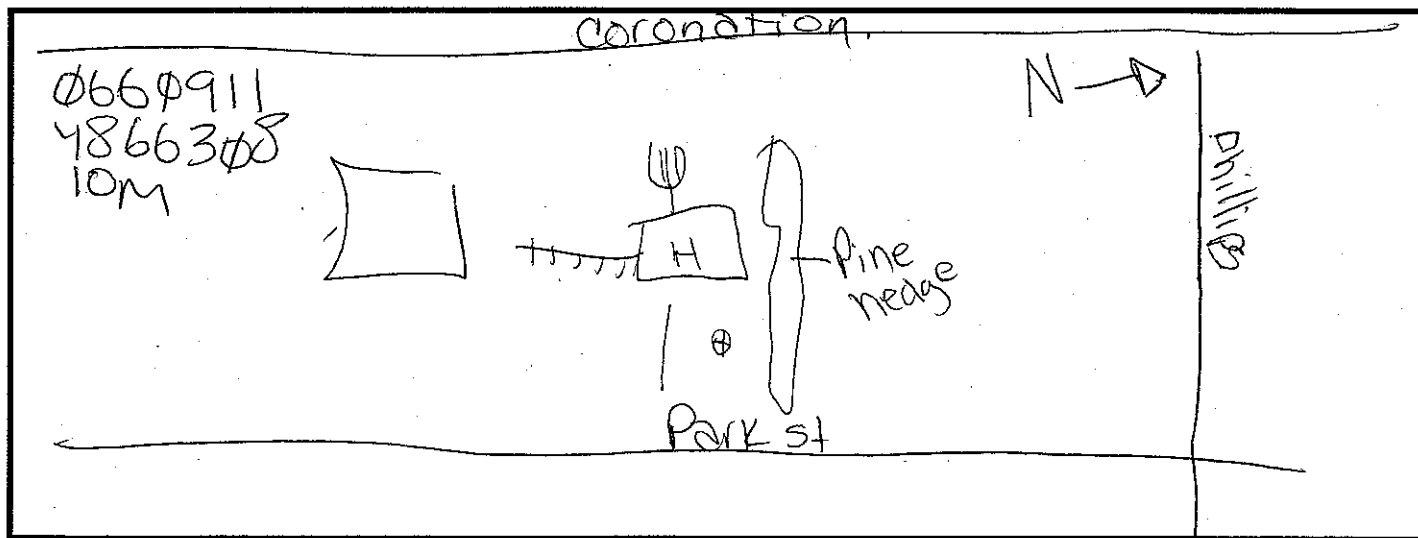
Yes ☒

No ☐

Signature: _____

[Signature]

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

keep digging down to get more H₂O

Well Condition:

1.5 ft stick up, caulked, not sealed,
tile looks good, in garden (pink rose)

Is there a depression around the well?



Yes



No

Photo Number: _____

[Handwritten marks]

Water Well Survey



Ontario 1201 Wilson Avenue, Building D, 3rd Floor, Downsview, ON M3M 1J8 1-866-840-5529

Well #: 1135

MOE #: _____



Gartner Lee 300 Town Centre Boulevard, Suite 300, Markham, ON L3R 5Z6 (905)477-8400

Owner of Well:

Name: Jean Skinner Telephone (Bus.): () _____
Address: 18 Ward st. (Home): (905) 655-0555
Person Interviewed: Jean Residence: _____
Date: June 18/08 Time: 12:30 Interviewed By: AD, JM
Name of Original Well Owner: (if different from above) _____

Occupant of House Served by Well: (if other than owner)

Name: _____ Telephone (Bus.): () _____
Address: _____ (Home): () _____

Well Location:

Lot: _____ Concession: _____ Township: Macedonia
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: 2001 Use: domestic Contractor: Kewarthe
Type (drilled or dug): Drilled Diameter: 6" Well Depth: 120 ft.
Is well accessible for direct sampling? _____ or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

Well Water Levels: (indicate whether measured from ground level, or from top of casing)

Original Water Level Depth: _____ m
Subsequent Water Level Measurements _____
(give depths in m and dates) _____

Pumping Equipment:

Pump Type: Suction-lift: _____ or Positive-submergence ☒ Pumping Capacity: _____ Age: 2001
How is your pump lubricated: _____
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: Pressure Capacity: ~40 gallons
Do you have a: Chlorinator: ☒ Water Softener: _____ Water Filter: ☒ Filter Type: iron (1/2 inch) takes chlorine
Water Use: Domestic: No: _____ Yes: ☒ No. of persons using water from well: 2
Livestock: No: ☒ Yes: _____ No. of livestock watered from well: _____
Lawn Watering: No: ☒ Yes: _____ Other: _____ Amount: _____
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) reg. equipment
Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: 35m
Well is: 1) Uphill ☒ 2) Downhill: _____ 3) Same Grade _____

Previous Problems:

How long have you owned, operated or lived on this property?

2004.

Have you ever experienced any previous problems with your well?

iron (very bad @ 1st) some still
hard water

If so, when?

What was the cause of the previous problem?

Drought: _____
Increased Usage _____

Pump Failure: _____
Interference: _____

Plugging: _____
Contamination: _____

If problem was contamination, what water quality changes were apparent?

(Note any differences in taste, odour, colour or clarity)

What action was taken to overcome this problem?

What were the effects of this problem?

Did you ever have your well deepened _____, or cleaned _____, or a new well constructed _____?

If so, why?

Outline briefly any previous repairs or changes in pumping equipment, and dates:

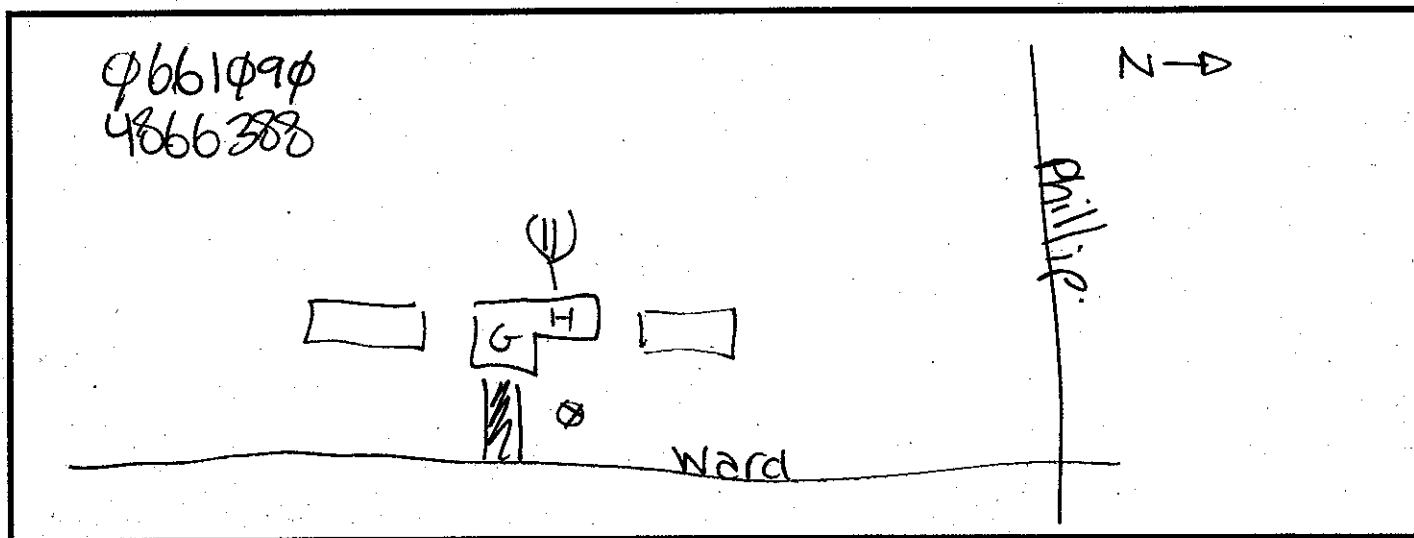
Does homeowner grant permission to obtain a water quality sample?

Yes ☒ No ☐

Signature:

J. Spurr

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

Chlorinator on well, 1st stickup.
Verman proof cap

Is there a depression around the well?




Yes



No


Photo Number:

Water Well Survey

 Ontario 1201 Wilson Avenue, Building D, 3rd Floor, Downsview, ON M3M 1J8 1-866-840-5529

Well #: 1136

MOE #: _____

 Gartner Lee 300 Town Centre Boulevard, Suite 300, Markham, ON L3R 5Z6 (905)477-8400

Owner of Well:

Name: Susan Vanschalk Telephone (Bus.): ()
Address: 12 Ward (Home): 905 655-7132
Person Interviewed: Susan Residence: _____
Date: June 18/08 Time: 12:40 Interviewed By: AD, JM
Name of Original Well Owner: (if different from above) _____

Occupant of House Served by Well: (if other than owner)

Name: _____ Telephone (Bus.): ()
Address: _____ (Home): ()

Well Location:

Lot: _____ Concession: _____ Township: Macedonia
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: ~25 yrs Use: Domestic Contractor: _____
Type (drilled or dug): Dr Dug Diameter: ~28" Well Depth: >30ft
Is well accessible for direct sampling? _____ or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

Well Water Levels: (indicate whether measured from ground level, or from top of casing)

Original Water Level Depth: _____ m

Subsequent Water Level Measurements
(give depths in m and dates) _____

Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence _____ Pumping Capacity: _____ Age: 3 yrs

How is your pump lubricated: _____

Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s

Storage Tank: Type: _____ Capacity: _____

Do you have a: Chlorinator: _____ Water Softener: ☒ Water Filter: ☒ Filter Type: U.V. sediment

Water Use: Domestic: No: _____ Yes: ☒ No. of persons using water from well: 4
Livestock: No: ☒ Yes: _____ No. of livestock watered from well: _____
Lawn Watering: No: ☒ Yes: _____ Other: _____ Amount: _____

Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) _____
reg. equipment

Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: N/A
Well is: 1) Uphill _____ 2) Downhill: _____ 3) Same Grade N/A

Previous Problems:

How long have you owned, operated or lived on this property?

17 yrs

Have you ever experienced any previous problems with your well?

NO

If so, when?

What was the cause of the previous problem?

Drought:

Pump Failure:

Plugging:

Increased Usage

Interference:

Contamination:

If problem was contamination, what water quality changes were apparent?

(Note any differences in taste, odour, colour or clarity)

What action was taken to overcome this problem?

What were the effects of this problem?

Did you ever have your well deepened, or cleaned, or a new well constructed?

If so, why?

Outline briefly any previous repairs or changes in pumping equipment, and dates:

Does homeowner grant permission to obtain a water quality sample?

Yes

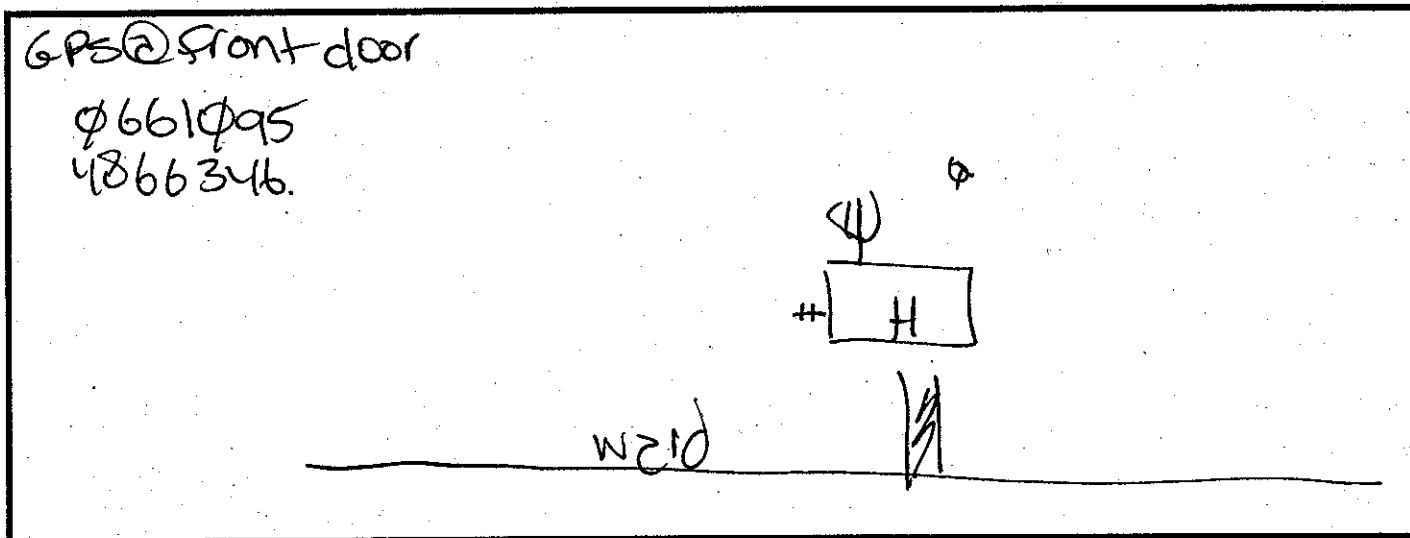
☒

No

Signature:

[Signature]

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

NOT ALLOWED

Is there a depression around the well?

☐

Yes

☐


No

Photo Number:

no photo


Not granted permission

Water Well Survey

 Ontario 1201 Wilson Avenue, Building D, 3rd Floor, Downsview, ON M3M 1J8 1-866-840-5529

Well #: 1137

MOE #: _____

 Gartner Lee 300 Town Centre Boulevard, Suite 300, Markham, ON L3R 5Z6 (905)477-8400

Owner of Well:

Name: Nathan Horenburg Telephone (Bus.): () _____
Address: 8 Ward (Home): 905 655-1085
Person interviewed: Nathan Residence: _____
Date: June Time: 12:30 Interviewed By: ADJM
Name of Original Well Owner: (if different from above) _____

Occupant of House Served by Well: (if other than owner)

Name: _____ Telephone (Bus.): () _____
Address: _____ (Home): () _____

Well Location:

Lot: _____ Concession: _____ Township: Macedonia
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: ~25 yrs. Use: domestic Contractor: _____
Type (drilled or dug): Drilled Diameter: _____ Well Depth: 123 ft.
Is well accessible for direct sampling? _____ or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

Well Water Levels: (indicate whether measured from ground level, or from top of casing)

Original Water Level Depth: _____ m

Subsequent Water Level Measurements
(give depths in m and dates) _____

Pumping Equipment:

Pump Type: Suction-lift: _____ or Positive-submergence ☒ Pumping Capacity: _____ Age: >5 yrs.
How is your pump lubricated: _____
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: Pressure Capacity: 20 gallons
Do you have a: Chlorinator: _____ Water Softener: ☒ Water Filter: ☒ Filter Type: iron
Water Use: Domestic: No: _____ Yes: ☒ No. of persons using water from well: 6
Livestock: No: ☒ Yes: _____ No. of livestock watered from well: _____
Lawn Watering: No: ☒ Yes: _____ Other: _____ Amount: _____
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) Pool trucked in.
Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: 40m
Well is: 1) Uphill _____ 2) Downhill: _____ 3) Same Grade ☒

Previous Problems:

How long have you owned, operated or lived on this property?

5 years

Have you ever experienced any previous problems with your well?

colour brown not iron, sediment.

If so, when? _____

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage: _____

Interference: _____

Contamination: _____

If problem was contamination, what water quality changes were apparent?

(Note any differences in taste, odour, colour or clarity) _____

What action was taken to overcome this problem?

don't drink due to preference, thinking about screen.

What were the effects of this problem?

Did you ever have your well deepened _____, or cleaned _____, or a new well constructed _____?

If so, why? _____

Outline briefly any previous repairs or changes in pumping equipment, and dates:

Does homeowner grant permission to obtain a water quality sample?

Yes

☒

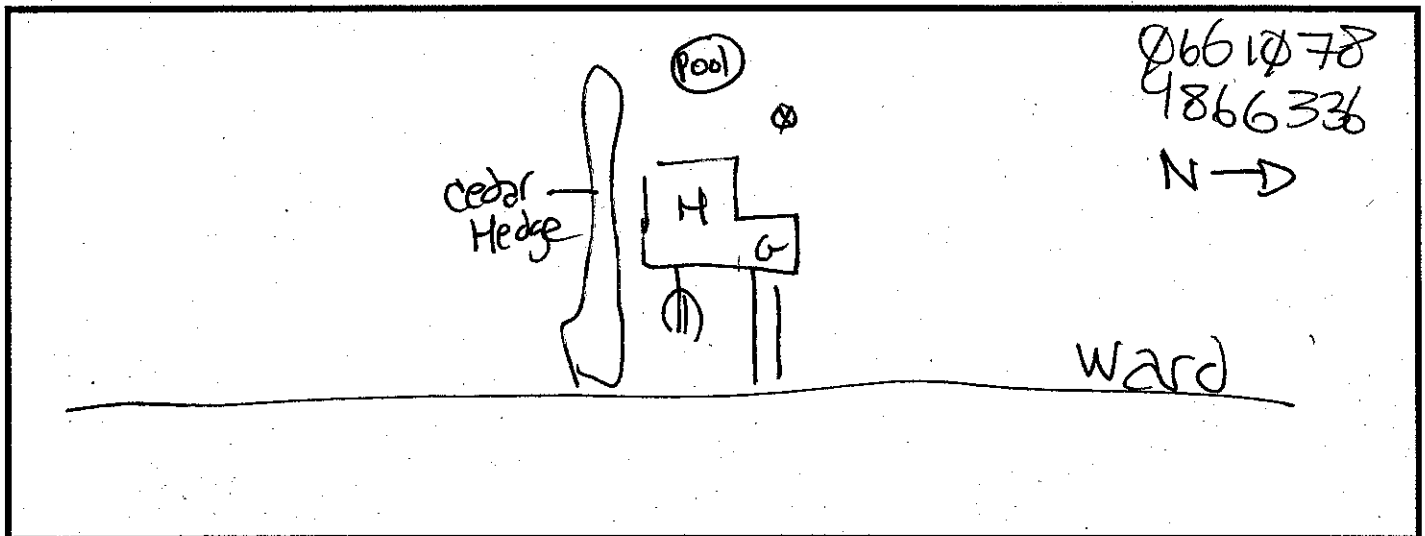
No

☐

Signature: _____

[Handwritten Signature]

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

4ft stick up, verman proof,
good condition

Is there a depression around the well?



Yes



No

Photo Number:

4

Water Well Survey



Ontario 1201 Wilson Avenue, Building D, 3rd Floor, Downsview, ON M3M 1J8 1-866-840-5529

Well #: 1140

MOE #: _____



Gartner Lee 300 Town Centre Boulevard, Suite 300, Markham, ON L3R 5Z6 (905)477-8400

Owner of Well:

Name: Bert Lahtinen Telephone (Bus.): (____) _____
Address: 5 Ward St (Home): (905) 655-4602
Person Interviewed: Bert Residence: _____
Date: June 18/08 Time: 1:10 Interviewed By: ADJM
Name of Original Well Owner: (if different from above) _____

Occupant of House Served by Well: (if other than owner)

Name: _____ Telephone (Bus.): (____) _____
Address: _____ (Home): (____) _____

Well Location:

Lot: _____ Concession: _____ Township: Macedonie
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: 2 yrs Use: domestic Contractor: Kawarth
Type (drilled or dug): Drilled Diameter: 6" Well Depth: 107 ft.
Is well accessible for direct sampling? _____ or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

Well Water Levels: (indicate whether measured from ground level, or from top of casing)

Original Water Level Depth: _____ m
Subsequent Water Level Measurements
(give depths in m and dates) _____

Pumping Equipment:

Pump Type: Suction-lift: _____ or Positive-submergence ☒ Pumping Capacity: _____ Age: 2 yrs
How is your pump lubricated: _____
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: Pressure Capacity: ~45-50 gallons.
Do you have a: Chlorinator: _____ Water Softener: ☒ Water Filter: ☒ Filter Type: peizer
Water Use: Domestic: No: _____ Yes: ☒ No. of persons using water from well: 2
Livestock: No: ☒ Yes: _____ No. of livestock watered from well: _____
Lawn Watering: No: ☒ Yes: _____ Other: _____ Amount: _____
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) reg. equipment.
Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: 40m
Well is: 1) Uphill _____ 2) Downhill: _____ 3) Same Grade ☒

Previous Problems:

How long have you owned, operated or lived on this property?

2 yrs.

Have you ever experienced any previous problems with your well?

iron (like town) no methane

If so, when?

What was the cause of the previous problem?

Drought:

Pump Failure:

Plugging:

Increased Usage

Interference:

Contamination:

If problem was contamination, what water quality changes were apparent?

(Note any differences in taste, odour, colour or clarity)

What action was taken to overcome this problem?

What were the effects of this problem?

Did you ever have your well deepened, or cleaned, or a new well constructed?

If so, why?

Outline briefly any previous repairs or changes in pumping equipment, and dates:

Does homeowner grant permission to obtain a water quality sample?

Yes

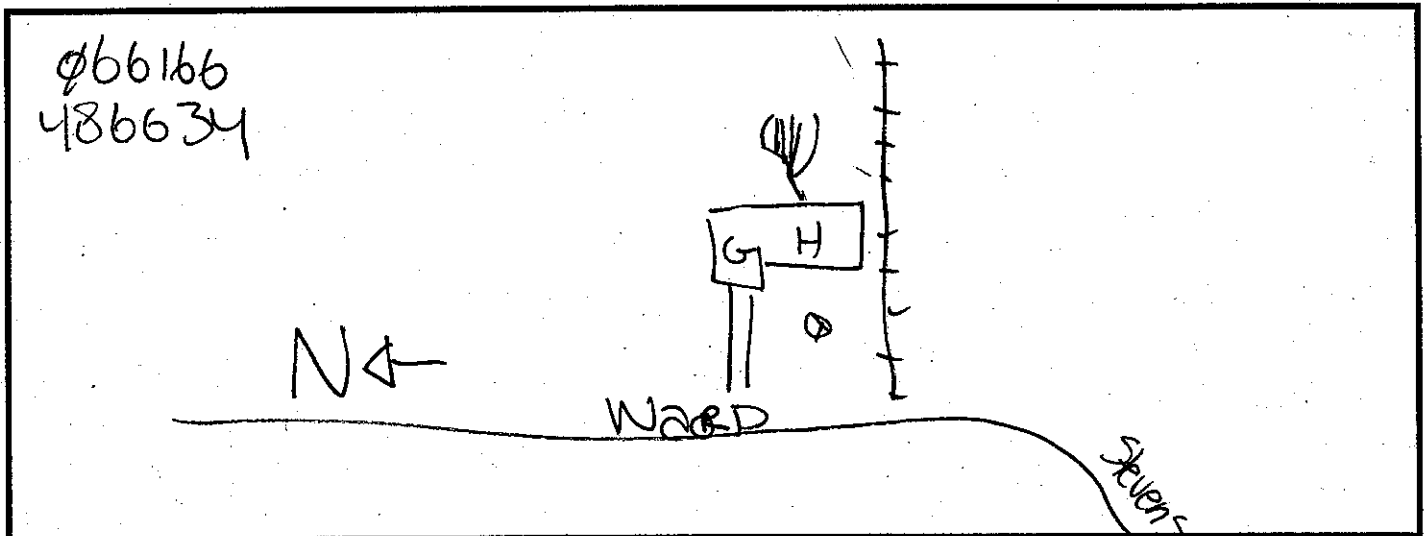


No

Signature:

[Signature]

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

1 ft stick, uerman proof, good condition

Is there a depression around the well?



Yes




No

Photo Number:


5

Water Well Survey

 Ontario 1201 Wilson Avenue, Building D, 3rd Floor, Downsview, ON M3M 1J8 1-866-840-5529

Well #: 1144

MOE #: _____

 Gartner Lee 300 Town Centre Boulevard, Suite 300, Markham, ON L3R 5Z6 (905)477-8400

Owner of Well:

Name: O'Donoghue Telephone (Bus.): () _____
Address: 29 Ward St (Home): 905 655-3826
Person Interviewed: Mrs. O'Donoghue Residence: _____
Date: June 18/08 Time: 1:30 Interviewed By: AD, JM
Name of Original Well Owner: (if different from above) _____

Occupant of House Served by Well: (if other than owner)

Name: _____ Telephone (Bus.): () _____
Address: _____ (Home): () _____

Well Location:

Lot: _____ Concession: _____ Township: Macedonia
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: ~35-40 yrs Use: domestic Contractor: _____
Type (drilled or dug): Dug Diameter: _____ Well Depth: see bottom
Is well accessible for direct sampling? _____ or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

Well Water Levels: (indicate whether measured from ground level, or from top of casing)

Original Water Level Depth: _____ m

Subsequent Water Level Measurements
(give depths in m and dates) _____

Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence _____ Pumping Capacity: _____ Age: N/A

How is your pump lubricated: _____

Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s

Storage Tank: Type: NO pressure tank Capacity: _____

Do you have a: Chlorinator: ☒ Water Softener: ☒ Water Filter: ☒ Filter Type: ☒

Water Use: Domestic: No: ☒ Yes: ☒ No. of persons using water from well: 3

Livestock: No: ☒ Yes: _____ No. of livestock watered from well: _____

Lawn Watering: No: ☒ Yes: _____ Other: _____ Amount: _____

Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) _____

reg. equipment

Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: 40m

Well is: 1) Uphill _____ 2) Downhill: _____ 3) Same Grade: ☒

Previous Problems:

How long have you owned, operated or lived on this property?

11 years

Have you ever experienced any previous problems with your well?

NO

If so, when?

What was the cause of the previous problem?

Drought:

Pump Failure:

Plugging:

Increased Usage

Interference:

Contamination:

If problem was contamination, what water quality changes were apparent?

(Note any differences in taste, odour, colour or clarity)

What action was taken to overcome this problem?

What were the effects of this problem?

Did you ever have your well deepened , or cleaned , or a new well constructed ?

If so, why?

Outline briefly any previous repairs or changes in pumping equipment, and dates:

Does homeowner grant permission to obtain a water quality sample?

Yes

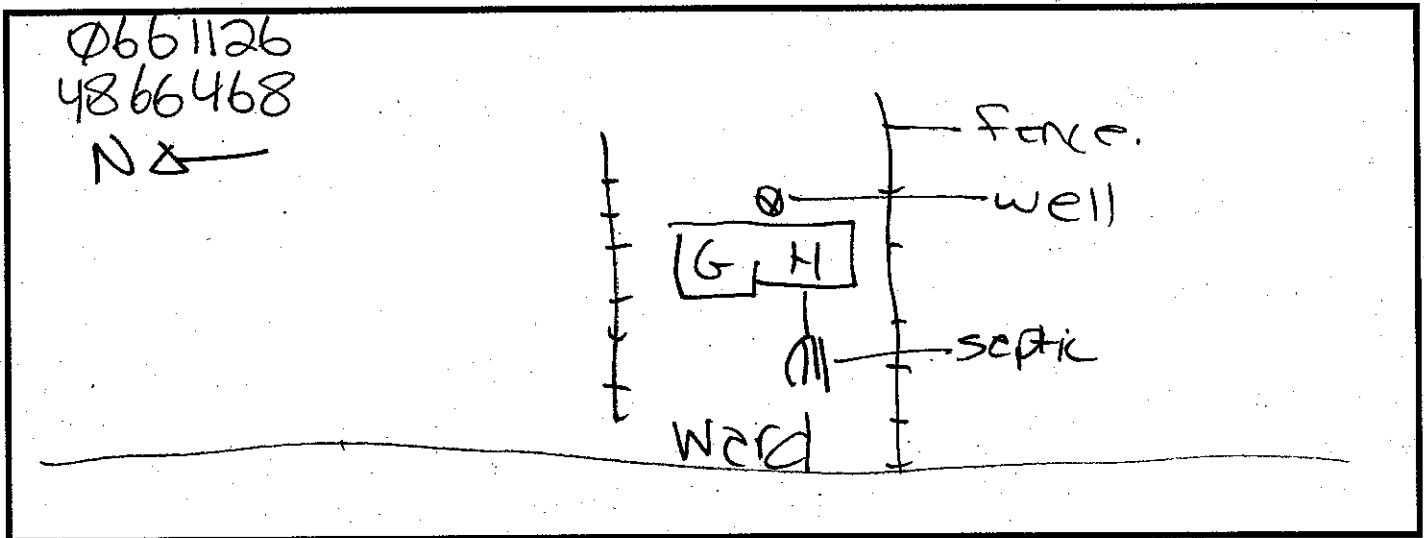


No

Signature:

Geraldine O'Donoghue

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

completely sealed on top + caulked, tile
alright, ladder thing on well

Is there a depression around the well?



Yes



No

Photo Number:

6

Water Well Survey



Ontario 1201 Wilson Avenue, Building D, 3rd Floor, Downsview, ON M3M 1J8 1-866-840-5529

Well #: 1145

MOE #: _____



Gartner Lee 300 Town Centre Boulevard, Suite 300, Markham, ON L3R 5Z6 (905)477-8400

Owner of Well:

Name: Peter Tolias

Telephone (Bus.): () _____

Address: 33 Ward St.

(Home): (905) 655-4230

Person Interviewed: Peter

Residence: _____

Date: June 18/08

Time: 1:40

Interviewed By: AD, JM

Name of Original Well Owner: (if different from above) _____

Occupant of House Served by Well: (if other than owner)

Name: _____

Telephone (Bus.): () _____

Address: _____

(Home): () _____

Well Location:

Lot: _____

Concession: _____

Township: Macedonia

GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: 1967

Use: domestic

Contractor: _____

Type (drilled or dug): Dug

Diameter: 28"

Well Depth: N/A

Is well accessible for direct sampling? _____

or buried: _____

Screen: Yes _____ No _____

If Yes, length: _____ m

Depth of top of screen: _____ m

Well Water Levels: (indicate whether measured from ground level, or from top of casing)

Original Water Level Depth: _____ m

Subsequent Water Level Measurements

(give depths in m and dates)

~ 8ft of water

Pumping Equipment:

Pump Type: Suction-lift: ☒

or Positive-submergence _____

Pumping Capacity: _____

Age: 20 yrs

How is your pump lubricated: _____

Depth of Intake Setting: _____ m (Original)

_____ m (Present)

Pumping Rate: _____ L/s

Storage Tank: _____

Type: Pressure

Capacity: 10 gallons

Do you have a: _____

Chlorinator: 1

Water Softener: _____

Water Filter: 1

Filter Type: 1

Water Use: _____

Domestic: No: _____

Yes: ☒

No: _____

Yes: _____

No. of persons using water from well: 2

Livestock: No: ☒

Yes: _____

No. of livestock watered from well: _____

Lawn Watering: No: ☒

Yes: _____

Other: don't drink

Amount: _____

Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) _____

reg. equipment

Private Waste and Water Disposal: _____

Type (septic tank, etc.): septic

Distance to Well: 40m

Well is: _____

1) Uphill _____

2) Downhill: _____

3) Same Grade Y

Previous Problems:

How long have you owned, operated or lived on this property?

Family since 1967.

Have you ever experienced any previous problems with your well?

Higher coliform

If so, when?

1/2 of water in well now than previously.

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage: _____

Interference: _____

Contamination: _____

If problem was contamination, what water quality changes were apparent?

(Note any differences in taste, odour, colour or clarity)

What action was taken to overcome this problem?

Don't drink.

What were the effects of this problem?

Did you ever have your well deepened _____, or cleaned _____, or a new well constructed _____?

If so, why?

Javex every 2 mths

Outline briefly any previous repairs or changes in pumping equipment, and dates:

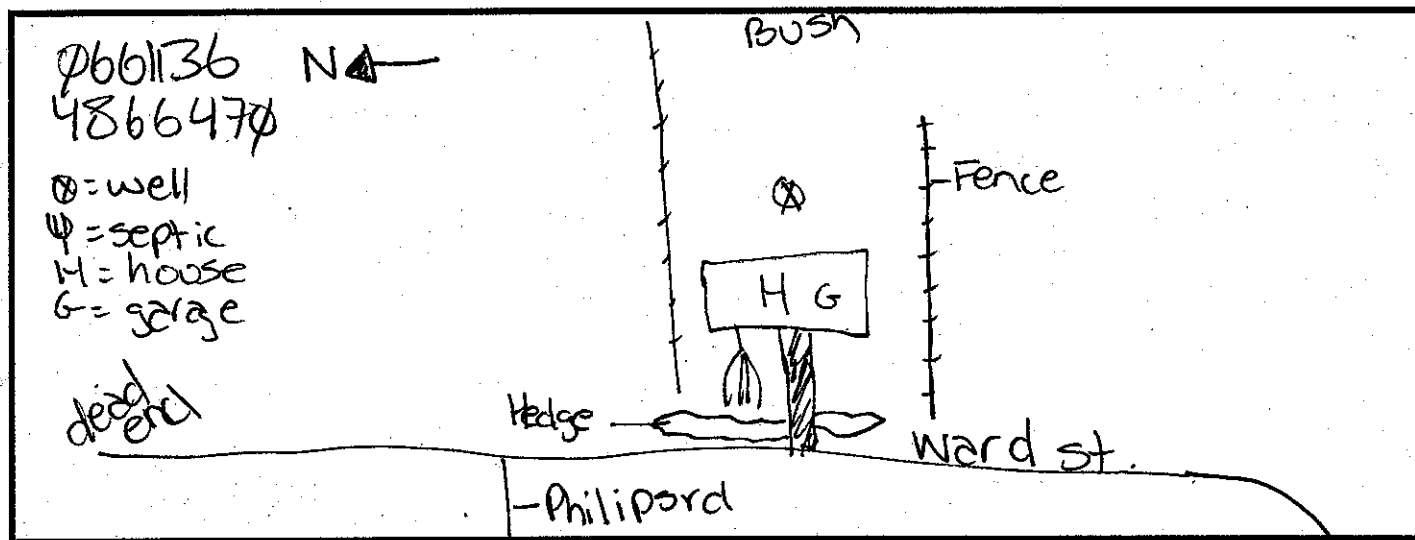
Does homeowner grant permission to obtain a water quality sample?

Yes ☒

No ☐

Signature: _____

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

well in good condition, well sealed

Is there a depression around the well?



Yes



No

Photo Number: _____

Water Well Survey

Ontario 1201 Wilson Avenue, Building D, 3rd Floor, Downsview, ON M3M 1J8 1-866-840-5529

Well #: 0?

MOE #: ~~1705564~~

~~1150~~ 1147

Gartner Lee 300 Town Centre Boulevard, Suite 300, Markham, ON L3R 5Z6 (905)477-8400

Owner of Well:

Name: Dawn Holme (daughter)
Address: 28 Stevens rd.
Person Interviewed: Elizabeth Twyman
Date: June 18/08 Time: 3:00
Telephone (Bus.): ()
(Home): 905 655- daughter
Residence: 905 655- 6804 140th
Interviewed By: AD, JM
Name of Original Well Owner: (if different from above)

Occupant of House Served by Well: (if other than owner)

Name: Telephone (Bus.): ()
Address: (Home): ()

Well Location:

Lot: Concession: Township: Macedonitz.
GLL Map Sheet: (to be completed by GLL Staff)

Well Construction Details:

Date Constructed: ~ 30 yrs Use: domestic Contractor:
Type (drilled or dug): Dug Diameter: 28" Well Depth: N/A
Is well accessible for direct sampling? or buried:
Screen: Yes No If Yes, length: m Depth of top of screen: m

Well Water Levels: (indicate whether measured from ground level, or from top of casing)

Original Water Level Depth: m

Subsequent Water Level Measurements
(give depths in m and dates)

Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence Pumping Capacity: Age: not original

How is your pump lubricated:

Depth of Intake Setting: m (Original) m (Present) Pumping Rate: L/s

Storage Tank: Type: Pressure Capacity: 30-40 gallon

Do you have a: Chlorinator: / Water Softener: / Water Filter: / Filter Type: /

Water Use: Domestic: No: Yes: ☒ No. of persons using water from well: 2.

Livestock: No: ☒ Yes: No. of livestock watered from well:

Lawn Watering: No: ☒ Yes: Other: Amount:

Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.)

reg. equipment

Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: 40m

Well is: 1) Uphill 2) Downhill: 3) Same Grade X

Previous Problems:

How long have you owned, operated or lived on this property? 6 mths

Have you ever experienced any previous problems with your well? No.

If so, when? _____

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage _____

Interference: _____

Contamination: _____

If problem was contamination, what water quality changes were apparent?

(Note any differences in taste, odour, colour or clarity) _____

What action was taken to overcome this problem? _____

What were the effects of this problem? _____

Did you ever have your well deepened ✓, or cleaned ✓, or a new well constructed _____?

If so, why? _____

Outline briefly any previous repairs or changes in pumping equipment, and dates:

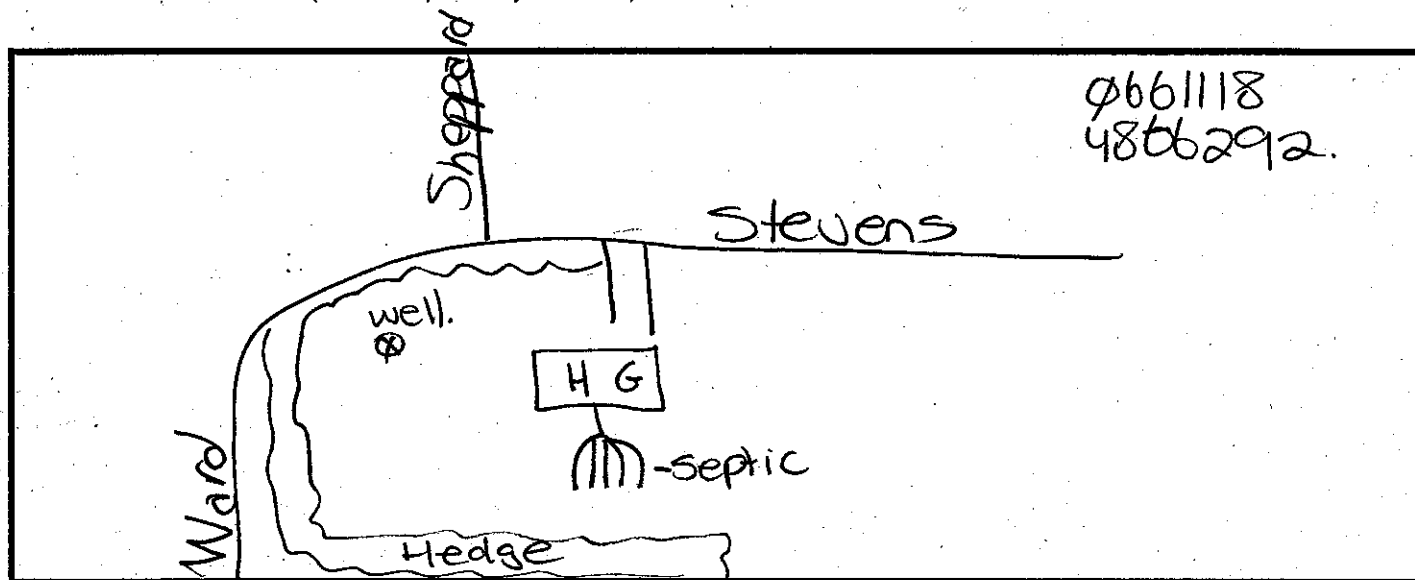
Does homeowner grant permission to obtain a water quality sample?

Yes ✓

No _____

Signature: E. T. [Signature]

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition: tile cracked, 1.5ft stickup, caulked

+ not sealed

Is there a depression around the well? ☐ Yes ☒ No

Photo Number: 8

Water Well Survey

Ontario 1201 Wilson Avenue, Building D, 3rd Floor, Downsview, ON M3M 1J8 1-866-840-5529

01149
Well #: 01150
MOE #: _____

Gartner Lee 300 Town Centre Boulevard, Suite 300, Markham, ON L3R 5Z6 (905)477-8400

Owner of Well:

Name: Elizabeth Huband Telephone (Bus.): ()
Address: 20 Stevens (Home): 905-655-3774
Person Interviewed: Elizabeth Residence:
Date: June 18/08 Time: Interviewed By: AD, JM
Name of Original Well Owner: (if different from above)

Occupant of House Served by Well: (if other than owner)

Name: Telephone (Bus.): ()
Address: (Home): ()

Well Location:

Lot: Concession: Township: Macedonia
GLL Map Sheet: (to be completed by GLL Staff)

Well Construction Details:

Date Constructed: ~30 years Use: domestic Contractor:
Type (drilled or dug): 2 Dug Diameter: 28" Well Depth: NA
Is well accessible for direct sampling? or buried:
Screen: Yes No If Yes, length: m Depth of top of screen: m

Well Water Levels: (indicate whether measured from ground level, or from top of casing)

Original Water Level Depth: m

Subsequent Water Level Measurements
(give depths in m and dates)

Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence Pumping Capacity: Age: 1 yr

How is your pump lubricated:

Depth of Intake Setting: m (Original) m (Present) Pumping Rate: L/s

Storage Tank: Type: Pressure Capacity: NA

Do you have a: Chlorinator: / Water Softener: / Water Filter: / Filter Type: /

Water Use: Domestic: No: Yes: ☒ No. of persons using water from well: 3
Livestock: No: ☒ Yes: No. of livestock watered from well:
Lawn Watering: No: ☒ Yes: Other: don't drink - preference.

Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.)

Reg. equipment

Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well:

Well is: 1) Uphill 2) Downhill: 3) Same Grade

Previous Problems:

How long have you owned, operated or lived on this property?

Have you ever experienced any previous problems with your well?

If so, when?

What was the cause of the previous problem?

Drought:

Pump Failure:

Plugging:

Increased Usage

Interference:

Contamination:

If problem was contamination, what water quality changes were apparent?

(Note any differences in taste, odour, colour or clarity)

What action was taken to overcome this problem?

What were the effects of this problem?

Did you ever have your well deepened _____, or cleaned _____, or a new well constructed _____?

If so, why?

Outline briefly any previous repairs or changes in pumping equipment, and dates:

Does homeowner grant permission to obtain a water quality sample?

Yes

☒

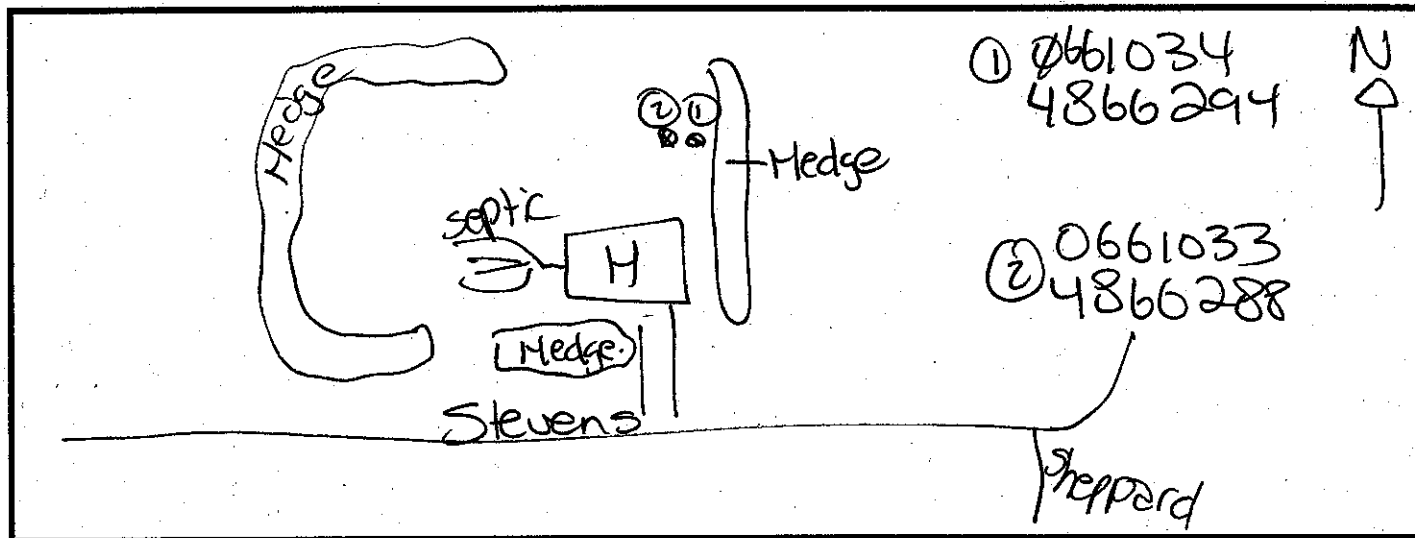
No

Signature:

[Signature]

Location Sketch: (to be completed by GLL staff)

② well is a reservoir they think.



Field Visit: (to be completed by GLL staff)

Well Condition:

① w birdhouse on, caulked + sealed < 1 ft
② ground level not sealed, can't see tiles

Is there a depression around the well?

☐

Yes


☒

No

Photo Number:


9

Water Well Survey

 Ontario 1201 Wilson Avenue, Building D, 3rd Floor, Downsview, ON M3M 1J8 1-866-840-5529

Well #: 1151

MOE #: _____

 Gartner Lee 300 Town Centre Boulevard, Suite 300, Markham, ON L3R 5Z6 (905)477-8400

Owner of Well:

Name: Masales Telephone (Bus.): () _____
Address: 21 Stevens (Home): (905) 655-3614
Person Interviewed: Mr. Masales Residence: _____
Date: June 18/08 Time: 3:30 Interviewed By: AD, JM
Name of Original Well Owner: (if different from above) _____

Occupant of House Served by Well: (if other than owner)

Name: _____ Telephone (Bus.): () _____
Address: _____ (Home): () _____

Well Location:

Lot: _____ Concession: _____ Township: _____
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: 1985 Use: domestic Contractor: Faulkner
Type (drilled or dug): Drilled Diameter: _____ Well Depth: 109 ft
Is well accessible for direct sampling? _____ or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

Well Water Levels: (indicate whether measured from ground level, or from top of casing)

Original Water Level Depth: _____ m
Subsequent Water Level Measurements 8 gal/min.
(give depths in m and dates) _____

Pumping Equipment:

Pump Type: Suction-lift: _____ or Positive-submergence ☒ Pumping Capacity: _____ Age: ~1978
How is your pump lubricated: _____
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: pressure Capacity: 60 gallons
Do you have a: Chlorinator: _____ Water Softener: ☒ Water Filter: ☒ Filter Type: sediment
Water Use: Domestic: No: _____ Yes: ☒ No. of persons using water from well: 2
Livestock: No: ☒ Yes: _____ No. of livestock watered from well: _____
Lawn Watering: No: _____ Yes: ☒ Other: _____ Amount: _____
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) reg. equipment. Hot tub.
Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: _____
Well is: 1) Uphill _____ 2) Downhill: _____ 3) Same Grade _____

Previous Problems:

How long have you owned, operated or lived on this property?

21 years

Have you ever experienced any previous problems with your well?

quality hydrogen sulphide
iron, issues, mineral content

If so, when?

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage _____

Interference: _____

Contamination: _____

If problem was contamination, what water quality changes were apparent?

Stains fixture.

(Note any differences in taste, odour, colour or clarity)

What action was taken to overcome this problem?

What were the effects of this problem?

Did you ever have your well deepened _____, or cleaned ☒, or a new well constructed _____?

If so, why?

Company came in due to high sediment

Outline briefly any previous repairs or changes in pumping equipment, and dates:

Does homeowner grant permission to obtain a water quality sample?

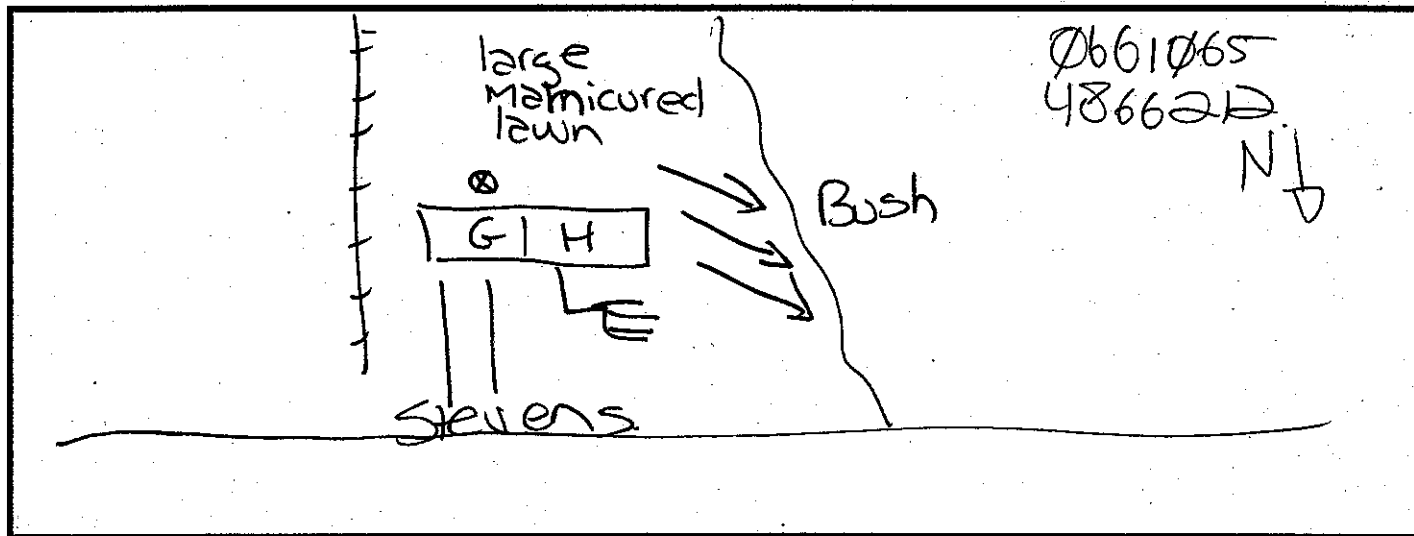
Yes ☒

No _____

Signature: _____

[Signature]

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

2 ft high, not sealed or caulked,
Tile very good condition

Is there a depression around the well?

☐

Yes

☒

No

Photo Number:

16

Water Well Survey

Ontario 1201 Wilson Avenue, Building D, 3rd Floor, Downsview, ON M3M 1J8 1-866-840-5529

Well #: 1152 ✓

MOE #: _____

Gartner Lee 300 Town Centre Boulevard, Suite 300, Markham, ON L3R 5Z6 (905)477-8400

Owner of Well:

Name: LORIE Hartshorn

Telephone (Bus.): () _____

Address: 3 Stevens. Brooklin

(Home): (905) 655-0773

Person interviewed: _____

Residence: _____

Date: June 18/08 Time: _____

Interviewed By: _____

Name of Original Well Owner: (if different from above) _____

Occupant of House Served by Well: (if other than owner)

Name: _____

Telephone (Bus.): () _____

Address: _____

(Home): () _____

Well Location:

Lot: _____

Concession: _____

Township: _____

GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: ~10 yrs.

Use: domestic

Contractor: 705-526-3057 Howell

Type (drilled or dug): Drilled

Diameter: 6"

Well Depth: less than 100ft

Is well accessible for direct sampling? _____

or buried: _____

Screen: Yes _____ No _____

If Yes, length: _____ m

Depth of top of screen: _____ m

Well Water Levels: (indicate whether measured from ground level, or from top of casing)

Original Water Level Depth: _____ m

Subsequent Water Level Measurements
(give depths in m and dates)

Pumping Equipment:

Pump Type: Suction-lift: _____ or Positive-submergence ☒

Pumping Capacity: _____ Age: 6 yrs.

How is your pump lubricated: _____

Depth of Intake Setting: _____ m (Original) _____ m (Present)

Pumping Rate: _____ L/s

Storage Tank: Type: Pressure

Capacity: 50 gallons

Do you have a: Chlorinator: _____ Water Softener: ☒

Water Filter: ☒ Filter Type: U.V. light iron decoloriza iron

Water Use: Domestic: No: _____ Yes: ☒

No. of persons using water from well: 5.

Livestock: No: ☒ Yes: _____

No. of livestock watered from well: _____

Lawn Watering: No: ☒ Yes: _____

Other: don't drink personal pref.

Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.)

reg. equipment

Bring in H₂O for HOT TUB

Private Waste and Water Disposal: Type (septic tank, etc.): septic

Distance to Well: _____

Well is:

1) Uphill _____ 2) Downhill: _____ 3) Same Grade _____

Previous Problems:

How long have you owned, operated or lived on this property?

6 years

Have you ever experienced any previous problems with your well?

H₂O shortages, colour,
Smell, methane

If so, when?

What was the cause of the previous problem?

Drought:

Pump Failure:

Plugging:

Increased Usage

Interference:

Contamination:

If problem was contamination, what water quality changes were apparent?

(Note any differences in taste, odour, colour or clarity)

What action was taken to overcome this problem?

H₂O storage tanks (2).
recharge quickly, got equip after
then moved in.

What were the effects of this problem?

Did you ever have your well deepened , or cleaned , or a new well constructed ?

If so, why?

Outline briefly any previous repairs or changes in pumping equipment, and dates:

Does homeowner grant permission to
obtain a water quality sample?

Yes

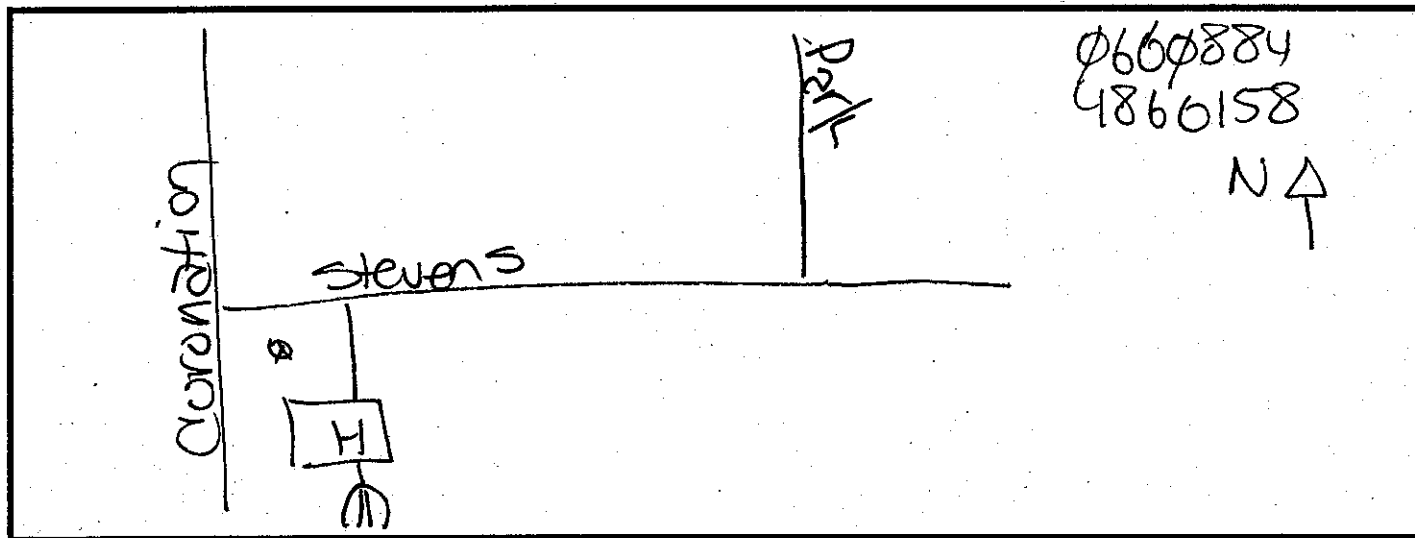


No

Signature:

[Signature]

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

< 1 ft stick up, verman proof cap

Is there a depression around the well?



Yes



No

Photo Number:

11

Water Well Survey



Ontario 1201 Wilson Avenue, Building D, 3rd Floor, Downsview, ON M3M 1J8 1-866-840-5529

Well #: 1154

MOE #: _____



Gartner Lee 300 Town Centre Boulevard, Suite 300, Markham, ON L3R 5Z6 (905)477-8400

Owner of Well:

Name: Nancy Marshall

Telephone (Bus.): () _____

Address: 8 Sheppard Rd.

(Home): (905) 655-7218

Person Interviewed: Nancy

Residence: _____

Date: June 18/08 Time: 4:20

Interviewed By: AD, JM

Name of Original Well Owner: (if different from above) _____

Occupant of House Served by Well: (if other than owner)

Name: _____

Telephone (Bus.): () _____

Address: _____

(Home): () _____

Well Location:

Lot: _____

Concession: _____

Township: Mecadonia

GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: N 28 yrs

Use: domestic

Contractor: _____

Type (drilled or dug): Drilled

Diameter: 6"

Well Depth: NA.

Is well accessible for direct sampling? _____

or buried: _____

Screen: Yes _____ No _____

If Yes, length: _____ m

Depth of top of screen: _____ m

Well Water Levels: (indicate whether measured from ground level, or from top of casing)

Original Water Level Depth: _____ m

Subsequent Water Level Measurements

(give depths in m and dates) _____

Pumping Equipment:

Pump Type: Suction-lift: _____

or Positive-submergence _____

Pumping Capacity: _____

Age: not original

How is your pump lubricated: _____

Depth of Intake Setting: _____ m (Original)

_____ m (Present)

Pumping Rate: _____ L/s

Storage Tank: _____

Type: _____

Capacity: _____

Do you have a: _____

Chlorinator: _____

Water Softener: ✓

Water Filter: ✓

Filter Type: methane

Water Use: _____

Domestic: No: ✓

Yes: ✓

No. of persons using water from well: 2.

Livestock: No: ✓

Yes: _____

No. of livestock watered from well: _____

Lawn Watering: No: ✓

Yes: _____

Other: don't drink

Amount: personal preference

Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) _____

reg. equip.

Private Waste and Water Disposal: _____

Type (septic tank, etc.): septic

Distance to Well: _____

Well is: _____

1) Uphill _____

2) Downhill: _____

3) Same Grade _____

Previous Problems:

How long have you owned, operated or lived on this property? 9 yrs

Have you ever experienced any previous problems with your well? NO.

If so, when? _____

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage: _____

Interference: _____

Contamination: _____

If problem was contamination, what water quality changes were apparent?

(Note any differences in taste, odour, colour or clarity)

What action was taken to overcome this problem? _____

What were the effects of this problem? _____

Did you ever have your well deepened _____ or cleaned _____, or a new well constructed _____?

If so, why? _____

Outline briefly any previous repairs or changes in pumping equipment, and dates:

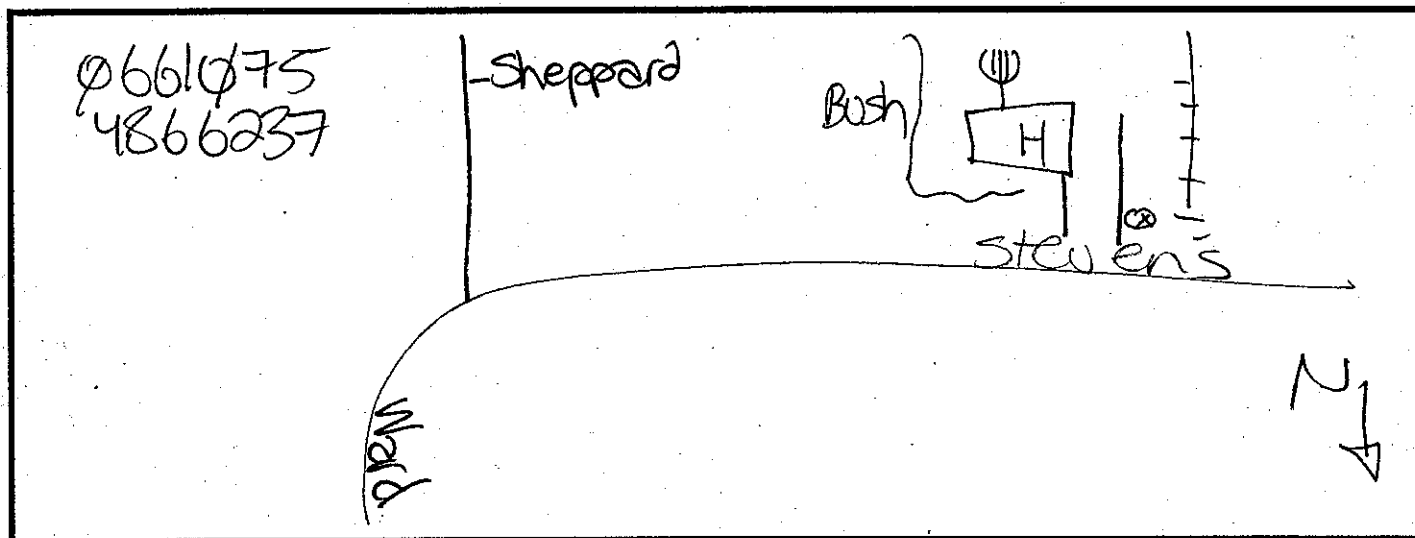
Does homeowner grant permission to obtain a water quality sample?

Yes ☒

No ☐

Signature: N Marshall

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition: good, wellman proof, 1 ft stick up

Is there a depression around the well? ☐ Yes





No



Photo Number: _____

Water Well Survey

 Ontario 1201 Wilson Avenue, Building D, 3rd Floor, Downsview, ON M3M 1J8 1-866-840-5529

 Gartner Lee 300 Town Centre Boulevard, Suite 300, Markham, ON L3R 5Z6 (905)477-8400

Well #: 455

MOE #: _____

Owner of Well:

Name: Marie Haley Telephone (Bus.): (____) _____
Address: 18 Sheppard (Home): (905) 655-0053
Person Interviewed: Marie Residence: _____
Date: June 19/08 Time: 10:45 Interviewed By: AO, JM
Name of Original Well Owner: (if different from above) _____

Occupant of House Served by Well: (if other than owner)

Name: _____ Telephone (Bus.): (____) _____
Address: _____ (Home): (____) _____

Well Location:

Lot: _____ Concession: _____ Township: Mecadonia
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: 1993 Use: domestic Contractor: _____
Type (drilled or dug): Drilled Diameter: _____ Well Depth: N/A
Is well accessible for direct sampling? _____ or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

Well Water Levels: (indicate whether measured from ground level, or from top of casing)

Original Water Level Depth: _____ m
Subsequent Water Level Measurements _____
(give depths in m and dates) _____

Pumping Equipment:

Pump Type: Suction-lift: N/A or Positive-submergence _____ Pumping Capacity: _____ Age: > 6yrs.
How is your pump lubricated: _____
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: Pressure Capacity: N/A
Do you have a: Chlorinator: _____ Water Softener: ✓ Water Filter: ✓ Filter Type: N/A
Water Use: Domestic: No: _____ Yes: ✓ No. of persons using water from well: 2
Livestock: No: ✓ Yes: _____ No. of livestock watered from well: _____
Lawn Watering: No: ✓ Yes: _____ Other: don't drink Amount: _____
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) reg. equip.
Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: 40m
Well is: 1) Uphill _____ 2) Downhill: X 3) Same Grade _____

Previous Problems:

How long have you owned, operated or lived on this property?

6 yrs.

Have you ever experienced any previous problems with your well?

iron & methane

If so, when?

What was the cause of the previous problem?

Drought:

Pump Failure:

Plugging:

Increased Usage

Interference:

Contamination:

If problem was contamination, what water quality changes were apparent?

(Note any differences in taste, odour, colour or clarity)

What action was taken to overcome this problem?

What were the effects of this problem?

Did you ever have your well deepened /, or cleaned /, or a new well constructed /?

If so, why?

Outline briefly any previous repairs or changes in pumping equipment, and dates:

Does homeowner grant permission to obtain a water quality sample?

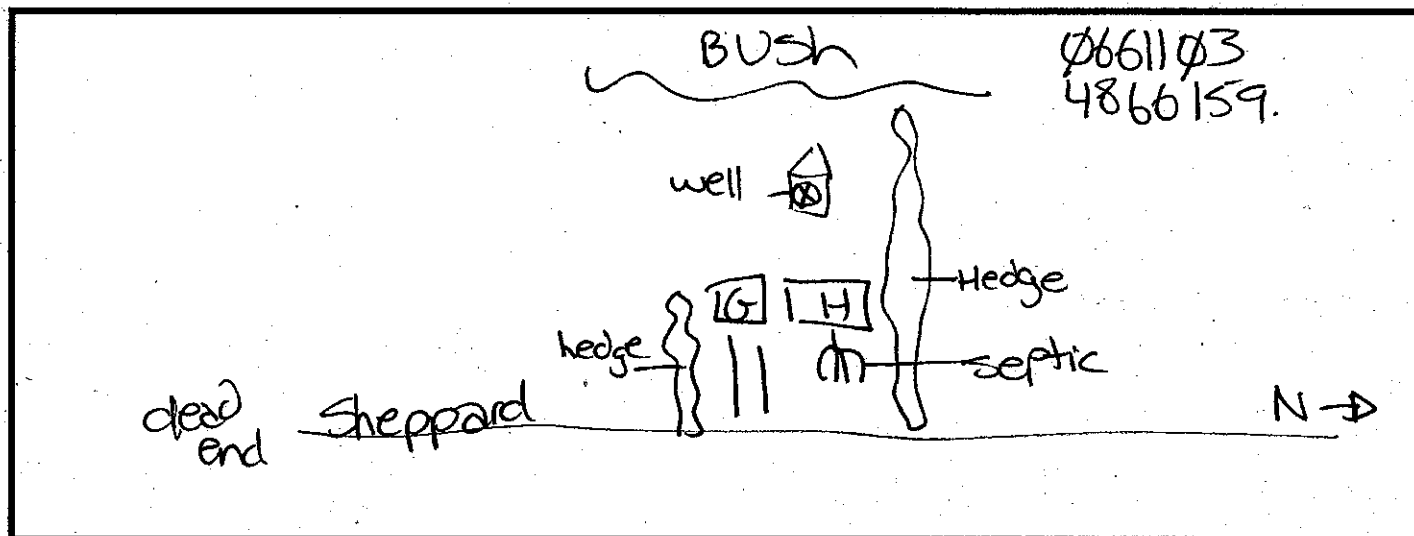
Yes

No

Signature:

[Signature]

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

inside wishing well, cap broken (not vermin proof).
1 ft stick up.

Is there a depression around the well?

☐

Yes

☒

No

Photo Number:

15

Water Well Survey



Ontario 1201 Wilson Avenue, Building D, 3rd Floor, Downsview, ON M3M 1J8 1-866-840-5529



Gartner Lee 300 Town Centre Boulevard, Suite 300, Markham, ON L3R 5Z6 (905)477-8400

Well #: 3 1156

MOE #: _____

Owner of Well:

Name: John & Lois Lenarduzzi Telephone (Bus.): ()
Address: 20 Sheppard (Home): (905) 655-4076
Person Interviewed: Lois Residence: _____
Date: June 19/08 Time: 11:00 Interviewed By: AD JM
Name of Original Well Owner: (if different from above) _____

Occupant of House Served by Well: (if other than owner)

Name: _____ Telephone (Bus.): ()
Address: _____ (Home): ()

Well Location:

Lot: _____ Concession: _____ Township: Macedonia
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: ~20 yrs. Use: domestic Contractor: _____
Type (drilled or dug): Drilled Diameter: 6" Well Depth: 100 ft
Is well accessible for direct sampling? _____ or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

Well Water Levels: (indicate whether measured from ground level, or from top of casing)

Original Water Level Depth: _____ m
Subsequent Water Level Measurements _____
(give depths in m and dates)

Pumping Equipment:

Pump Type: Suction-lift: _____ or Positive-submergence ☒ Pumping Capacity: _____ Age: ~2 mth.
How is your pump lubricated: _____

Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: Pressure Capacity: N/A.
Do you have a: Chlorinator: _____ Water Softener: ☒ Water Filter: ☒ Filter Type: iron ionizer
Water Use: Domestic: No: _____ Yes: ☒ No. of persons using water from well: 2
Livestock: No: ☒ Yes: _____ No. of livestock watered from well: _____
Lawn Watering: No: ☒ Yes: _____ Other: don't drink Amount: _____

Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.)

Private Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well: 40m
Well is: 1) Uphill _____ 2) Downhill: _____ 3) Same Grade: ☒

Previous Problems:

How long have you owned, operated or lived on this property?

13 yrs.

Have you ever experienced any previous problems with your well?

Methane, tanines, iron
E.coli + coliform

If so, when?

What was the cause of the previous problem?

Drought:

Pump Failure:

Plugging:

Increased Usage

Interference:

Contamination:

If problem was contamination, what water quality changes were apparent?

(Note any differences in taste, odour, colour or clarity)

What action was taken to overcome this problem?

Duke (offgassing methane)
Chlorine drip for Bact

What were the effects of this problem?

Did you ever have your well deepened /, or cleaned NA, or a new well constructed /?

If so, why?

Outline briefly any previous repairs or changes in pumping equipment, and dates:

Does homeowner grant permission to obtain a water quality sample?

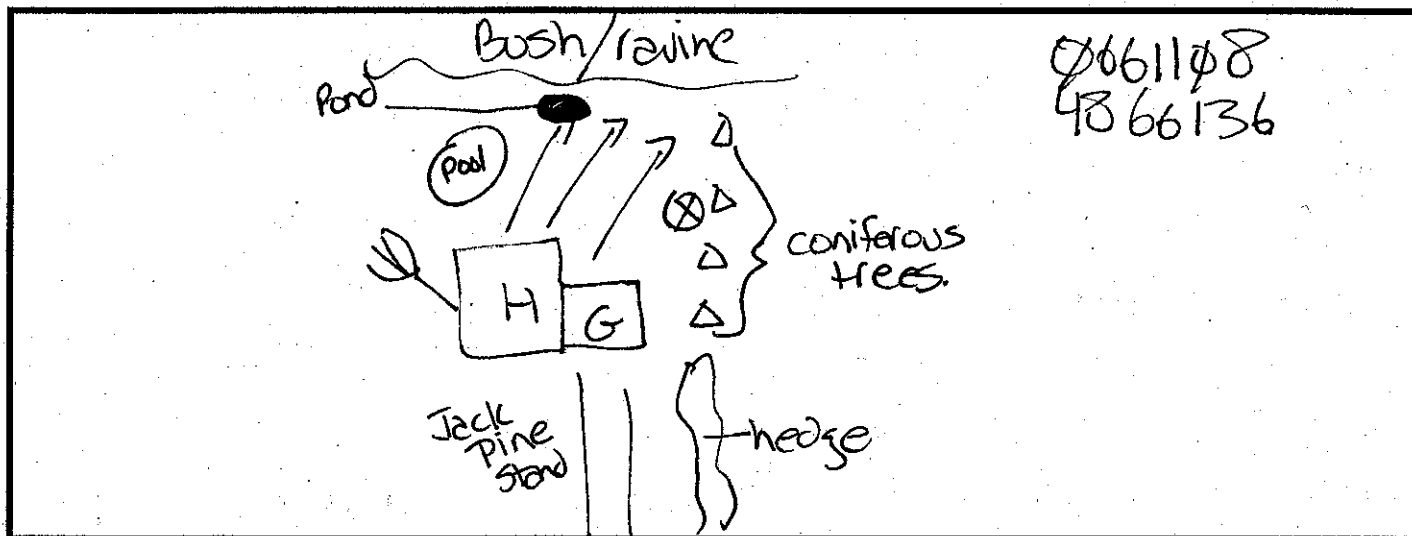
Yes

☒

No

Signature:

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

1.5ft stick up great tile, not caulked or sealed
by a Bluespruce excellent condition
looks dug

Is there a depression around the well?

☐

Yes

☐

No

Photo Number:

16

Water Well Survey



201 Wilson Avenue, Building D, 3rd Floor, Downsview, ON M3M 1J8 1-866-840-5529



300 Town Centre Boulevard, Suite 300, Markham, ON L3R 5Z6 (905)477-8400

Well #: 1158

MOE #: _____

Owner of Well:

Name: Hertha Stankevitch (civ) Telephone (Bus.): (____) _____
Address: 5460 Halls rd (Home): (905) 655-85836
Person Interviewed: Hertha Residence: _____
Date: June 19/08 Time: 11:50 Interviewed By: AD, JM
Name of Original Well Owner: (if different from above) _____

Occupant of House Served by Well: (if other than owner)

Name: _____ Telephone (Bus.): (____) _____
Address: _____ (Home): (____) _____

Well Location:

Lot: _____ Concession: _____ Township: _____
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: ~20 yrs Use: domestic Contractor: _____
Type (drilled or dug): Drilled Diameter: 6" Well Depth: 97 ft
Is well accessible for direct sampling? _____ or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

Well Water Levels: (indicate whether measured from ground level, or from top of casing)

Original Water Level Depth: _____ m
Subsequent Water Level Measurements _____
(give depths in m and dates)

Pumping Equipment:

Pump Type: Suction-lift: _____ or Positive-submergence ☒ Pumping Capacity: _____ Age: 2003
How is your pump lubricated: _____
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: _____ Capacity: _____
Do you have a: Chlorinator: _____ Water Softener: _____ Water Filter: ☒ Filter Type: U.V. light
Water Use: Domestic: No: _____ Yes: ☒ No. of persons using water from well: _____
Livestock: No: ☒ Yes: _____ No. of livestock watered from well: _____
Lawn Watering: No: ☒ Yes: _____ Other: don't drink per. pres.
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) reg. equipment
Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: 50m
Well is: 1) Uphill ☒ 2) Downhill: _____ 3) Same Grade: _____

Previous Problems:

How long have you owned, operated or lived on this property?

1993

Have you ever experienced any previous problems with your well?

No, iron filter.

If so, when?

What was the cause of the previous problem?

Drought:

Pump Failure:

Plugging:

Increased Usage

Interference:

Contamination:

If problem was contamination, what water quality changes were apparent?

(Note any differences in taste, odour, colour or clarity)

What action was taken to overcome this problem?

took softener out

What were the effects of this problem?

Did you ever have your well deepened _____, or cleaned _____, or a new well constructed _____?

If so, why?

Outline briefly any previous repairs or changes in pumping equipment, and dates:

Does homeowner grant permission to obtain a water quality sample?

Yes

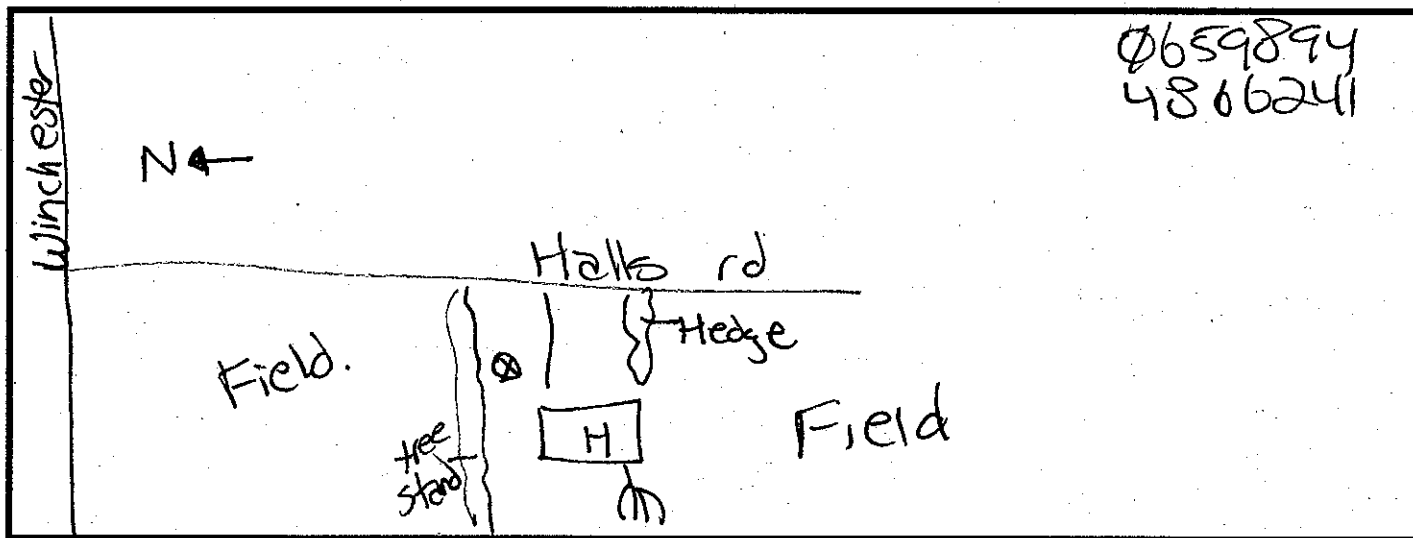
☒

No

Signature:

Arthur Penhale

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

2 ft stick up, in small garden, not ~~verman~~ ^{verman} proof, but closed tight

Is there a depression around the well?



Yes



No

Photo Number:

17

Water Well Survey

Well #: 1159

MOE #: _____

Ontario 1201 Wilson Avenue, Building D, 3rd Floor, Downsview, ON M3M 1J8 1-866-840-5529

Gartner Lee 300 Town Centre Boulevard, Suite 300, Markham, ON L3R 5Z6 (905)477-8400

Owner of Well:

Name: Jose Ivaner Telephone (Bus.): (____) _____
Address: 5295 Hills rd (Home): (905) 655-7235
Person Interviewed: Jose Residence: _____
Date: June 19/08 Time: 12:00 Interviewed By: AD, JM
Name of Original Well Owner: (if different from above) _____

Occupant of House Served by Well: (if other than owner)

Name: _____ Telephone (Bus.): (____) _____
Address: _____ (Home): (____) _____

Well Location:

Lot: _____ Concession: _____ Township: _____
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: 2005 Use: domestic Contractor: J Hart
Type (drilled or dug): Drilled Diameter: 6" Well Depth: 119 ft.
Is well accessible for direct sampling? _____ or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

Well Water Levels: (indicate whether measured from ground level, or from top of casing)

Original Water Level Depth: _____ m

Subsequent Water Level Measurements
(give depths in m and dates) _____

Pumping Equipment:

Pump Type: Suction-lift: _____ or Positive-submergence ☒ Pumping Capacity: _____ Age: 2005
How is your pump lubricated: _____
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: Pressure Capacity: ~30 gallons
Do you have a: Chlorinator: _____ Water Softener: _____ Water Filter: ☒ Filter Type: U.V. light iron filter
Water Use: Domestic: No: _____ Yes: ☒ No. of persons using water from well: 3
Livestock: No: ☒ Yes: _____ No. of livestock watered from well: _____
Lawn Watering: No: ☒ Yes: _____ Other: _____ Amount: _____
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) _____ Reg. equipment: _____

Private Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well: 35m
Well is: 1) Uphill ☒ 2) Downhill: _____ 3) Same Grade: _____

Previous Problems:

How long have you owned, operated or lived on this property?

2005

Have you ever experienced any previous problems with your well?

NO. some methane

If so, when?

What was the cause of the previous problem?

Drought:

Pump Failure:

Plugging:

Increased Usage

Interference:

Contamination:

If problem was contamination, what water quality changes were apparent?

(Note any differences in taste, odour, colour or clarity)

What action was taken to overcome this problem?

What were the effects of this problem?

Did you ever have your well deepened _____, or cleaned _____, or a new well constructed _____?

If so, why?

Outline briefly any previous repairs or changes in pumping equipment, and dates:

Does homeowner grant permission to obtain a water quality sample?

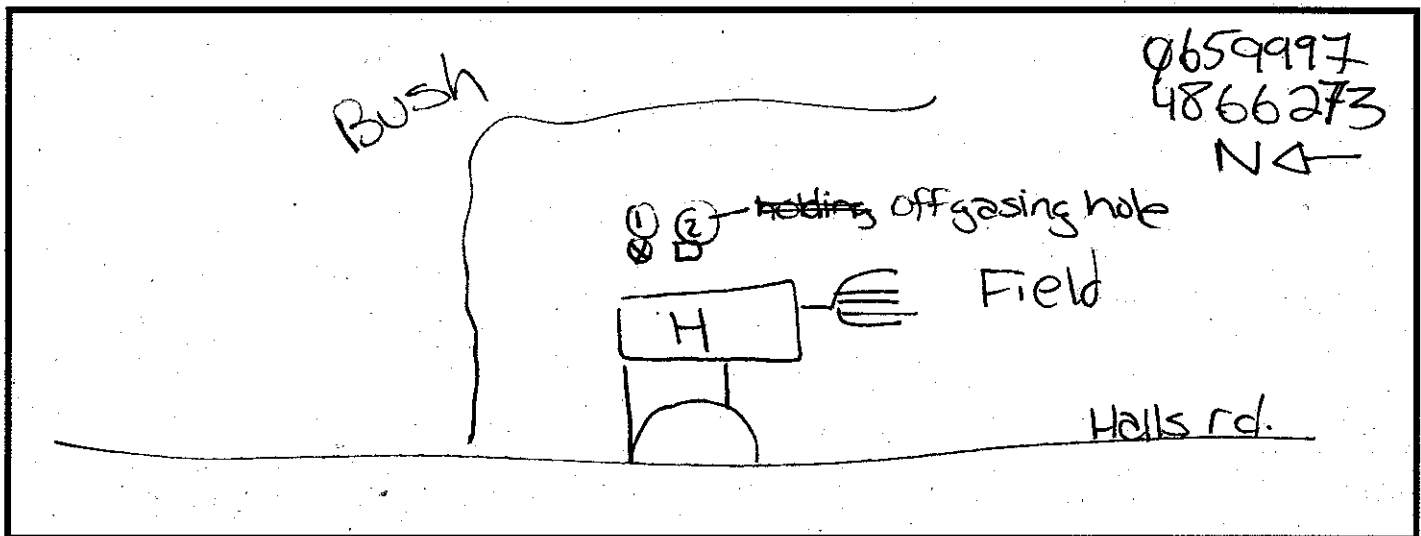
Yes

No

Signature:

Joe Han

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

2 ft stick up, uerman proof, good condition well # (on other side).

Is there a depression around the well?



Yes



No

Photo Number:

18+19.

Water Well Survey



2201 Wilson Avenue, Building D, 3rd Floor, Downsview, ON M3M 1J8 1-866-840-5529



300 Town Centre Boulevard, Suite 300, Markham, ON L3R 5Z6 (905)477-8400

Sample 101 ✓

Well #: 1164

MOE #: _____

Owner of Well:

Name: Elaine and Ted Broughton Telephone (Bus.): () _____

Address: 1000 Rossland Rd (Home): (905) 665-9862

Person Interviewed: Elaine and Ted Residence: yes

Date: July 21/03 Time: 11:05 Interviewed By: JC/Ad

Name of Original Well Owner: (if different from above) _____

Occupant of House Served by Well: (if other than owner)

Name: _____ Telephone (Bus.): () _____

Address: _____ (Home): () _____

Well Location:

Lot: _____ Concession: _____ Township: _____

GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: 1993 Use: domestic Contractor: _____

Type (drilled or dug): dug Diameter: _____ Well Depth: 40'

Is well accessible for direct sampling? yes or buried: _____

Screen: Yes _____ No ☒ In Yes, length: _____ m Depth of top of screen: _____ m

Well Water Levels: (indicate whether measured from ground level, or from top of casing)

Original Water Level Depth: ~20 m did not go dry even last summer.

Subsequent Water Level Measurements _____
(give depths in m and dates)

Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence _____ Pumping Capacity: _____ Age: 15

How is your pump lubricated: _____

Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s

Storage Tank: Type: pressure Capacity: 10

Do you have a: Chlorinator: _____ Water Softener: _____ Water Filter: _____ Filter Type: _____

Water Use: Domestic: No: _____ Yes: ☒ No. of persons using water from well: 2

Livestock: No: ☒ Yes: _____ No. of livestock watered from well: _____

Lawn Watering: No: ☒ Yes: _____ Other: _____ Amount: _____

Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) _____
none

Private Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well: _____

Well is: 1) Uphill _____ 2) Downhill: _____ 3) Same Grade _____

Previous Problems:

How long have you owned, operated or lived on this property? 82

Have you ever experienced any previous problems with your well? 1 yr ago coliform hit, bad taste

If so, when? 2007

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage: _____

Interference: _____

Contamination: X

If problem was contamination, what water quality changes were apparent?

(Note any differences in taste, odour, colour or clarity)

What action was taken to overcome this problem? don't drink water any more

What were the effects of this problem?

Did you ever have your well deepened _____, or cleaned _____, or a new well constructed _____?

If so, why?

Outline briefly any previous repairs or changes in pumping equipment, and dates:

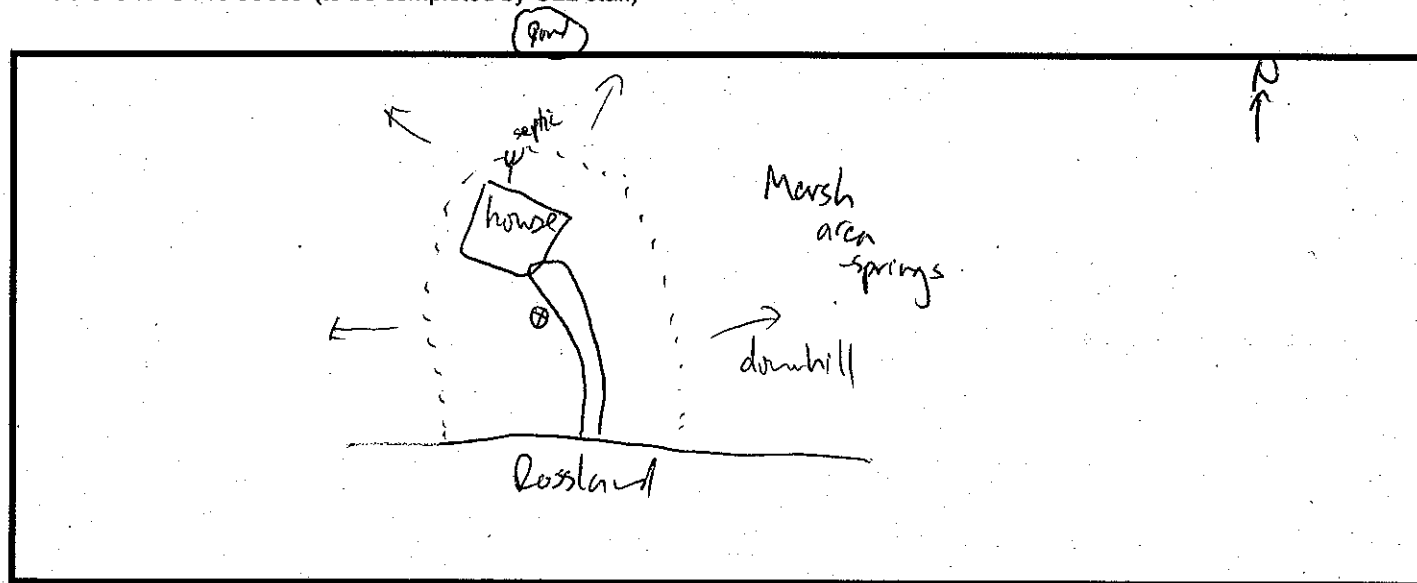
Does homeowner grant permission to obtain a water quality sample?

Yes X

No _____

Signature: from PIC

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition: 2 ft stick-up on well

other notes spring on property (battered area), pond dried up last summer

Is there a depression around the well?




Yes




No

Photo Number: _____

Water Well Survey

 Ontario 1201 Wilson Avenue, Building D, 3rd Floor, Downsview, ON M3M 1J8 1-866-840-5529

 Gartner Lee 300 Town Centre Boulevard, Suite 300, Markham, ON L3R 5Z6 (905)477-8400

Well #: 1167

MOE #: _____

Owner of Well:

Name: Randy Cheesman Telephone (Bus.): (____) _____

Address: 3125 Coronation R.P. (Home): (905) 430-7388

Person Interviewed: _____ Residence: _____

Date: _____ Time: _____ Interviewed By: _____

Name of Original Well Owner: (if different from above) _____

Occupant of House Served by Well: (if other than owner)

Name: _____ Telephone (Bus.): (____) _____

Address: _____ (Home): (____) _____

Well Location:

Lot: _____ Concession: _____ Township: _____

GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: _____ Use: _____ Contractor: _____

Type (drilled or dug): _____ Diameter: _____ Well Depth: _____

Is well accessible for direct sampling? _____ or buried: _____

Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

Well Water Levels: (indicate whether measured from ground level, or from top of casing)

Original Water Level Depth: _____ m

Subsequent Water Level Measurements _____
(give depths in m and dates) _____

Pumping Equipment:

Pump Type: Suction-lift: _____ or Positive-submergence _____ Pumping Capacity: _____ Age: _____

How is your pump lubricated: _____

Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s

Storage Tank: Type: _____ Capacity: _____

Do you have a: Chlorinator: _____ Water Softener: Yes Water Filter: _____ Filter Type: _____

Water Use: Domestic: No: _____ Yes: ✓ No. of persons using water from well: 6

Livestock: No: _____ Yes: _____ No. of livestock watered from well: _____

Lawn Watering: No: _____ Yes: _____ Other: _____ Amount: _____

Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) _____

Private Waste and Water Disposal: Type (septic tank, etc.): _____ Distance to Well: _____

Well is: 1) Uphill _____ 2) Downhill: _____ 3) Same Grade _____

Previous Problems:

How long have you owned, operated or lived on this property?

2 YEARS

Have you ever experienced any previous problems with your well?

NO

If so, when?

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage _____

Interference: _____

Contamination: _____

If problem was contamination, what water quality changes were apparent?

(Note any differences in taste, odour, colour or clarity)

What action was taken to overcome this problem?

What were the effects of this problem?

Did you ever have your well deepened NO, or cleaned NO, or a new well constructed NO?

If so, why?

Outline briefly any previous repairs or changes in pumping equipment, and dates:

Does homeowner grant permission to obtain a water quality sample?

Yes _____

No _____

Signature: _____

Location Sketch: (to be completed by GLL staff)

Field Visit: (to be completed by GLL staff)

Well Condition: _____

Is there a depression around the well?

☐

Yes

☐

No

Photo Number: _____

Water Well Survey

Well #: 1168 ✓

MOE #: _____

Ontario 1201 Wilson Avenue, Building D, 3rd Floor, Downsview, ON M3M 1J8 1-866-840-5529

Gartner Lee 300 Town Centre Boulevard, Suite 300, Markham, ON L3R 5Z6 (905)477-8400

Owner of Well:

Name: Grove Gartner Telephone (Bus.): (____) _____
Address: 3425 Rossland (Home): (905) 668-2182
Person Interviewed: G. Lee Residence: _____
Date: June 19/08 Time: 2:40 Interviewed By: AD, J.M.
Name of Original Well Owner: (if different from above) _____

Occupant of House Served by Well: (if other than owner)

Name: _____ Telephone (Bus.): (____) _____
Address: _____ (Home): (____) _____

Well Location:

Lot: _____ Concession: _____ Township: Macedonia
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: ~ 80 Use: domestic Contractor: _____
Type (drilled or dug): dug Diameter: 28" Well Depth: at least 30 ft
Is well accessible for direct sampling? _____ or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

Well Water Levels: (indicate whether measured from ground level, or from top of casing)

Original Water Level Depth: _____ m
Subsequent Water Level Measurements none dry in water
(give depths in m and dates) _____

Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence _____ Pumping Capacity: _____ Age: _____

How is your pump lubricated: _____

Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s

Storage Tank: Type: None Capacity: 40 gal

Do you have a: Chlorinator: _____ Water Softener: _____ Water Filter: _____ Filter Type: _____

Water Use: Domestic: No: _____ Yes: ☒ No. of persons using water from well: 4

Livestock: No: ☒ Yes: _____ No. of livestock watered from well: _____

Lawn Watering: No: ☒ Yes: _____ Other: _____ Amount: _____

Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.)

Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: _____

Well is: 1) Uphill _____ 2) Downhill _____ 3) Same Grade _____

Previous Problems:

How long have you owned, operated or lived on this property?

1974

Have you ever experienced any previous problems with your well?

dried out last winter (2002)

If so, when?

2002

What was the cause of the previous problem?

Drought: ☒

Pump Failure: ☐

Plugging: ☐

Increased Usage: ☐

Interference: ☐

Contamination: ☐

If problem was contamination, what water quality changes were apparent?

(Note any differences in taste, odour, colour or clarity)

What action was taken to overcome this problem?

What were the effects of this problem?

Did you ever have your well deepened _____, or cleaned _____, or a new well constructed _____?

If so, why?

Outline briefly any previous repairs or changes in pumping equipment, and dates:

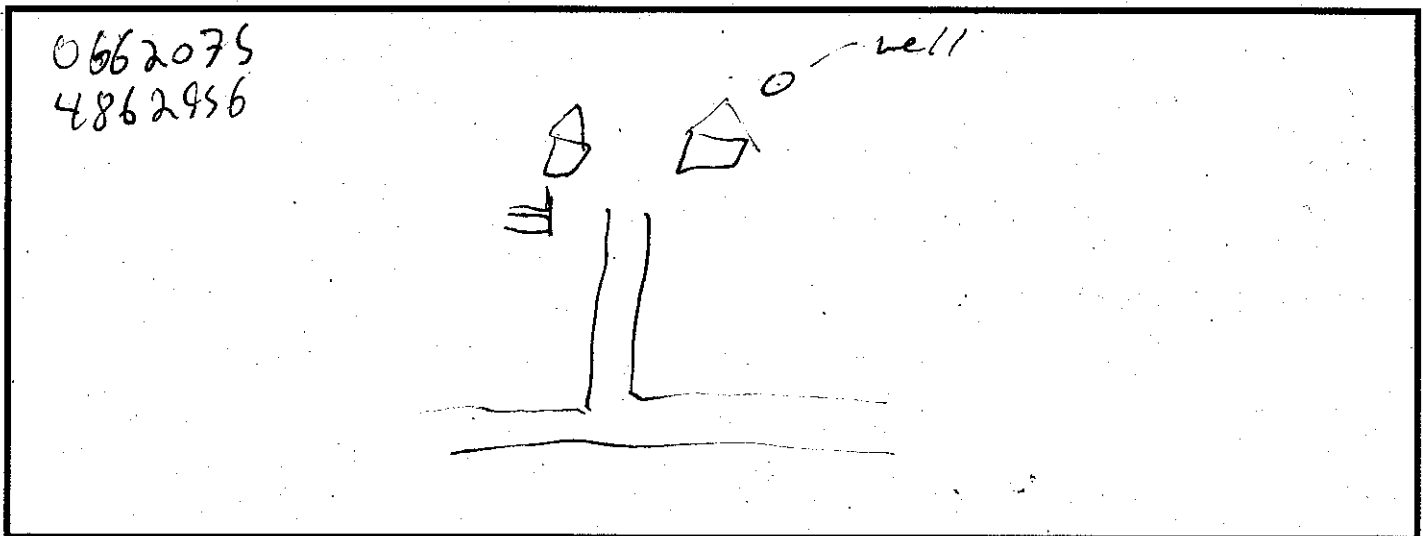
Does homeowner grant permission to obtain a water quality sample?

Yes ☐

No ☒

Signature: _____

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

Coiled, no lid (wood boards, hand pump)
1st stop up

Is there a depression around the well?



Yes



No

Photo Number:

23

Water Well Survey

Well #: 1169

MOE #: _____

Ontario 1201 Wilson Avenue, Building D, 3rd Floor, Downsview, ON M3M 1J8 1-866-840-5529

Gartner Lee 300 Town Centre Boulevard, Suite 300, Markham, ON L3R 5Z6 (905)477-8400

Owner of Well:

Name: _____ Telephone (Bus.): (____) _____
Address: 3825 Roseland Mills (Home): (____) _____
Person Interviewed: Mrs. Residence: _____
Date: June 19 Time: 3:07 Interviewed By: AD, JM
Name of Original Well Owner: (if different from above) _____

Occupant of House Served by Well: (if other than owner)

Name: _____ Telephone (Bus.): (____) _____
Address: _____ (Home): (____) _____

Well Location:

have 3 wells on property 1 not in use

Lot: _____ Concession: _____ Township: _____
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: 2005 2 ~ 180 y-s Use: domestic Contractor: _____
Type (drilled or dug): drilled & dug 2 Diameter: _____ Well Depth: 150 ft
Is well accessible for direct sampling? _____ or buried: @ 20 ft
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

Well Water Levels: (indicate whether measured from ground level, or from top of casing)

Original Water Level Depth: _____ m
Subsequent Water Level Measurements _____
(give depths in m and dates) _____

Pumping Equipment:

Pump Type: Suction-lift: _____ or Positive-submergence 1 Pumping Capacity: _____ Age: 1-2005
How is your pump lubricated: _____

Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s

Storage Tank: Type: holding tank (200 gal) Capacity: ~50 gal

Do you have a: Chlorinator: _____ Water Softener: 1 Water Filter: _____ Filter Type: reverse osmosis

Water Use: Domestic: No: 2 Yes: ✓ No. of persons using water from well: 2-3

Livestock: No: 00 Yes: _____ No. of livestock watered from well: _____

Lawn Watering: No: 1 Yes: 2 Other: _____ Amount: _____

Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.)

reg. equipment

Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: _____

Well is: 1) Uphill _____ 2) Downhill: _____ 3) Same Grade _____

Previous Problems:

How long have you owned, operated or lived on this property?

1919 (Family Property)

Have you ever experienced any previous problems with your well?

① Yes - very salty.

If so, when?

5/2/ Since drilled

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage _____

Interference: _____

Contamination: _____

If problem was contamination, what water quality changes were apparent?

(Note any differences in taste, odour, colour or clarity)

What action was taken to overcome this problem?

Tried all different filters, none worked so just don't drink

What were the effects of this problem?

Did you ever have your well deepened _____, or cleaned _____, or a new well constructed _____?

If so, why?

Outline briefly any previous repairs or changes in pumping equipment, and dates:

Does homeowner grant permission to obtain a water quality sample?

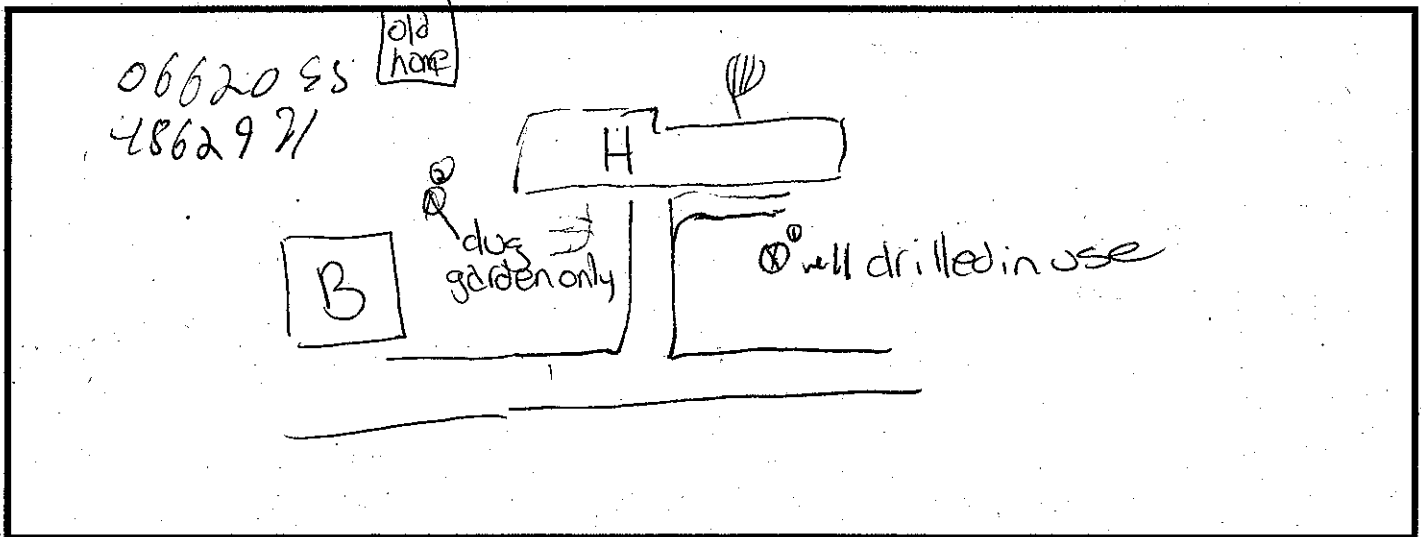
Yes _____

No _____

Signature: _____

Location Sketch: (to be completed by GLL staff)

will call it, want to participate.



Field Visit: (to be completed by GLL staff)

Well Condition:

good condition, in lawn, 1ft stick up
verman proof.

Is there a depression around the well?



Yes



No

Photo Number:

29

photo of drilled only

Water Well Survey

Well #: 171 ✓

MOE #: _____

Ontario 1201 Wilson Avenue, Building D, 3rd Floor, Downsview, ON M3M 1J8 1-866-840-5529

Gartner Lee 300 Town Centre Boulevard, Suite 300, Markham, ON L3R 5Z6 (905)477-8400

Owner of Well:

Name: Janet Howard Telephone (Bus.): (____) _____
Address: 3580 Donnelly Ave (Home): (905) 683-6091
Person Interviewed: Janet Residence: NO
Date: 6/24/2008 Time: _____ Interviewed By: CRC/AD
Name of Original Well Owner: (if different from above) _____

Occupant of House Served by Well: (if other than owner)

Name: _____ Telephone (Bus.): (____) _____
Address: _____ (Home): (____) _____

Well Location:

Lot: _____ Concession: _____ Township: _____
GLL Map Sheet: (to be completed by GLL Staff) WJ

Well Construction Details:

Date Constructed: > 1979 Use: domestic Contractor: _____
Type (drilled or dug): Drilled Diameter: 6" Well Depth: ~200'
Is well accessible for direct sampling? _____ or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

Well Water Levels: (indicate whether measured from ground level, or from top of casing)

Original Water Level Depth: _____ m

Subsequent Water Level Measurements
(give depths in m and dates) _____

Pumping Equipment:

Pump Type: Suction-lift: _____ or Positive-submergence ☒ Pumping Capacity: 1 hp gwr Age: ~1980
How is your pump lubricated: _____

Depth of Intake Setting: N/A m (Original) NA m (Present) Pumping Rate: N/A L/sStorage Tank: Type: Pressure Capacity: 40 galDo you have a: Chlorinator: _____ Water Softener: _____ Water Filter: UV Filter Type: _____Water Use: Domestic: No: _____ Yes: ☒ No. of persons using water from well: 2Livestock: No: ☒ Yes: _____ No. of livestock watered from well: _____Lawn Watering: No: ☒ Yes: _____ Other: _____ Amount: _____

Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.)

shower, dishPrivate Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well: ~100'Well is: 1) Uphill _____ 2) Downhill: _____ 3) Same Grade A

Previous Problems:

How long have you owned, operated or lived on this property?

1999

Have you ever experienced any previous problems with your well?

No, high iron, coliform

If so, when?

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage: _____

Interference: _____

Contamination: _____

If problem was contamination, what water quality changes were apparent?

NO

(Note any differences in taste, odour, colour or clarity)

What action was taken to overcome this problem?

NO

What were the effects of this problem?

NONE

Did you ever have your well deepened NO, or cleaned yes, or a new well constructed NO?

If so, why?

well maintenance

Outline briefly any previous repairs or changes in pumping equipment, and dates:

NO

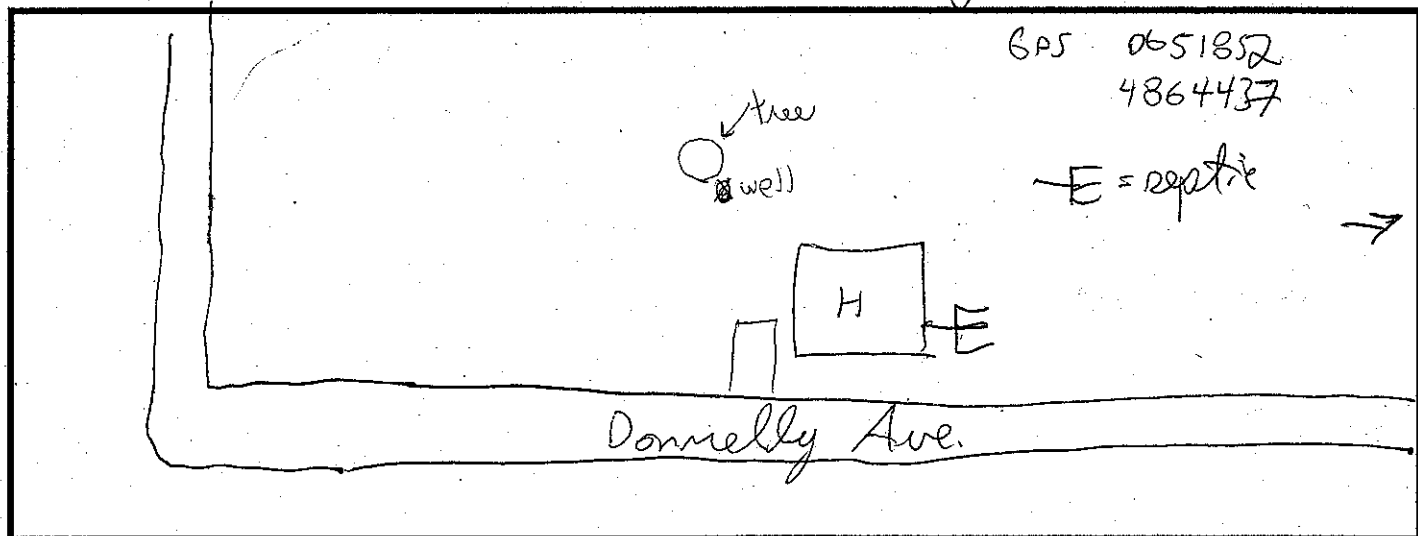
Does homeowner grant permission to obtain a water quality sample?

Yes ☒

No ☐

Signature: John Sheward

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

sealed, 1 ft. dip, till looks good.

Is there a depression around the well?



Yes



No

Photo Number:

1

Water Well Survey

Well #: 1175 ✓

MOE #: _____

Ontario 1201 Wilson Avenue, Building D, 3rd Floor, Downsview, ON M3M 1J8 1-866-840-5529

Gartner Lee 300 Town Centre Boulevard, Suite 300, Markham, ON L3R 5Z6 (905)477-8400

Owner of Well:

Name: 3569 Donnelly Ave Telephone (Bus.): () _____
Address: Vincento Magliotti (Home): (905) _____
Person Interviewed: Vincento Residence: Rever (MTO owned)
Date: _____ Time: _____ Interviewed By: CRC/AD
Name of Original Well Owner: (if different from above) _____

Occupant of House Served by Well: (if other than owner)

Name: _____ Telephone (Bus.): () _____
Address: _____ (Home): () _____

Well Location:

Lot: _____ Concession: WI Township: _____
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: N/A (late 1960's, early 1970's) Use: Domestic Contractor: N/A
Type (drilled or dug): Dug Diameter: 36" Well Depth: N/A
Is well accessible for direct sampling? yes or buried: NO
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

Well Water Levels: (indicate whether measured from ground level, or from top of casing)

Original Water Level Depth: _____ m

Subsequent Water Level Measurements _____

(give depths in m and dates) _____

Pumping Equipment:

Pump Type: Suction-lift: ✓ or Positive-submergence _____ Pumping Capacity: 3/4 hrs Age: 8-6How is your pump lubricated: N/ADepth of Intake Setting: N/A m (Original) N/A m (Present) Pumping Rate: _____ L/s

Storage Tank: Type: _____ Capacity: _____

Do you have a: Chlorinator: _____ Water Softener: ✓ Water Filter: UV Filter Type: _____Water Use: Domestic: No: _____ Yes: ✓ No. of persons using water from well: 4-5Livestock: No: ✓ Yes: _____ No. of livestock watered from well: _____Lawn Watering: No: ✓ Yes: _____ Other: _____ Amount: _____Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) RegularPrivate Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well: 100'Well is: 1) Uphill _____ 2) Downhill: _____ 3) Same Grade ✓

Previous Problems:

How long have you owned, operated or lived on this property?

20 years

Have you ever experienced any previous problems with your well?

yes

If so, when?

permanant

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage _____

Interference: _____

Contamination: ☒

If problem was contamination, what water quality changes were apparent?

could not drink

(Note any differences in taste, odour, colour or clarity)

What action was taken to overcome this problem?

installed treatment, supplied water

What were the effects of this problem?

NONE

Did you ever have your well deepened NO, or cleaned NO, or a new well constructed NO?

If so, why?

NONE

Outline briefly any previous repairs or changes in pumping equipment, and dates:

changed due to wear and tear.

Does homeowner grant permission to obtain a water quality sample?

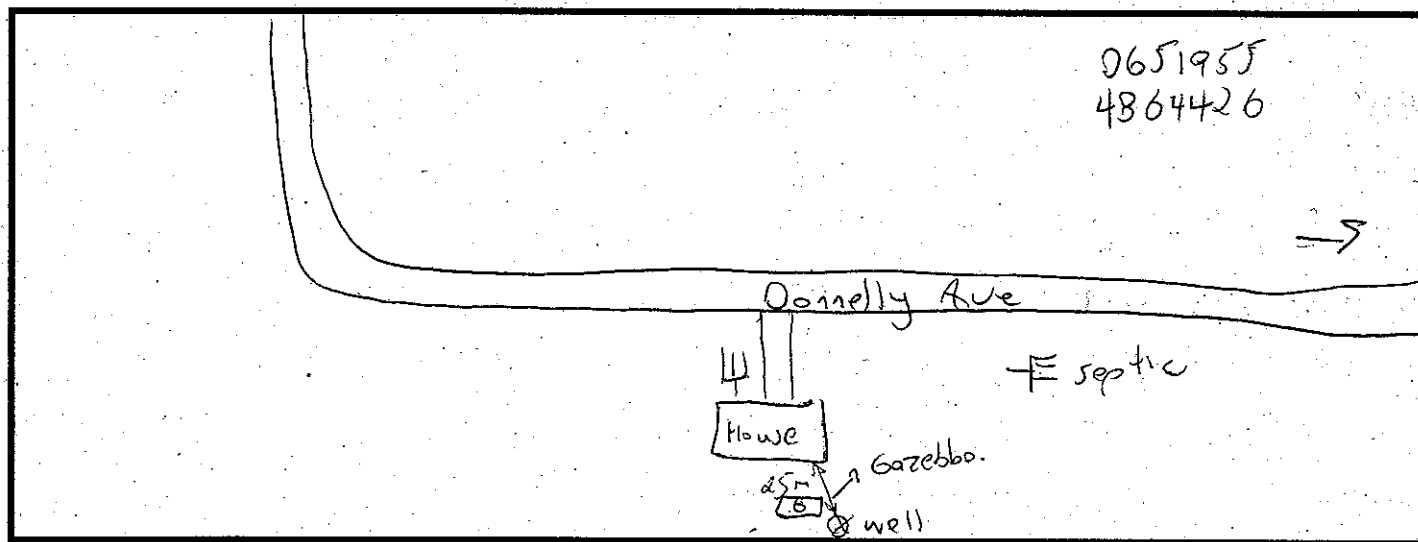
Yes ☒

No _____

Signature: _____

[Signature]

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

well in good condition, other than having a big tree fallen on it

Is there a depression around the well?



Yes





No

Photo Number:

2

Water Well Survey

 Ontario 1201 Wilson Avenue, Building D, 3rd Floor, Downsview, ON M3M 1J8 1-866-840-5529

 Gartner Lee 300 Town Centre Boulevard, Suite 300, Markham, ON L3R 5Z6 (905)477-8400

Well #: ~~3639~~ 3637
MOE #: 1186

Owner of Well:

Name: Corinne Boissonneault Telephone (Bus.): ()
Address: 288 Phillips Rd. (Home): 905 655-3603
Person Interviewed: Residence:
Date: 18-Jun-08 Time: Interviewed By:
Name of Original Well Owner: (if different from above)

Occupant of House Served by Well: (if other than owner)

Name: Telephone (Bus.): ()
Address: (Home): ()

Well Location:

Lot: Concession: Township:
GLL Map Sheet: (to be completed by GLL Staff)

Well Construction Details:

Date Constructed: ~1973 Use: Residential Contractor:
Type (drilled or dug): Dug Diameter: Well Depth:
Is well accessible for direct sampling? or buried:
Screen: Yes ☐ No ☐ If Yes, length: m Depth of top of screen: m

Well Water Levels: (indicate whether measured from ground level, or from top of casing)

Original Water Level Depth: m
Subsequent Water Level Measurements
(give depths in m and dates)

Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence Pumping Capacity: Age: ~2 yrs.

How is your pump lubricated:

Depth of Intake Setting: 20 ft. (Original) m (Present) Pumping Rate: L/s

Storage Tank: Type: press. tank. Capacity: ?

Do you have a: Chlorinator: Water Softener: ☒ Water Filter: NO Filter Type:

Water Use: Domestic: No: ☒ Yes: No. of persons using water from well: 6

Livestock: No: ☒ Yes: No. of livestock watered from well: 0

Lawn Watering: No: ☒ Yes: Other: Amount:

Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) Hot tub. 3 bath, 2 showers. dishwasher, water efficient washing machine.

Private Waste and Water Disposal: Type (septic tank, etc.): Yes, behind house Distance to Well:

Well is: 1) Uphill 2) Downhill 3) Same Grade ☒

Previous Problems:

How long have you owned, operated or lived on this property?

13 yrs.

Have you ever experienced any previous problems with your well?

yes: e.coli & coliforms.

If so, when?

around Walkerton - bleached well.

What was the cause of the previous problem?

Drought:

Pump Failure:

Plugging:

Increased Usage

Interference:

Contamination:

If problem was contamination, what water quality changes were apparent?

(Note any differences in taste, odour, colour or clarity)

What action was taken to overcome this problem?

bleached - casing had separated at 1 foot underground. - subsequently repaired.

What were the effects of this problem?

Did you ever have your well deepened no, or cleaned no, or a new well constructed _____?

If so, why?

Outline briefly any previous repairs or changes in pumping equipment, and dates:

lid repaired when e.coli found.

Does homeowner grant permission to obtain a water quality sample?

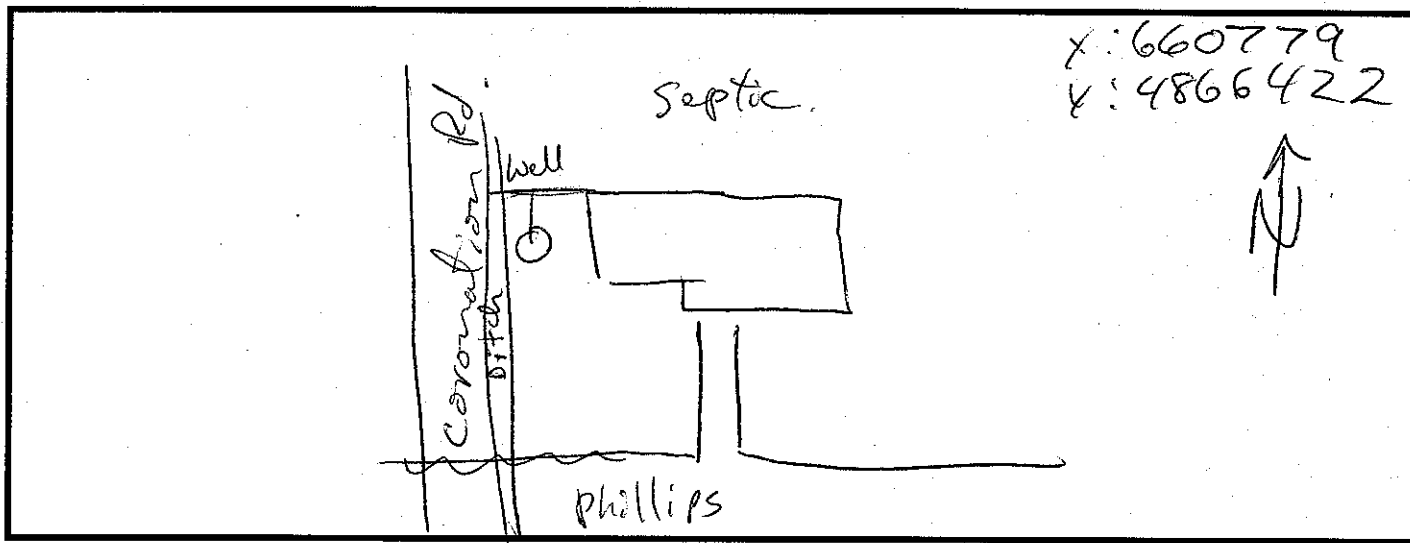
Yes

No

Signature:

Charronneault

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

good - new cap - side seal could be better.
Casing ~ 1.5 feet above ~~well~~ ground.

Is there a depression around the well?

☐

Yes

☒

No

Photo Number:

6

Water Well Survey

Ontario 1201 Wilson Avenue, Building D, 3rd Floor, Downsview, ON M3M 1J8 1-866-840-5529

Gartner Lee 300 Town Centre Boulevard, Suite 300, Markham, ON L3R 5Z6 (905)477-8400

Well #: 3642

MOE #: _____

Owner of Well:

Name: Kathleen Mercer Telephone (Bus.): ()
Address: 10 Philips Rd. (Home): (905) 655-4013
Person Interviewed: _____ Residence: _____
Date: June 18 / 2008 Time: _____ Interviewed By: Ae
Name of Original Well Owner: (if different from above) _____

Occupant of House Served by Well: (if other than owner)

Name: _____ Telephone (Bus.): ()
Address: _____ (Home): ()

Well Location:

Lot: _____ Concession: _____ Township: _____
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: _____ Use: Residential Contractor: _____
Type (drilled or dug): Dug Diameter: _____ Well Depth: 30 ft
Is well accessible for direct sampling? Yes. or buried: No.
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

Well Water Levels: (indicate whether measured from ground level, or from top of casing)

Original Water Level Depth: ? m
Subsequent Water Level Measurements
(give depths in m and dates) _____

Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence _____ Pumping Capacity: _____ Age: 15 yrs
How is your pump lubricated: _____
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: _____ Capacity: _____
Do you have a: Chlorinator: _____ Water Softener: ☒ Water Filter: _____ Filter Type: _____
Water Use: Domestic: No: _____ Yes: ☒ No. of persons using water from well: 2
Livestock: No: ☒ Yes: _____ No. of livestock watered from well: _____
Lawn Watering: No: _____ Yes: ☒ Other: _____ Amount: _____
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) 2 showers, washer.
Private Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well: _____
Well is: 1) Uphill _____ 2) Downhill: _____ 3) Same Grade: ☒

Previous Problems:

How long have you owned, operated or lived on this property?

27 (house is 35)

Have you ever experienced any previous problems with your well?

No.

If so, when?

What was the cause of the previous problem?

Drought:

Pump Failure:

Plugging:

Increased Usage

Interference:

Contamination:

If problem was contamination, what water quality changes were apparent?

(Note any differences in taste, odour, colour or clarity)

What action was taken to overcome this problem?

What were the effects of this problem?

Did you ever have your well deepened _____, or cleaned _____, or a new well constructed _____?

If so, why?

Outline briefly any previous repairs or changes in pumping equipment, and dates:

New pump about 15

Does homeowner grant permission to obtain a water quality sample?

Yes

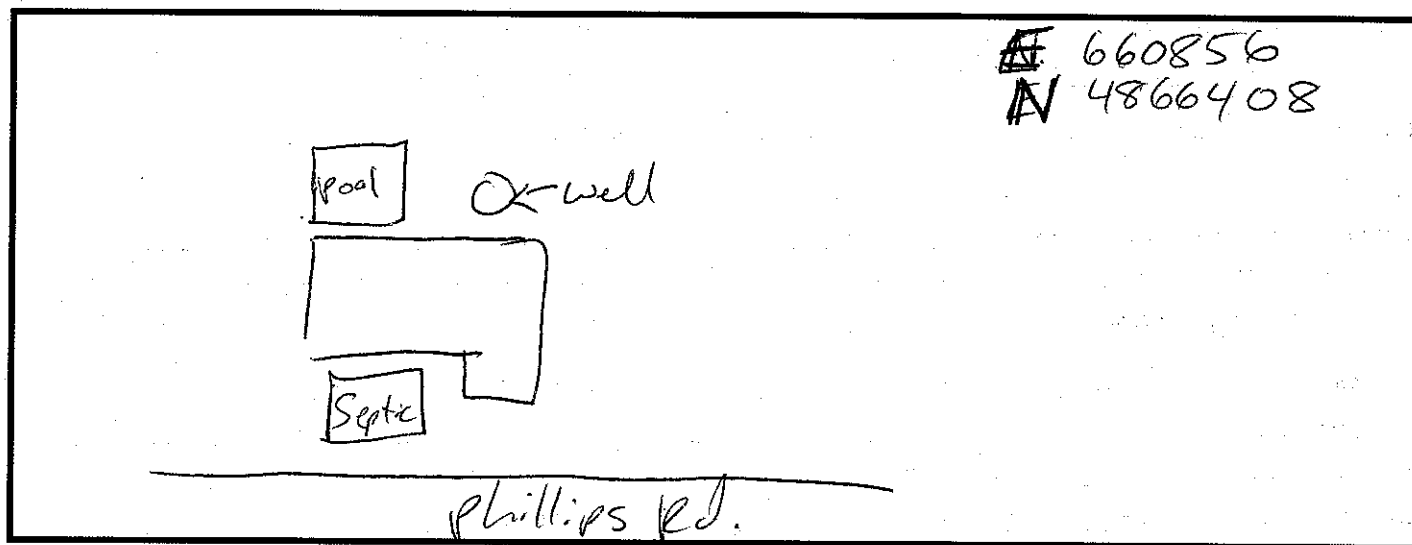
No

Signature:

Kathleen A. Huron

June 18/2008

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

Good condition

Is there a depression around the well?



Yes





No

Photo Number:

1

Water Well Survey

 Ontario 1201 Wilson Avenue, Building D, 3rd Floor, Downsview, ON M3M 1J8 1-866-840-5529

 Gartner Lee 300 Town Centre Boulevard, Suite 300, Markham, ON L3R 5Z6 (905)477-8400

Well #: 1189
MOE #: 1192

Owner of Well:

Name: Jack Roswell Telephone (Bus.): ()
Address: ~~24 Phillips Rd~~ 14 Phillips Rd (Home): 905-655-8098
Person Interviewed: Rick Residence: _____
Date: 18-Jun-08 Time: _____ Interviewed By: _____
Name of Original Well Owner: (if different from above) _____

Occupant of House Served by Well: (if other than owner)

Name: _____ Telephone (Bus.): ()
Address: _____ (Home): ()

Well Location:

Lot: _____ Concession: _____ Township: _____
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: 12 yrs. ago Use: _____ Contractor: _____
Type (drilled or dug): Dug Diameter: ~3 ft. Well Depth: 28 ft.
Is well accessible for direct sampling? _____ or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

Well Water Levels: (indicate whether measured from ground level, or from top of casing)

Original Water Level Depth: 4-6' from bottom
Subsequent Water Level Measurements _____
(give depths in m and dates) _____

Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence _____ Pumping Capacity: _____ Age: 4 yr.
How is your pump lubricated: _____

Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s

Storage Tank: Type: _____ Capacity: _____

Do you have a: Chlorinator: _____ Water Softener: No Water Filter: ☒ Filter Type: Distiller

Water Use: Domestic: No: _____ Yes: _____ No. of persons using water from well: for drinking

Livestock: No: _____ Yes: _____ No. of livestock watered from well: water tap

Lawn Watering: No: _____ Yes: _____ Other: _____ Amount: _____

Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) will install softener in summer
washing machine, dishwasher 2 full baths.

Private Waste and Water Disposal: Type (septic tank, etc.): at E side of house Distance to Well: _____

Well is: 1) Uphill _____ 2) Downhill: _____ 3) Same Grade ☒

Previous Problems:

How long have you owned, operated or lived on this property?

27 yrs.

Have you ever experienced any previous problems with your well?

No.

If so, when?

What was the cause of the previous problem?

Drought:

Pump Failure:

Plugging:

Increased Usage

Interference:

Contamination:

If problem was contamination, what water quality changes were apparent?

(Note any differences in taste, odour, colour or clarity)

What action was taken to overcome this problem?

What were the effects of this problem?

Did you ever have your well deepened _____, or cleaned _____, or a new well constructed _____?

If so, why?

Outline briefly any previous repairs or changes in pumping equipment, and dates:

new pump 1 yr. ago.

Does homeowner grant permission to obtain a water quality sample?

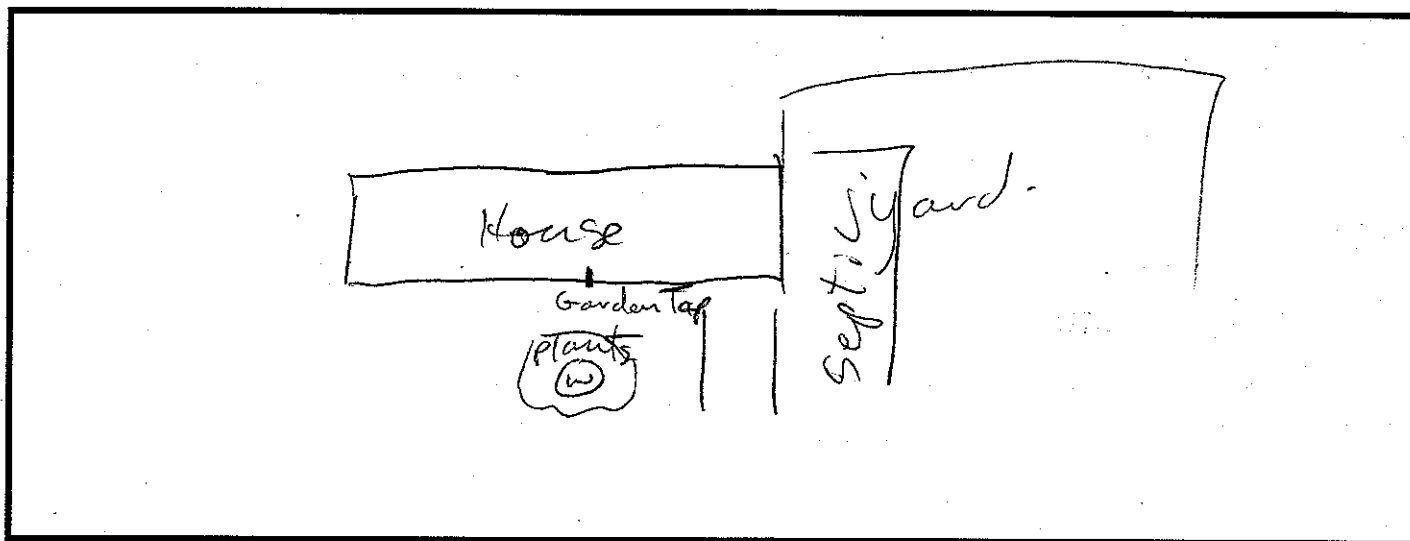
Yes

No

Signature:

J. Russell

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

good

Is there a depression around the well?



Yes



No

Photo Number:

Water Well Survey

Ontario 1201 Wilson Avenue, Building D, 3rd Floor, Downsview, ON M3M 1J8 1-866-840-5529

Gartner Lee 300 Town Centre Boulevard, Suite 300, Markham, ON L3R 5Z6 (905)477-8400

Well #: 3644

MOE #: _____

Owner of Well:

Name: Wakelin, Rob. Telephone (Bus.): (____) _____
Address: 18 Phillips Rd. (Home): (____) _____
Person Interviewed: _____ Residence: _____
Date: 18-Jun-08 Time: 11:26 Interviewed By: AC
Name of Original Well Owner: (if different from above) _____

Occupant of House Served by Well: (if other than owner)

Name: _____ Telephone (Bus.): (____) _____
Address: _____ (Home): (____) _____

Well Location:

Lot: _____ Concession: _____ Township: _____
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: 1981 Use: Res. Contractor: Loft?
Type (drilled or dug): _____ Diameter: _____ Well Depth: 30ft
Is well accessible for direct sampling? Yes or buried: 10ft WL
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

Well Water Levels: (indicate whether measured from ground level, or from top of casing)

Original Water Level Depth: 10 ft m
Subsequent Water Level Measurements N/A
(give depths in m and dates) _____

Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence _____ Pumping Capacity: 1/3 HP. Age: 10 yrs.
How is your pump lubricated: _____
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Yes Type: press. Capacity: small
Do you have a: Chlorinator: No Water Softener: No Water Filter: Yes Filter Type: UV
Water Use: Domestic: No: _____ Yes: ☒ No. of persons using water from well: 5
Livestock: No: ☒ Yes: _____ No. of livestock watered from well: _____
Lawn Watering: No: ☒ Yes: _____ Other: _____ Amount: _____
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) 3 bath w/showers & tubs
Private Waste and Water Disposal: Type (septic tank, etc.): Behind house Distance to Well: 20 m
Well is: 1) Uphill _____ 2) Downhill: _____ 3) Same Grade: ☒

Previous Problems:

How long have you owned, operated or lived on this property?

Since 1991

Have you ever experienced any previous problems with your well?

5 yrs ago no proper cap

If so, when?

Squirrel fell in - new cap.

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage _____

Interference: _____

Contamination: ☒

If problem was contamination, what water quality changes were apparent?

(Note any differences in taste, odour, colour or clarity)

- odour.

- taste.

What action was taken to overcome this problem?

New cap.

What were the effects of this problem?

Did you ever have your well deepened _____, or cleaned

2 times

or a new well constructed _____?

If so, why?

maintenance (fill cracks, etc.).

Outline briefly any previous repairs or changes in pumping equipment, and dates:

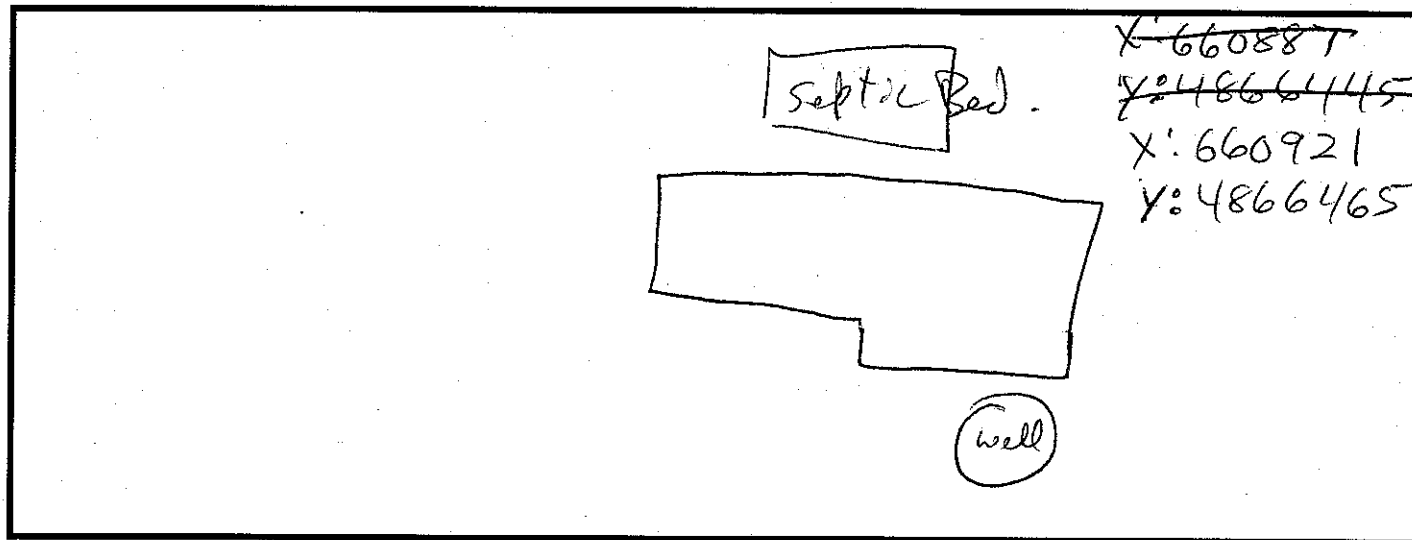
Does homeowner grant permission to obtain a water quality sample?

Yes ☒

No _____

Signature: [Signature]

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

good condition, sealed, about 12" above grade.

Is there a depression around the well?

☐

Yes

☒

No

Photo Number:

2

Water Well Survey

Ontario 1201 Wilson Avenue, Building D, 3rd Floor, Downsview, ON M3M 1J8 1-866-840-5529

Gartner Lee 300 Town Centre Boulevard, Suite 300, Markham, ON L3R 5Z6 (905)477-8400

4/11/91 ✓
Well #: 3645
MOE #: _____

Owner of Well:

Name: Colin Worrall, Julie Worrall Telephone (Bus.): (____) _____
Address: 20 Phillips Rd (Home): (905) 655-8512
Person Interviewed: Andrew Worrall Residence: _____
Date: 18-Jun-08 Time: 11:37 Interviewed By: AC
Name of Original Well Owner: (if different from above) 13 yrs. but current address

Occupant of House Served by Well: (if other than owner)

Name: _____ Telephone (Bus.): (____) _____
Address: _____ (Home): (____) _____

Well Location:

Lot: _____ Concession: _____ Township: _____
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: 1981 Use: _____ Contractor: _____
Type (drilled or dug): Dug well Diameter: _____ Well Depth: _____
Is well accessible for direct sampling? _____ or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

Well Water Levels: (indicate whether measured from ground level, or from top of casing)

Original Water Level Depth: _____ m
Subsequent Water Level Measurements
(give depths in m and dates) _____

Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence _____ Pumping Capacity: _____ Age: _____
How is your pump lubricated: _____

Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s

Storage Tank: Type: _____ Capacity: _____

Do you have a: Chlorinator: _____ Water Softener: ☒ Water Filter: ☒ Filter Type: _____

Water Use: Domestic: No: _____ Yes: ☒ No. of persons using water from well: _____

Livestock: No: ☒ Yes: _____ No. of livestock watered from well: _____

Lawn Watering: No: ☒ Yes: _____ Other: _____ Amount: _____

Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) 2 bathrooms, 1 shower

Private Waste and Water Disposal: Type (septic tank, etc.): yes behind house Distance to Well: _____

Well is: 1) Uphill _____ 2) Downhill: _____ 3) Same Grade: ☒

Previous Problems:

How long have you owned, operated or lived on this property?

13 years.

Have you ever experienced any previous problems with your well?

No

If so, when?

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage _____

Interference: _____

Contamination: _____

If problem was contamination, what water quality changes were apparent?

(Note any differences in taste, odour, colour or clarity)

What action was taken to overcome this problem?

What were the effects of this problem?

Did you ever have your well deepened _____, or cleaned No, or a new well constructed _____?

If so, why?

Outline briefly any previous repairs or changes in pumping equipment, and dates:

- bleached a few times.
- water tested in past - doesn't know results

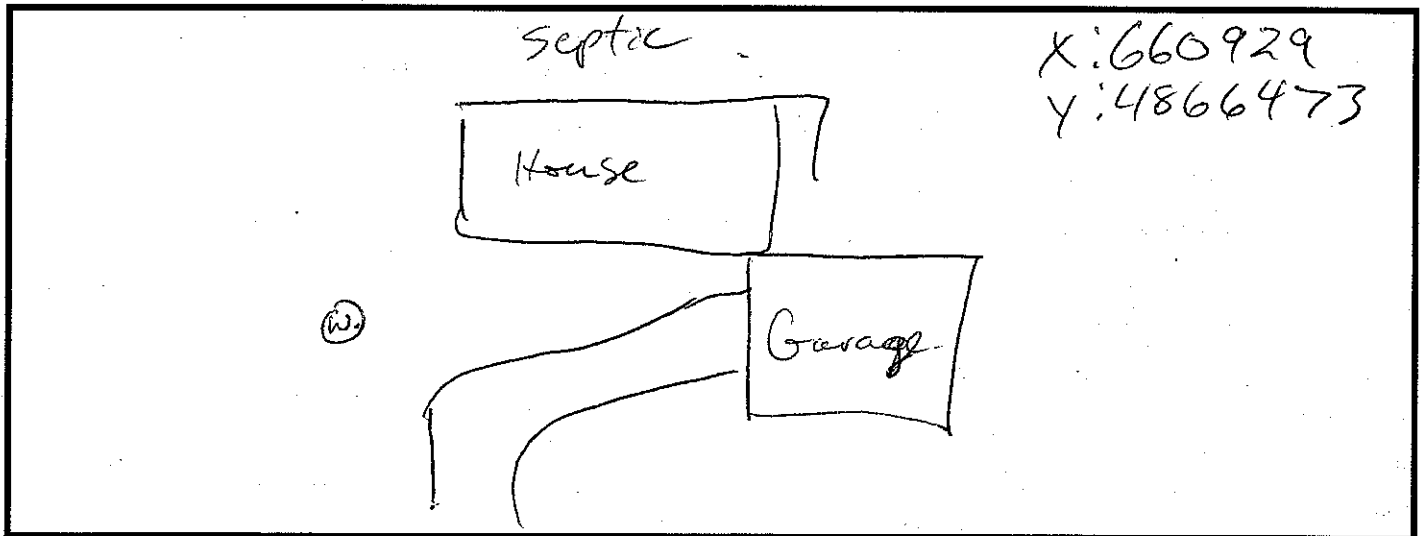
Does homeowner grant permission to obtain a water quality sample?

Yes _____

No _____

Signature: _____

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

well at ground level.

Is there a depression around the well?



Yes



No

Slight

Photo Number:

3

Water Well Survey

Ontario 1201 Wilson Avenue, Building D, 3rd Floor, Downsview, ON M3M 1J8 1-866-840-5529

Gartner Lee 300 Town Centre Boulevard, Suite 300, Markham, ON L3R 5Z6 (905)477-8400

Well #: 1192
3646
MOE #: _____

Owner of Well:

Name: Maryanne Campbell Telephone (Bus.): (____) _____
Address: 24 Philips (Home): 905 655-4241
Person Interviewed: Maryanne Residence: _____
Date: 18 June 08 Time: _____ Interviewed By: AC
Name of Original Well Owner: (if different from above) _____

Occupant of House Served by Well: (if other than owner)

Name: _____ Telephone (Bus.): (____) _____
Address: _____ (Home): (____) _____

Well Location:

Lot: _____ Concession: _____ Township: _____

GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: ~ 1974 Use: Residential Contractor: Developer {Rural Estates David Brennan}
Type (drilled or dug): Dug Diameter: _____ Well Depth: ~ 30 ft.
Is well accessible for direct sampling? Yes or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

Well Water Levels: (indicate whether measured from ground level, or from top of casing)

Original Water Level Depth: ? m

Subsequent Water Level Measurements
(give depths in m and dates) _____

Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence _____ Pumping Capacity: _____ Age: < 1 yr.

How is your pump lubricated: _____

Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s

Storage Tank: Type: Press. RSL Capacity: 29.5L

Do you have a: Chlorinator: _____ Water Softener: No Water Filter: No Filter Type: _____

Water Use: Domestic: No: _____ Yes: ☒ No. of persons using water from well: 2

Livestock: No: ☒ Yes: _____ No. of livestock watered from well: _____

Lawn Watering: No: ☒ Yes: _____ Other: _____ Amount: _____

Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.)

Washer, dishwasher, 2 baths w/showers.

Private Waste and Water Disposal: Type (septic tank, etc.): behind house (septic) Distance to Well: _____

Well is: 1) Uphill _____ 2) Downhill: _____ 3) Same Grade ☒

Previous Problems:

How long have you owned, operated or lived on this property?

Since 1974

Have you ever experienced any previous problems with your well?

~1985 running out of water
lowered foot valve.

If so, when?

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage: _____

Interference: _____

Contamination: ☒

If problem was contamination, what water quality changes were apparent?

low levels of coliforms.

(Note any differences in taste, odour, colour or clarity)

What action was taken to overcome this problem?

What were the effects of this problem?

Did you ever have your well deepened _____, or cleaned once, or a new well constructed _____?

If so, why?

foot valve yr? ^{was lowered}

Outline briefly any previous repairs or changes in pumping equipment, and dates:

- new pump & press. tank ~ 1 month ago
- gravel pit immediate by North

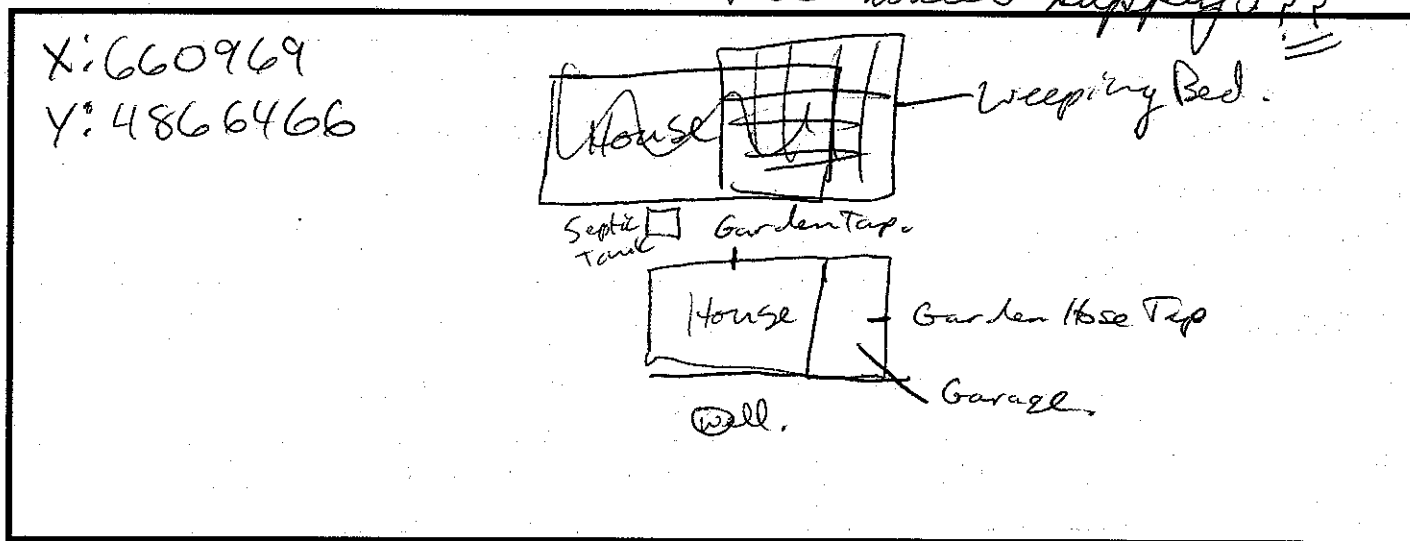
Does homeowner grant permission to obtain a water quality sample?

Yes ☒ No _____

Signature: Mary Anne Campbell

Location Sketch: (to be completed by GLL staff)

* Activity in Brook Aggregate pit a concern. What is being dumped into our water supply??



Field Visit: (to be completed by GLL staff)

Well Condition:

Good condition, ~ 1.5 feet above grade

Is there a depression around the well?



Yes



No

Photo Number:

5

Black spout on top of casing

Water Well Survey

Ontario 1201 Wilson Avenue, Building D, 3rd Floor, Downsview, ON M3M 1J8 1-866-840-5529

Gartner Lee 300 Town Centre Boulevard, Suite 300, Markham, ON L3R 5Z6 (905)477-8400

1201 ✓
Well #: 3655

MOE #: _____

Owner of Well:

Name: Pat & Graham Marshall Telephone (Bus.): (____) _____
Address: 61 Ward St. (Home): (905) 655-3435
Person Interviewed: Pat Residence: _____
Date: 18-Jun-08 Time: 14:18 Interviewed By: Ac
Name of Original Well Owner: (if different from above) _____

Occupant of House Served by Well: (if other than owner)

Name: _____ Telephone (Bus.): (____) _____
Address: _____ (Home): (____) _____

Well Location:

Lot: _____ Concession: _____ Township: _____
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: ~1965 Use: Residential Contractor: _____
Type (drilled or dug): Dug Diameter: ~3' Well Depth: ~32'
Is well accessible for direct sampling? yes or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

Well Water Levels: (indicate whether measured from ground level, or from top of casing)

Original Water Level Depth: ~15'
Subsequent Water Level Measurements _____
(give depths in m and dates) _____

Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence _____ Pumping Capacity: _____ Age: 1 yr
How is your pump lubricated: _____

Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s

Storage Tank: Type: press. tank ~20 gall. Capacity: _____

Do you have a: Chlorinator: _____ Water Softener: _____ Water Filter: ☒ Filter Type: media filter
Water Use: Domestic: No: ☒ Yes: ☒ No. of persons using water from well: _____
Livestock: No: ☒ Yes: _____ No. of livestock watered from well: _____
Lawn Watering: No: _____ Yes: ☒ Other: _____ Amount: _____
occasionally - infrequent

Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) washing machine, 1 bath w/shower

Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: ~20 m

Well is: 1) Uphill _____ 2) Downhill: back yard 3) Same Grade: ☒

Previous Problems:

How long have you owned, operated or lived on this property?

11 yrs.

Have you ever experienced any previous problems with your well?

roots in well. ~ 11 yrs ago

If so, when?

What was the cause of the previous problem?

Drought:

Pump Failure:

Plugging:

Increased Usage

Interference:

Contamination:

If problem was contamination, what water quality changes were apparent?

(Note any differences in taste, odour, colour or clarity)

What action was taken to overcome this problem?

What were the effects of this problem?

Did you ever have your well deepened _____, or cleaned yes., or a new well constructed _____?

If so, why?

11 yrs ago.

Outline briefly any previous repairs or changes in pumping equipment, and dates:

- cut roots out of well & cemented cracks.

Does homeowner grant permission to obtain a water quality sample?

Yes

☒

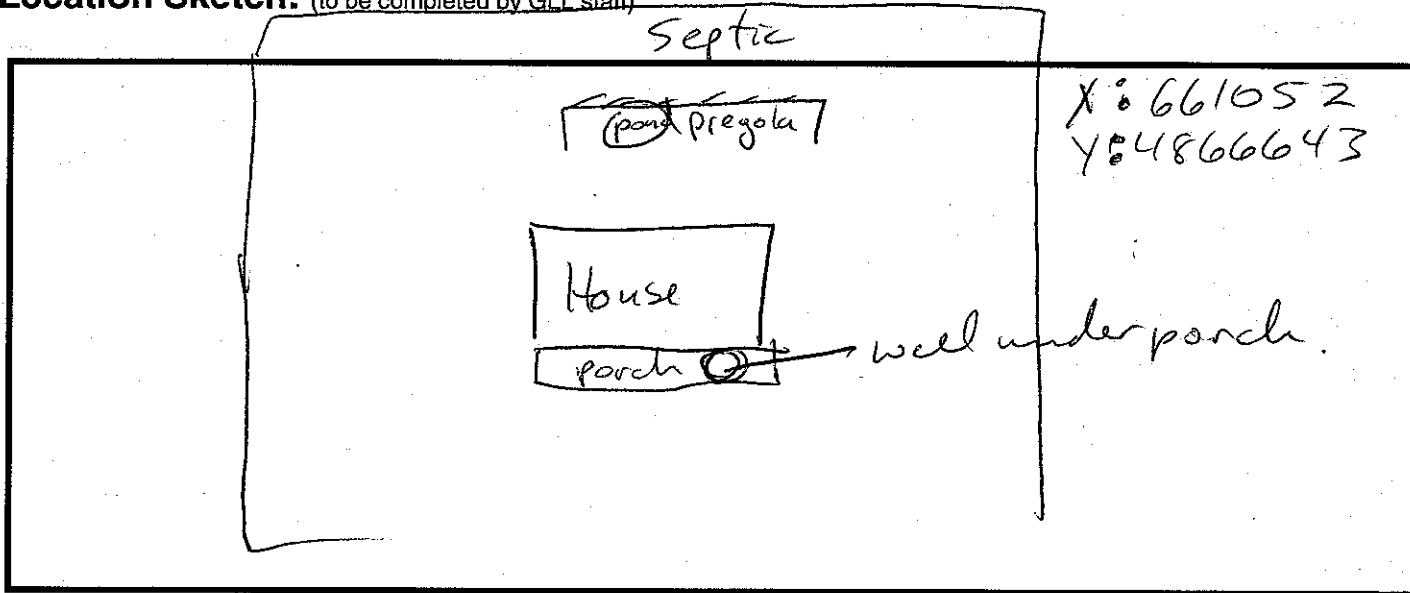
No

Signature:

B. Marshall

- 2 dogs - call first to check with owner.

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

unknown - could not be seen under porch.

Is there a depression around the well?



Yes





No

Photo Number:

8

Water Well Survey

 Ontario 1201 Wilson Avenue, Building D, 3rd Floor, Downsview, ON M3M 1J8 1-866-840-5529

 Gartner Lee 300 Town Centre Boulevard, Suite 300, Markham, ON L3R 5Z6 (905)477-8400

Well #: 2658
MOE #: _____

Owner of Well:

Name: Antonio Foresta Telephone (Bus.): (____) _____
Address: 601 ~~West~~ 57th St. (Home): (905) 655-3621
Person Interviewed: _____ Residence: _____
Date: 18 Jun 08 Time: 13:50 Interviewed By: AC
Name of Original Well Owner: (if different from above) _____

Occupant of House Served by Well: (if other than owner)

Name: _____ Telephone (Bus.): (____) _____
Address: _____ (Home): (____) _____

Well Location:

Lot: _____ Concession: _____ Township: _____
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: 1981 Use: _____ Contractor: _____
Type (drilled or dug): Dug Diameter: _____ Well Depth: _____
Is well accessible for direct sampling? _____ or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

Well Water Levels: (indicate whether measured from ground level, or from top of casing)

Original Water Level Depth: _____ m
Subsequent Water Level Measurements _____
(give depths in m and dates) _____

Pumping Equipment:

Pump Type: Suction-lift or Positive-submergence _____ Pumping Capacity: _____ Age: 2 yrs.
How is your pump lubricated: _____
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: _____ Capacity: _____
Do you have a: Chlorinator: _____ Water Softener: _____ Water Filter: ✓ Filter Type: Sink in kitchen
Water Use: Domestic: No: ✓ Yes: ✓ No. of persons using water from well: 2
Livestock: No: ✓ Yes: _____ No. of livestock watered from well: _____
Lawn Watering: No: _____ Yes: _____ Other: _____ Amount: _____
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) 3 baths w/ 2 showers
dishwasher, washing machine
Private Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well: 20m
Well is: 1) Uphill _____ 2) Downhill: _____ 3) Same Grade: ✓

Previous Problems:

How long have you owned, operated or lived on this property?

1982

Have you ever experienced any previous problems with your well?

No.

If so, when?

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage _____

Interference: _____

Contamination: _____

If problem was contamination, what water quality changes were apparent?

(Note any differences in taste, odour, colour or clarity)

What action was taken to overcome this problem?

What were the effects of this problem?

Did you ever have your well deepened _____, or cleaned _____, or a new well constructed _____?

If so, why?

Outline briefly any previous repairs or changes in pumping equipment, and dates:

Does homeowner grant permission to obtain a water quality sample?

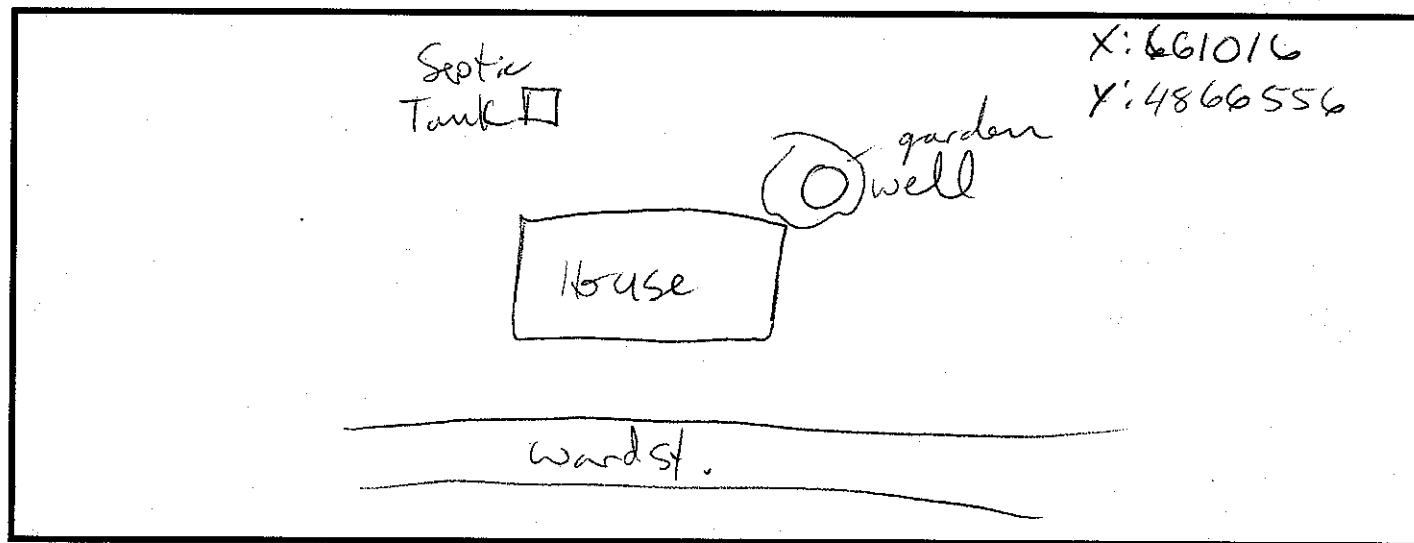
Yes

No

Signature: _____

Location Sketch: (to be completed by GLL staff)

Contact homeowner first.
will not sign.



Field Visit: (to be completed by GLL staff)

Well Condition:

cap at ground level.

Is there a depression around the well?



Yes



No

Photo Number:

7

Water Well Survey

Ontario 1201 Wilson Avenue, Building D, 3rd Floor, Downsview, ON M3M 1J8 1-866-840-5529

Gartner Lee 300 Town Centre Boulevard, Suite 300, Markham, ON L3R 5Z6 (905)477-8400

Well #: 1205 3689 ✓

MOE #: _____

Owner of Well:

Name: Debbie Dekroon + Paul Meiner Telephone (Bus.): (____) _____

Address: 45 Ward Street (Home): (905) 655-2986

Person Interviewed: Debbie Residence: _____

Date: 18-Jun-08 Time: 14:54 Interviewed By: AC

Name of Original Well Owner: (if different from above) _____

Occupant of House Served by Well: (if other than owner)

Name: _____ Telephone (Bus.): (____) _____

Address: _____ (Home): (____) _____

Well Location:

Lot: _____ Concession: _____ Township: _____

GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: May 2006 Use: _____ Contractor: _____

Type (drilled or dug): Drilled Diameter: 6" Well Depth: ?

Is well accessible for direct sampling? YES or buried: _____

Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

Well Water Levels: (indicate whether measured from ground level, or from top of casing)

Original Water Level Depth: ? m

Subsequent Water Level Measurements
(give depths in m and dates) _____

Pumping Equipment:

Pump Type: Suction-lift _____ or Positive-submergence _____ Pumping Capacity: _____ Age: _____

How is your pump lubricated: _____

Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s

Storage Tank: Type: _____ Capacity: _____

Do you have a: Chlorinator: _____ Water Softener: ✓ Water Filter: ✓ Filter Type: UV

Water Use: Domestic: No: _____ Yes: ✓ No. of persons using water from well: _____

Livestock: No: ✓ Yes: _____ No. of livestock watered from well: _____

Lawn Watering: No: _____ Yes: ✓ Other: _____ Amount: _____

Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.)
inground, 2 baths w/showers,
dishwasher, washing machine,

Private Waste and Water Disposal: Type (septic tank, etc.): _____ Distance to Well: _____

Well is: 1) Uphill _____ 2) Downhill: _____ 3) Same Grade ✓

Previous Problems:

How long have you owned, operated or lived on this property?

March 2007 (15 yrs)

Have you ever experienced any previous problems with your well?

No.

If so, when?

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage _____

Interference: _____

Contamination: _____

If problem was contamination, what water quality changes were apparent?

(Note any differences in taste, odour, colour or clarity)

have been told lots of
Fe in water.

What action was taken to overcome this problem?

What were the effects of this problem?

Did you ever have your well deepened _____, or cleaned _____, or a new well constructed _____?

If so, why?

Outline briefly any previous repairs or changes in pumping equipment, and dates:

Does homeowner grant permission to obtain a water quality sample?

Yes

☒

No

Signature: _____

[Signature]

Location Sketch: (to be completed by GLL staff)

X: 661071
Y: 4866528

House

Well in garden

Field Visit: (to be completed by GLL staff)

Well Condition: good

Is there a depression around the well?

☐


Yes


☒

No

Photo Number: 9

Water Well Survey

 Ontario 1201 Wilson Avenue, Building D, 3rd Floor, Downsview, ON M3M 1J8 1-866-840-5529

 Gartner Lee 300 Town Centre Boulevard, Suite 300, Markham, ON L3R 5Z6 (905)477-8400

Owner of Well:

Name: Tanasoff, George Telephone (Bus.): #1 416-492-1014
Address: 37 Ward St. ~~#2~~ (Home): ()
Person Interviewed: _____ Residence: _____
Date: 18-Jun-08 Time: 15:30 Interviewed By: AL
Name of Original Well Owner: (if different from above) _____

Occupant of House Served by Well: (if other than owner)

Name: _____ Telephone (Bus.): ()
Address: _____ (Home): ()

Well Location:

Lot: _____ Concession: _____ Township: _____
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: ~45 yrs. Use: _____ Contractor: _____
Type (drilled or dug): dug-primary Diameter: 30" Well Depth: ~30-35 ft.
Is well accessible for direct sampling? _____ or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

Well Water Levels: (indicate whether measured from ground level, or from top of casing)

Original Water Level Depth: _____ m
Subsequent Water Level Measurements also drilled well but not currently in use
(give depths in m and dates) (~50 yrs) ~120 ft 6"

Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence _____ Pumping Capacity: _____ Age: 7 yrs.

How is your pump lubricated: _____

Depth of Intake Setting: 1 ft off bottom m (Original) _____ m (Present) _____ Pumping Rate: _____ L/s

Storage Tank: Type: _____ Capacity: _____

Do you have a: Chlorinator: No Water Softener: No Water Filter: No Filter Type: _____

Water Use: Domestic: No: _____ Yes: ☒ No. of persons using water from well: 2

Livestock: No: ☒ Yes: _____ No. of livestock watered from well: 0

Lawn Watering: No: ☒ Yes: _____ Other: _____ Amount: _____

Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) washer, 1 bath, 1 kitchen

Private Waste and Water Disposal: Type (septic tank, etc.): septic (front yard) Distance to Well: _____

Well is: 1) Uphill _____ 2) Downhill: _____ 3) Same Grade: ☒

Previous Problems:

How long have you owned, operated or lived on this property?

~~1940s~~ 1960-1961

Have you ever experienced any previous problems with your well?

- e coli or total coliforms came
back "do not drink"

If so, when?

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage: _____

Interference: _____

Contamination: _____

If problem was contamination, what water quality changes were apparent?

(Note any differences in taste, odour, colour or clarity)

What action was taken to overcome this problem?

bleach in the well

What were the effects of this problem?

Did you ever have your well deepened _____, or cleaned _____, or a new well constructed _____?

If so, why?

Outline briefly any previous repairs or changes in pumping equipment, and dates:

Does homeowner grant permission to obtain a water quality sample?

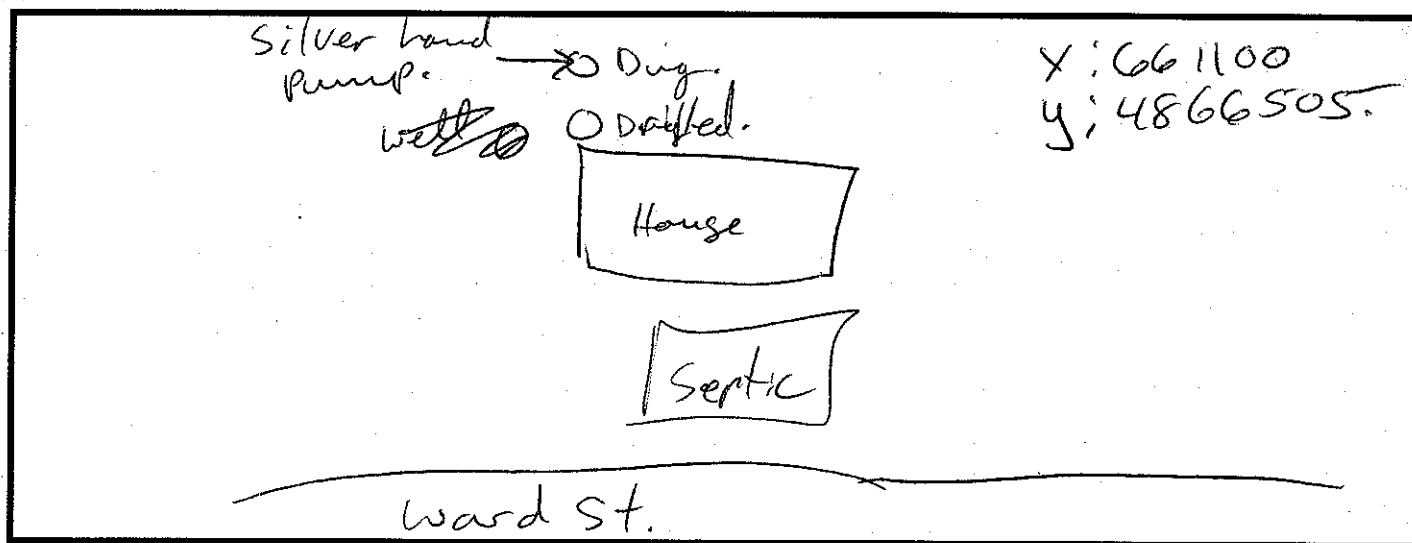
Yes

No

Signature:

[Signature]

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

appears to be in good condition ~ 6" above grade.

Is there a depression around the well?

☐

Yes


☒


No

Photo Number:

10

Water Well Survey

 Ontario 1201 Wilson Avenue, Building D, 3rd Floor, Downsview, ON M3M 1J8 1-866-840-5529

 Gartner Lee 300 Town Centre Boulevard, Suite 300, Markham, ON L3R 5Z6 (905)477-8400

1208 ✓

Well #:	3663
MOE #:	

Owner of Well:

Name: David Baldassi Telephone (Bus.): ()
Address: 9 Shepherd Rd (Home): (905) 655-4027
Person Interviewed: David Residence: _____
Date: 18 Jun-08 Time: 16:00 Interviewed By: AC
Name of Original Well Owner: (if different from above) _____

Occupant of House Served by Well: (if other than owner)

Name: _____ Telephone (Bus.): ()
Address: _____ (Home): ()

Well Location:

Lot: _____ Concession: _____ Township: _____
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: _____ Use: _____ Contractor: _____
Type (drilled or dug): Dug Diameter: _____ Well Depth: ?
Is well accessible for direct sampling? YES or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

Well Water Levels: (indicate whether measured from ground level, or from top of casing)

Original Water Level Depth: 2-3' above bottom
Subsequent Water Level Measurements _____
(give depths in m and dates)

Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence _____ Pumping Capacity: _____ Age: 7 yrs.
How is your pump lubricated: _____
Depth of Intake Setting: 1 ft off bottom m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: _____ Capacity: _____
Do you have a: Chlorinator: _____ Water Softener: _____ Water Filter: _____ Filter Type: _____
Water Use: Domestic: No: ☒ Yes: ☒ No. of persons using water from well: _____
Livestock: No: ☒ Yes: _____ No. of livestock watered from well: _____
Lawn Watering: No: ☒ Yes: _____ Other: _____ Amount: _____
Equipment: Indoor plumbing (e.g., shower, automatic washer, washer, pool, sauna, etc.)
Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: _____
Well is: 1) Uphill _____ 2) Downhill: _____ 3) Same Grade ☒

Previous Problems:

How long have you owned, operated or lived on this property?

Since 1981

Have you ever experienced any previous problems with your well?

yes - ~ 2 yrs ago gravel pit

If so, when?

put in weeping tiles - dumping water (car wash, etc.)

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage _____

Interference: _____

Contamination: _____

If problem was contamination, what water quality changes were apparent?

(Note any differences in taste, odour, colour or clarity)

- Trucks taking fill from gas station up the road & dumping it in pit

What action was taken to overcome this problem?

Very silty water - drinks bottled water

What were the effects of this problem?

Did you ever have your well deepened _____, or cleaned _____, or a new well constructed _____?

If so, why?

every 4-5 yrs. has well cleaned, cracks repaired, due to

Outline briefly any previous repairs or changes in pumping equipment, and dates:

bad tasting water, bleached.

- drink bottled water

but still undrinkable afterwards.

- silt in water ~~also~~ stains white clothing

shortly.

Does homeowner grant permission to obtain a water quality sample?

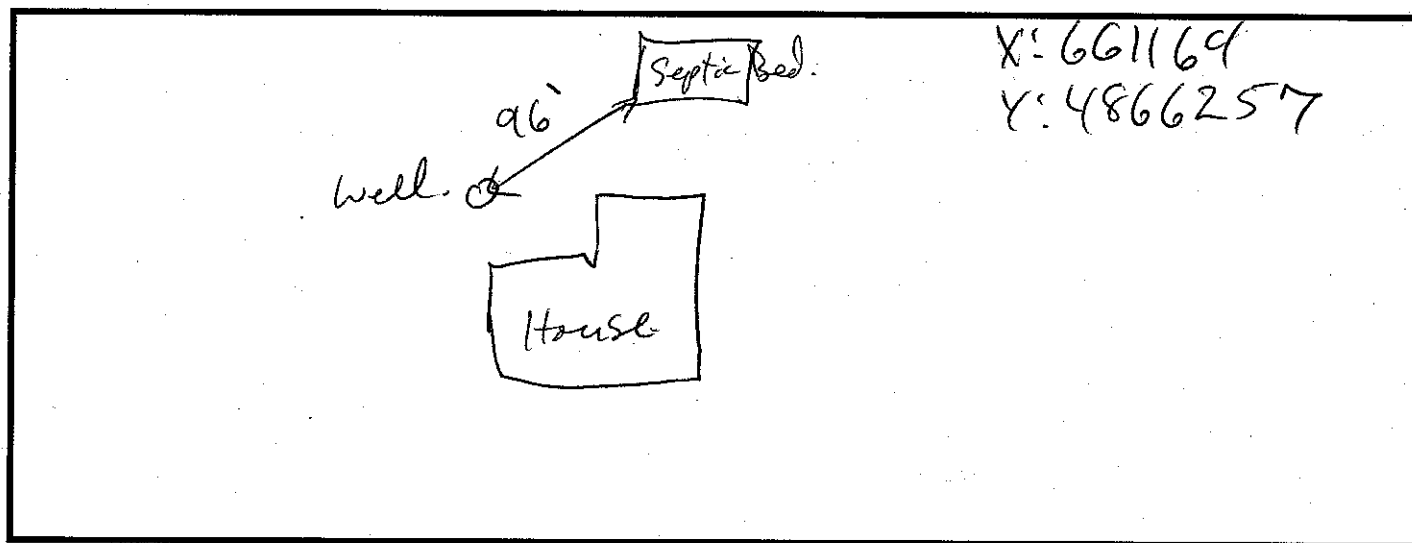
Yes ☒

No ☐

Signature: _____

David B. Bess

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

~ 2" above grade.

Is there a depression around the well?



Yes



No

Photo Number:

11

Water Well Survey

Ontario 1201 Wilson Avenue, Building D, 3rd Floor, Downsview, ON M3M 1J8 1-866-840-5529

Gartner Lee 300 Town Centre Boulevard, Suite 300, Markham, ON L3R 5Z6 (905)477-8400

Well #: 1209 3663 ✓

MOE #: _____

Owner of Well:

Name: Francis Atsev & Dimitar Atsev Telephone (Bus.): (____) _____
Address: 15 Shepherd Rd. (Home): (905) 655-3297
Person Interviewed: _____ Residence: _____
Date: 19-Jun-08 Time: 10:20 Interviewed By: AC
Name of Original Well Owner: (if different from above) _____

Occupant of House Served by Well: (if other than owner)

Name: _____ Telephone (Bus.): (____) _____
Address: _____ (Home): (____) _____

Well Location:

Lot: _____ Concession: _____ Township: _____
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: ? Use: Res. Contractor: _____
Type (drilled or dug): Dug Diameter: 1.25 m Well Depth: 30'
Is well accessible for direct sampling? _____ or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

Well Water Levels: (indicate whether measured from ground level, or from top of casing)

Original Water Level Depth: _____ m
Subsequent Water Level Measurements _____
(give depths in m and dates) _____

Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence _____ Pumping Capacity: ? Age: 32?
How is your pump lubricated: _____
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: _____ Capacity: _____
Do you have a: Chlorinator: NO Water Softener: NO Water Filter: NO Filter Type: _____
Water Use: Domestic: No: _____ Yes: ☒ No. of persons using water from well: 2
Livestock: No: ☒ Yes: _____ No. of livestock watered from well: _____
Lawn Watering: No: _____ Yes: ☒ Other: _____ Amount: _____
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) got too much washer, 2 bathrooms, 1 shower.
Private Waste and Water Disposal: Type (septic tank, etc.): Septic backyard Distance to Well: _____
Well is: 1) Uphill _____ 2) Downhill: _____ 3) Same Grade: ☒

Previous Problems:

How long have you owned, operated or lived on this property?

32 yrs.

Have you ever experienced any previous problems with your well?

No.

If so, when?

What was the cause of the previous problem?

Drought:

Pump Failure:

Plugging:

Increased Usage

Interference:

Contamination:

If problem was contamination, what water quality changes were apparent?

(Note any differences in taste, odour, colour or clarity)

What action was taken to overcome this problem?

What were the effects of this problem?

Did you ever have your well deepened _____, or cleaned yes, or a new well constructed _____?

If so, why?

Outline briefly any previous repairs or changes in pumping equipment, and dates:

Does homeowner grant permission to obtain a water quality sample?

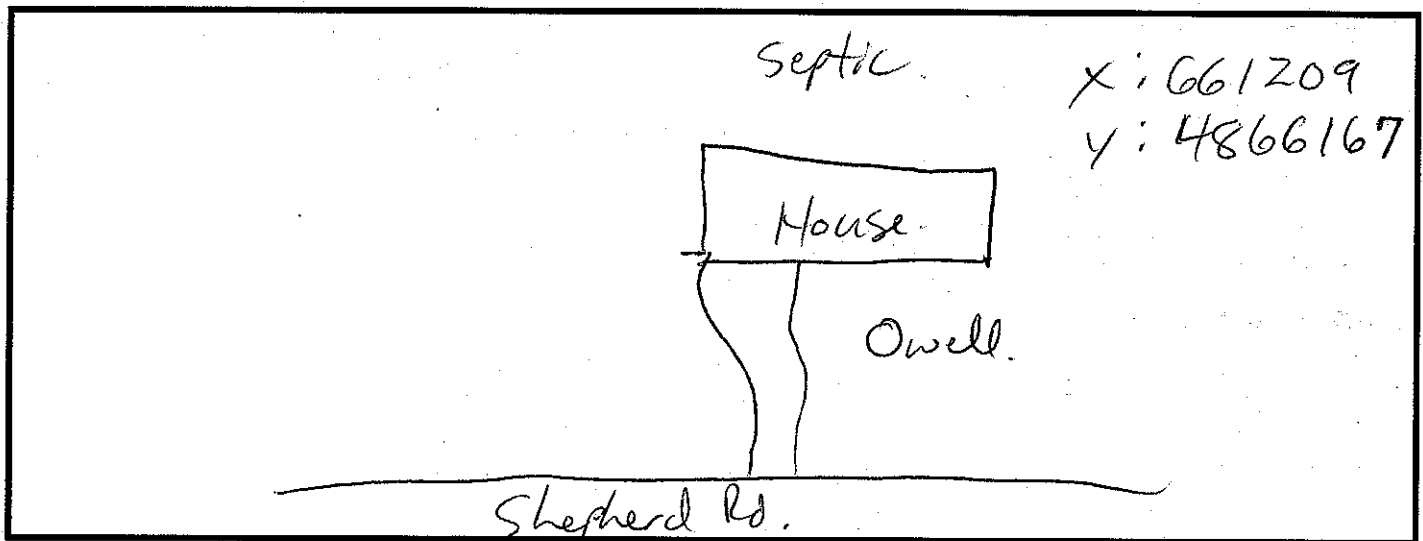
Yes

No

Signature:

Call to make sure Diavitar is home. (Husband) F. J. Atser

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

good condition, casing ~ 2.5 feet from surface
ground sloping away from well.

Is there a depression around the well?

☐

Yes


☒


No

Photo Number:

12

Water Well Survey

 Ontario 1201 Wilson Avenue, Building D, 3rd Floor, Downsview, ON M3M 1J8 1-866-840-5529

 Gartner Lee 300 Town Centre Boulevard, Suite 300, Markham, ON L3R 5Z6 (905)477-8400

Well #: 1211
3668

MOE #: _____

Owner of Well:

Name: Brown, Jay Telephone (Bus.): (____) _____
Address: 25 Shepherd Rd. (Home): 905, 655-3495
Person Interviewed: Jay Residence: _____
Date: 19-Jun-08 Time: 10:45 Interviewed By: AK
Name of Original Well Owner: (if different from above) _____

Occupant of House Served by Well: (if other than owner)

Name: _____ Telephone (Bus.): (____) _____
Address: _____ (Home): (____) _____

Well Location:

Lot: _____ Concession: _____ Township: _____
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: 1996-1997 Use: Res. Contractor: _____
Type (drilled or dug): Drilled Diameter: 6" Well Depth: 120'
Is well accessible for direct sampling? yes or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

Well Water Levels: (indicate whether measured from ground level, or from top of casing)

Original Water Level Depth: _____ m
Subsequent Water Level Measurements _____
(give depths in m and dates) _____

Pumping Equipment:

Pump Type: Suction-lift: _____ or Positive-submergence ☒ Pumping Capacity: _____ Age: 11
How is your pump lubricated: _____
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: _____ Capacity: _____
Do you have a: Chlorinator: _____ Water Softener: ☒ Water Filter: ☒ Filter Type: RO
Water Use: Domestic: No: _____ Yes: ☒ No. of persons using water from well: 2
Livestock: No: ☒ Yes: _____ No. of livestock watered from well: _____
Lawn Watering: No: _____ Yes: ☒ Other: _____ Amount: _____
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) washer, dishwasher, 3 showers,
Private Waste and Water Disposal: Type (septic tank, etc.): Septic front yard Distance to Well: _____
Well is: 1) Uphill _____ 2) Downhill: _____ 3) Same Grade ☒

Previous Problems:

How long have you owned, operated or lived on this property?

6 years

Have you ever experienced any previous problems with your well?

NO, yes - algae in toilet tank - few yrs. ago

If so, when?

What was the cause of the previous problem?

Drought:

Pump Failure:

Plugging:

Increased Usage

Interference:

Contamination:

If problem was contamination, what water quality changes were apparent?

(Note any differences in taste, odour, colour or clarity)

high mineral content,
RO & water softener.

What action was taken to overcome this problem?

- Algae in toilets (brown)
- bleached to kill algae.

What were the effects of this problem?

Did you ever have your well deepened no, or cleaned no, or a new well constructed no?

If so, why?

Outline briefly any previous repairs or changes in pumping equipment, and dates:

* all taps run through RO except 1 in basement -
call for access

Does homeowner grant permission to obtain a water quality sample?

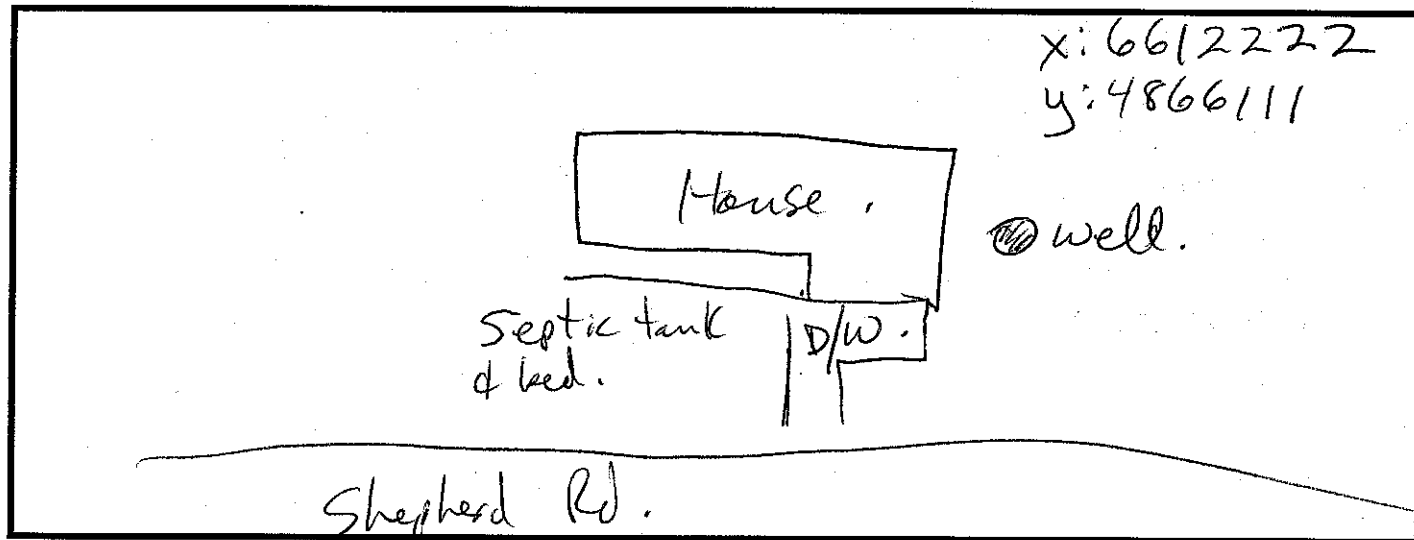
Yes

No

Signature:

[Signature]

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

good. - black casing, rusty lid.
~ 1 foot above ground.

Is there a depression around the well?

☐

Yes


☒


No

Photo Number:

13

Water Well Survey

 Ontario 1201 Wilson Avenue, Building D, 3rd Floor, Downsview, ON M3M 1J8 1-866-840-5529

 Gartner Lee 300 Town Centre Boulevard, Suite 300, Markham, ON L3R 5Z6 (905) 477-8400

1214 ✓
Well #: 3668

MOE #: _____

Owner of Well:

Name: Willet Telephone (Bus.): (____) _____
Address: 24 Shepherd, (Home): (905) 655-3185
Person Interviewed: _____ Residence: _____
Date: 19-June-08 Time: 10:55 Interviewed By: AC
Name of Original Well Owner: (if different from above) _____

Occupant of House Served by Well: (if other than owner)

Name: _____ Telephone (Bus.): (____) _____
Address: _____ (Home): (____) _____

Well Location:

Lot: _____ Concession: _____ Township: _____
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: ~32 yrs ago. Use: res Contractor: _____
Type (drilled or dug): Drilled. Diameter: 6" Well Depth: >100 feet
Is well accessible for direct sampling? yes. or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

Well Water Levels: (indicate whether measured from ground level, or from top of casing)

Original Water Level Depth: 7.0 m

Subsequent Water Level Measurements
(give depths in m and dates) _____

Pumping Equipment:

Pump Type: Suction-lift: _____ or Positive-submergence ☒ Pumping Capacity: _____ Age: >10 yrs.

How is your pump lubricated: _____

Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s

Storage Tank: Type: Press. (echo contractor) Capacity: _____

Do you have a: Chlorinator: _____ Water Softener: ☒ Water Filter: ☒ Filter Type: UV.

Water Use: Domestic: No: _____ Yes: ☒ No. of persons using water from well: 1

Livestock: No: ☒ Yes: _____ No. of livestock watered from well: _____

Lawn Watering: No: ☒ Yes: _____ Other: _____ Amount: _____

Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) washer, dishwasher

Private Waste and Water Disposal: Type (septic tank, etc.): Septic - back yard. Distance to Well: ?

Well is: 1) Uphill _____ 2) Downhill: _____ 3) Same Grade ☒

Ravine at back of property.

Previous Problems:

How long have you owned, operated or lived on this property?

32 yrs.

Have you ever experienced any previous problems with your well?

No. - water tested frequently

If so, when?

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage _____

Interference: _____

Contamination: _____

If problem was contamination, what water quality changes were apparent?

(Note any differences in taste, odour, colour or clarity)

What action was taken to overcome this problem?

What were the effects of this problem?

Did you ever have your well deepened No, or cleaned No, or a new well constructed _____?

If so, why?

Outline briefly any previous repairs or changes in pumping equipment, and dates:

pump replaced unsure how long ago
- all taps go through UV. - can take sample that bypasses, but difficult - must run water a long time

Does homeowner grant permission to obtain a water quality sample?

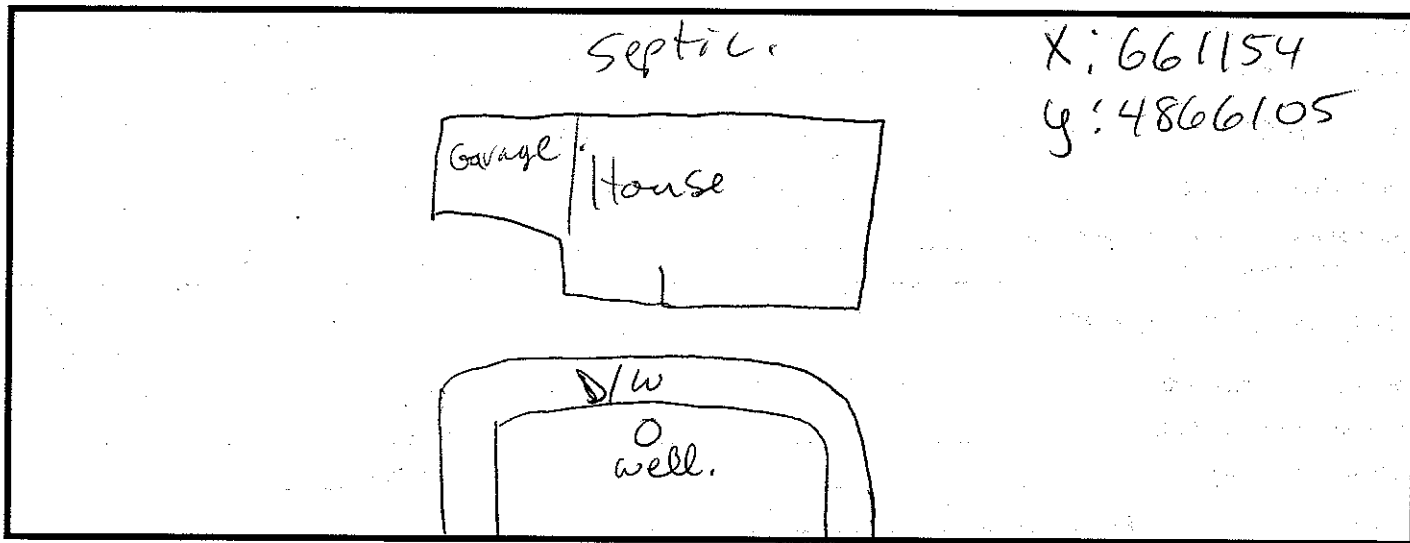
Yes ☒

No ☐

Signature: _____

[Signature]

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

good condition. ~ 1.5 ft. above grade
- small well decoration over well.

Is there a depression around the well?



Yes





No

Photo Number:

14

Water Well Survey

 Ontario 1201 Wilson Avenue, Building D, 3rd Floor, Downsview, ON M3M 1J8 1-866-840-5529

 Gartner Lee 300 Town Centre Boulevard, Suite 300, Markham, ON L3R 5Z6 (905)477-8400

Well #: ~~3689~~ 1215
MOE #: _____

Owner of Well:

Name: Chris Leeder Telephone (Bus.): (____) _____
Address: 610 Lyndebrook Rd. (Home): (905) 655-3943
Person Interviewed: Chris Residence: _____
Date: 19-Jun-08 Time: _____ Interviewed By: AL
Name of Original Well Owner: (if different from above) _____

Occupant of House Served by Well: (if other than owner)

Name: _____ Telephone (Bus.): (____) _____
Address: _____ (Home): (____) _____

Well Location:

Lot: _____ Concession: _____ Township: _____
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: ~1991 Use: _____ Contractor: _____
Type (drilled or dug): Drilled Diameter: _____ Well Depth: ~170 ft
Is well accessible for direct sampling? yes or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

Well Water Levels: (indicate whether measured from ground level, or from top of casing)

Original Water Level Depth: _____ m
Subsequent Water Level Measurements _____
(give depths in m and dates) _____

Pumping Equipment:

Pump Type: Suction-lift: _____ or Positive-submergence ☒ Pumping Capacity: _____ Age: 1991
How is your pump lubricated: _____
Depth of Intake Setting 80-100' (Original) _____ m (Present) Pumping Rate: 3 GPM flow control
Storage Tank: Type: _____ Capacity: _____
Do you have a: Chlorinator: _____ Water Softener: ☒ Water Filter: ☒ Filter Type: Fe
Water Use: Domestic: No: _____ Yes: ☒ No. of persons using water from well: 4
Livestock: No: ☒ Yes: _____ No. of livestock watered from well: _____
Lawn Watering: No: ☒ Yes: _____ Other: _____ Amount: _____
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) washer & dishwasher
2 showers, 2 baths
Private Waste and Water Disposal: Type (septic tank, etc.): septic front yard Distance to Well: _____
Well is: 1) Uphill ☒ 2) Downhill: _____ 3) Same Grade: _____

Previous Problems:

How long have you owned, operated or lived on this property? 1999-2000 (8 yrs).
Have you ever experienced any previous problems with your well? No lots of water - purged every
If so, when? 2 years to prevent Fe buildup.

What was the cause of the previous problem? Drought: _____ Pump Failure: _____ Plugging: _____
Increased Usage _____ Interference: _____ Contamination: _____

If problem was contamination, what water quality changes were apparent? _____
(Note any differences in taste, odour, colour or clarity) _____

What action was taken to overcome this problem? _____

What were the effects of this problem? _____

Did you ever have your well deepened No, or cleaned No., or a new well constructed _____?

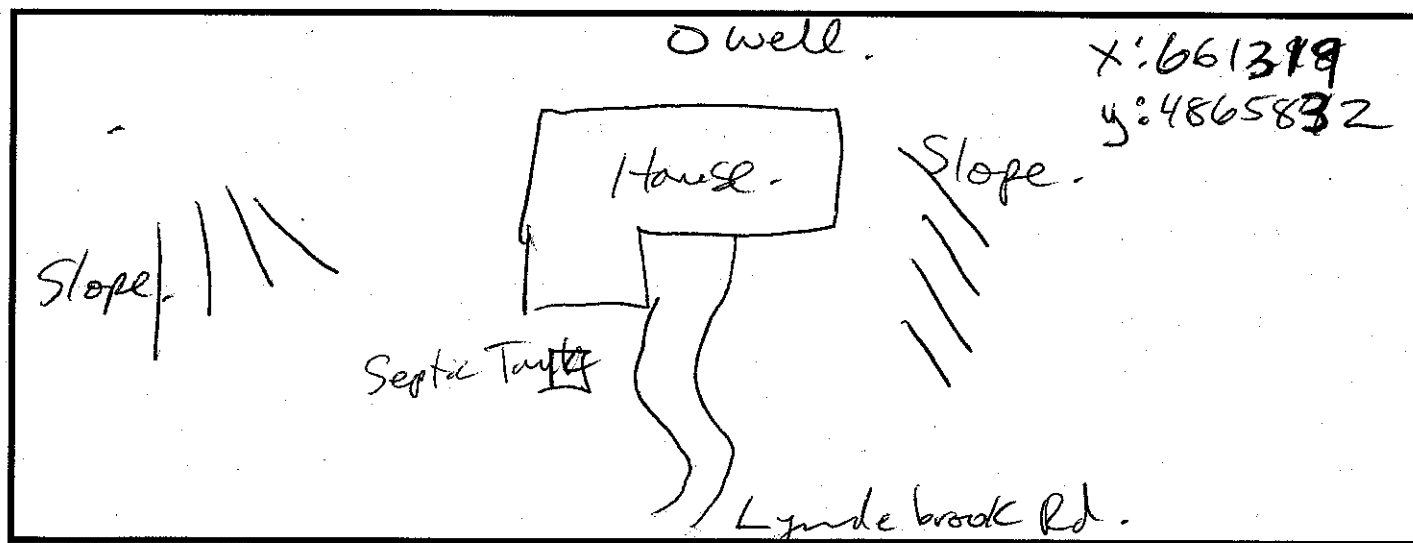
If so, why? _____

Outline briefly any previous repairs or changes in pumping equipment, and dates:

- all outdoor taps go through softener & filter.
- ~~indoor~~ tap in basement can bypass

Does homeowner grant permission to obtain a water quality sample? Yes ☒ No _____ Signature: _____

Location Sketch: (to be completed by GLL staff)





Field Visit: (to be completed by GLL staff)

Well Condition: Good condition ~ 2.5 ft. above grade

Is there a depression around the well? ☐ Yes ☒ No Photo Number: 15

Water Well Survey

 Ontario 1201 Wilson Avenue, Building D, 3rd Floor, Downsview, ON M3M 1J8 1-866-840-5529

 Gartner Lee 300 Town Centre Boulevard, Suite 300, Markham, ON L3R 5Z6 (905) 477-8400

Well #: ~~5570~~

#1216

MOE #: _____

Owner of Well:

A contact Brian for more info.

Name: Tanya Moore & Brian Moore Telephone (Bus.): (416) 842-3868
Address: 620 Lyndebrook Rd. (Home): (905) 655-4445
Person Interviewed: Tanya Residence: _____
Date: 19 June 08 Time: 12:05 Interviewed By: AC

Name of Original Well Owner: (if different from above) _____

Occupant of House Served by Well: (if other than owner)

Name: _____ Telephone (Bus.): (____) _____
Address: _____ (Home): (____) _____

Well Location:

Lot: _____ Concession: _____ Township: _____
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: _____ Use: House is 18 yrs old. Res. Contractor: _____
Type (drilled or dug): drilled Diameter: _____ Well Depth: ~ 75 ft.
Is well accessible for direct sampling? yes or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

Well Water Levels: (indicate whether measured from ground level, or from top of casing)

Original Water Level Depth: _____ m
Subsequent Water Level Measurements _____
(give depths in m and dates) _____

Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence _____ Pumping Capacity: _____ Age: _____

How is your pump lubricated: _____

Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s

Storage Tank: Type: _____ Capacity: _____

Do you have a: Chlorinator: _____ Water Softener: ☒ ? maybe Water Filter: ☒ Filter Type: UV+RO

Water Use: Domestic: No: _____ Yes: ☒ No. of persons using water from well: 4

Livestock: No: ☒ Yes: _____ No. of livestock watered from well: _____

Lawn Watering: No: ☒ Yes: _____ Other: _____ Amount: _____

Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) washer/dishwasher, 4 bathtubs, 3 showers

Private Waste and Water Disposal: Septic front yard, Distance to Well: _____

Well is: 1) Uphill ☒ 2) Downhill: _____ 3) Same Grade: _____

Previous Problems:

How long have you owned, operated or lived on this property?

6 months.

Have you ever experienced any previous problems with your well?

yes total coliforms

If so, when?

2 months ago

What was the cause of the previous problem?

Drought:

Pump Failure:

Plugging:

Increased Usage

Interference:

Contamination:

If problem was contamination, what water quality changes were apparent?

(Note any differences in taste, odour, colour or clarity)

What action was taken to overcome this problem?

UV Filter + RO installed.

What were the effects of this problem?

Did you ever have your well deepened _____, or cleaned _____, or a new well constructed _____?

If so, why?

Outline briefly any previous repairs or changes in pumping equipment, and dates:

Does homeowner grant permission to obtain a water quality sample?

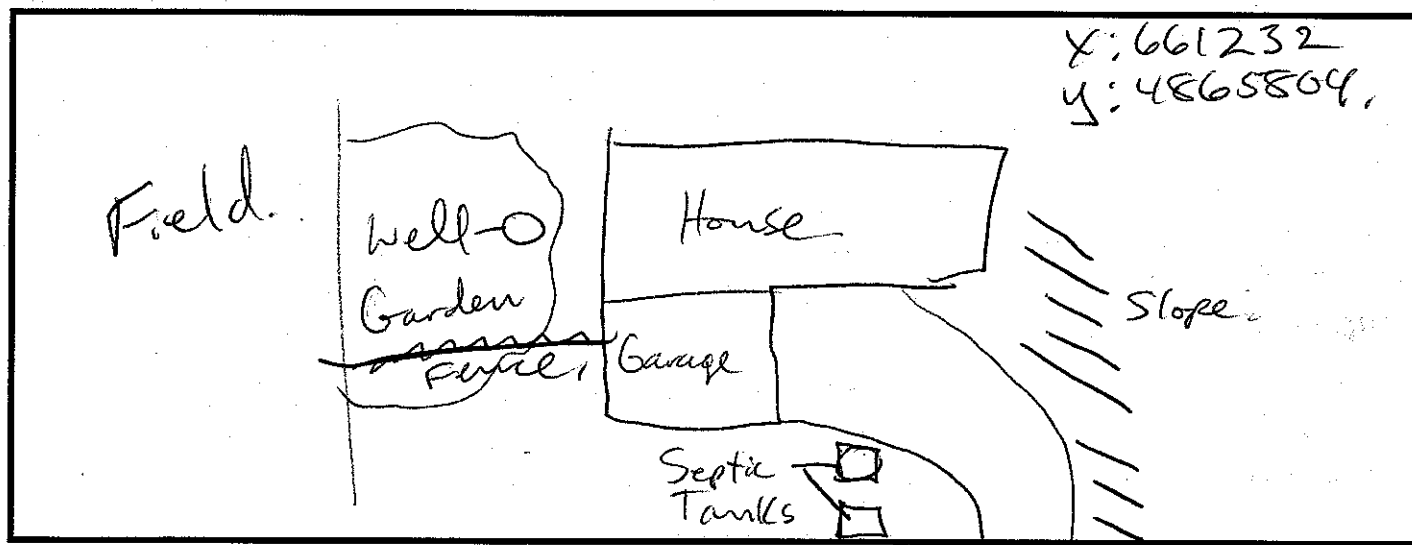
Yes

No

Signature:

- garden tap near pond bypasses filtration - contact for appointment.

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

good condition - ~ 2 ft above grade

Is there a depression around the well?

☐

Yes


☒


No

Photo Number:

16.

Water Well Survey

 Ontario 1201 Wilson Avenue, Building D, 3rd Floor, Downsview, ON M3M 1J8 1-866-840-5529

 Gartner Lee 300 Town Centre Boulevard, Suite 300, Markham, ON L3R 5Z6 (905)477-8400

Well #: 3674 ✓

MOE #: 1220

Owner of Well:

Name: Maria Gerkecas Telephone (Bus.): ()
Address: 645 Lyndebrook Rd. (Home): 905-655-8824
Person Interviewed: _____ Residence: _____
Date: 19-Jun-08 Time: 13:02 Interviewed By: AC
Name of Original Well Owner: (if different from above) _____

Occupant of House Served by Well: (if other than owner)

Name: _____ Telephone (Bus.): ()
Address: _____ (Home): ()

Well Location:

Lot: _____ Concession: _____ Township: _____
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: 34-35 yrs. old Use: _____ Contractor: _____
Type (drilled or dug): Dug Diameter: 1m Well Depth: 3
Is well accessible for direct sampling? yes or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

Well Water Levels: (indicate whether measured from ground level, or from top of casing)

Original Water Level Depth: _____ m
Subsequent Water Level Measurements _____
(give depths in m and dates) _____

Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence _____ Pumping Capacity: _____ Age: >13 yrs.
How is your pump lubricated: _____
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: _____ Capacity: _____
Do you have a: Chlorinator: _____ Water Softener: NO Water Filter: NO Filter Type: _____
Water Use: Domestic: No: _____ Yes: ☒ No. of persons using water from well: 1
used to have 4 cows >13 yrs ago - no quantity problems Livestock: No: ☒ Yes: _____ No. of livestock watered from well: _____
Lawn Watering: No: _____ Yes: ☒ Other: _____ Amount: _____
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) washer

Private Waste and Water Disposal: Type (septic tank, etc.): Septic frontyard Distance to Well: _____
Well is: 1) Uphill _____ 2) Downhill _____ 3) Same Grade ☒

Previous Problems:

How long have you owned, operated or lived on this property?

24 yrs.

Have you ever experienced any previous problems with your well?

No.

If so, when?

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage _____

Interference: _____

Contamination: _____

If problem was contamination, what water quality changes were apparent?

(Note any differences in taste, odour, colour or clarity)

What action was taken to overcome this problem?

What were the effects of this problem?

Did you ever have your well deepened NO, or cleaned Sometimes, or a new well constructed _____?

If so, why?

>13 yrs ago.

Outline briefly any previous repairs or changes in pumping equipment, and dates:

Does homeowner grant permission to obtain a water quality sample?

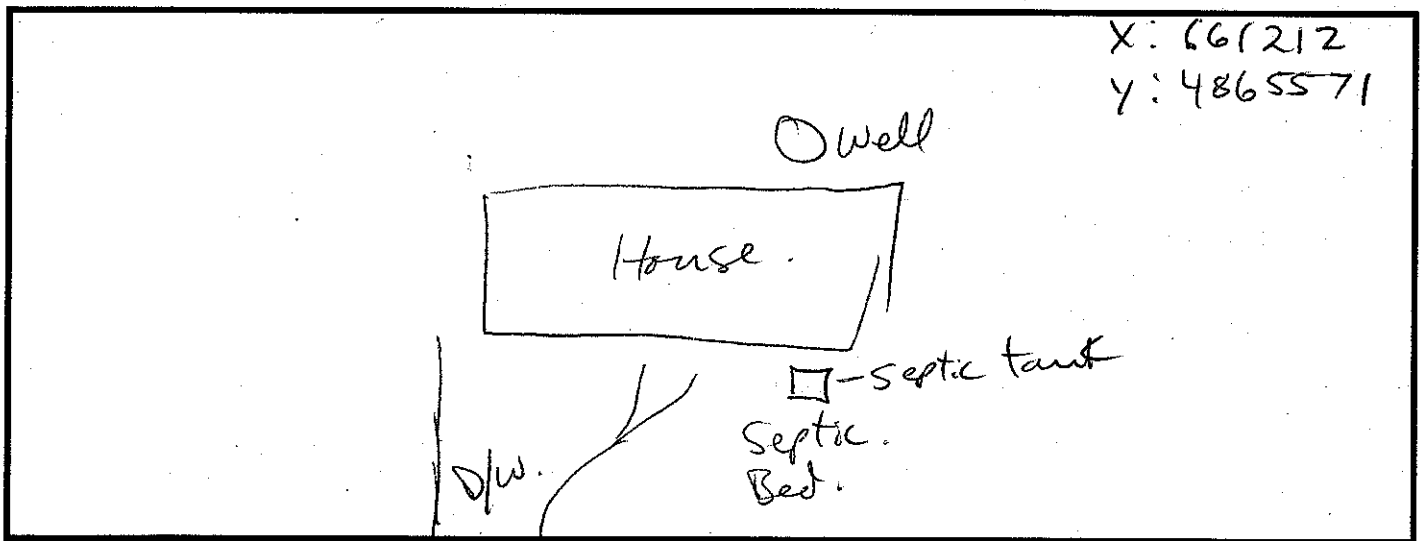
Yes ☒ No ☐

Signature: _____

Maria Jones

collect sample in afternoon - call first.

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

good condition ~ 4" above ground.

Is there a depression around the well?



Yes





No

Photo Number:

17

Water Well Survey

 Ontario 1201 Wilson Avenue, Building D, 3rd Floor, Downsview, ON M3M 1J8 1-866-840-5529

 Gartner Lee 300 Town Centre Boulevard, Suite 300, Markham, ON L3R 5Z6 (905)477-8400

Well #:	<u>3525</u> <u>1221</u>
MOE #:	

Owner of Well:

Name: Nesbitt, Pam. Telephone (Bus.): ()
Address: 655 Lyndebrook Rd. (Home): (905) 655-8765
Person interviewed: Pam Residence:
Date: 18 June -08 Time: 13:25 Interviewed By: AK
Name of Original Well Owner: (if different from above)

Occupant of House Served by Well: (if other than owner)

Name: Telephone (Bus.): ()
Address: (Home): ()

Well Location:

Lot: Concession: Township:
GLL Map Sheet: (to be completed by GLL Staff)

Well Construction Details:

Date Constructed: Use: Contractor:
Type (drilled or dug): Dug Diameter: ~1m Well Depth: ~40 ft
Is well accessible for direct sampling? yes or buried:
Screen: Yes No If Yes, length: m Depth of top of screen: m

Well Water Levels: (indicate whether measured from ground level, or from top of casing)

Original Water Level Depth: 7 m
Subsequent Water Level Measurements
(give depths in m and dates)

Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence ☐ Pumping Capacity: Age: ~7 yrs.
How is your pump lubricated:
Depth of Intake Setting: m (Original) m (Present) Pumping Rate: L/s
Storage Tank: Type: Capacity:
Do you have a: Chlorinator: Water Softener: no Water Filter: no Filter Type:
Water Use: Domestic: No: Yes: ☒ No. of persons using water from well: 2
Livestock: No: ☒ Yes: No. of livestock watered from well:
Lawn Watering: No: Yes: Other: Amount:
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.)
Private Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well:
Well is: 1) Uphill 2) Downhill 3) Same Grade ☒

Previous Problems:

How long have you owned, operated or lived on this property?

22 yrs

Have you ever experienced any previous problems with your well?

no

If so, when?

What was the cause of the previous problem?

Drought:

Pump Failure:

Plugging:

Increased Usage

Interference:

Contamination:

If problem was contamination, what water quality changes were apparent?

(Note any differences in taste, odour, colour or clarity)

What action was taken to overcome this problem?

What were the effects of this problem?

Did you ever have your well deepened no, or cleaned yes, or a new well constructed _____?

If so, why?

twice 3 times

Outline briefly any previous repairs or changes in pumping equipment, and dates:

Does homeowner grant permission to obtain a water quality sample?

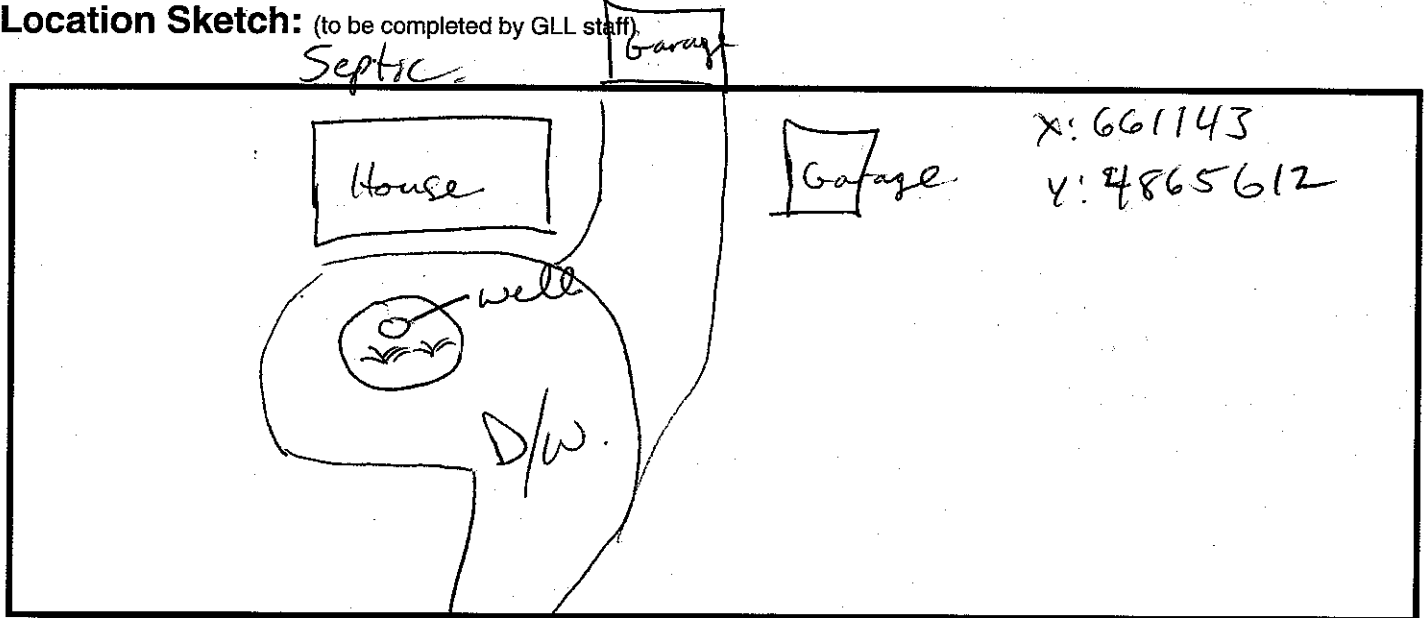
Yes

No

Signature:

P. A. Meskel

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

good condition, ~ 6" above grade

Is there a depression around the well?



Yes





No

Photo Number:

18

Water Well Survey

 Ontario 1201 Wilson Avenue, Building D, 3rd Floor, Downsview, ON M3M 1J8 1-866-840-5529

 Gartner Lee 300 Town Centre Boulevard, Suite 300, Markham, ON L3R 5Z6 (905)477-8400

Well #: 3076
MOE #: 1222

Owner of Well:

Name: Marilyn Pardon Telephone (Bus.): ()
Address: 4085 Coronation Rd. (Home): (905) 668-3418
Person Interviewed: Marilyn Pardon Residence: _____
Date: 19 June 08 Time: 13:31 Interviewed By: AC
Name of Original Well Owner: (if different from above) _____

Occupant of House Served by Well: (if other than owner)

Name: _____ Telephone (Bus.): ()
Address: _____ (Home): ()

Well Location:

Lot: _____ Concession: _____ Township: _____
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: 1955 Use: _____ Contractor: _____
Type (drilled or dug): Dug Diameter: ~1m Well Depth: ~27'
Is well accessible for direct sampling? Yes or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

Well Water Levels: (indicate whether measured from ground level, or from top of casing)

Original Water Level Depth: _____ m
Subsequent Water Level Measurements
(give depths in m and dates) _____

Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence _____ Pumping Capacity: _____ Age: 1955

How is your pump lubricated: _____

Depth of Intake Setting: ~24' m (Original) _____ m (Present) Pumping Rate: _____ L/s

Storage Tank: Type: _____ Capacity: _____

Do you have a: Chlorinator: NO Water Softener: ☒ Water Filter: ☒ Filter Type: Screen & UV

Water Use: Domestic: No: ☒ Yes: ☒ No. of persons using water from well: 2

Livestock: No: ☒ Yes: _____ No. of livestock watered from well: _____

Lawn Watering: No: ☒ Yes: _____ Other: _____ Amount: _____

Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) washer, 2 bathrooms w/ 2 showers

Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: ~30m

Well is: 1) Uphill _____ 2) Downhill: _____ 3) Same Grade: ☒

Previous Problems:

How long have you owned, operated or lived on this property?

Since 1956

Have you ever experienced any previous problems with your well?

E. coli? many years ago

If so, when?

was tested regularly to ensure UV is working

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage: _____

Interference: _____

Contamination: _____

If problem was contamination, what water quality changes were apparent?

(Note any differences in taste, odour, colour or clarity)

What action was taken to overcome this problem?

What were the effects of this problem?

Did you ever have your well deepened _____, or cleaned yes, or a new well constructed _____?

If so, why?

twice

Outline briefly any previous repairs or changes in pumping equipment, and dates:

Does homeowner grant permission to obtain a water quality sample?

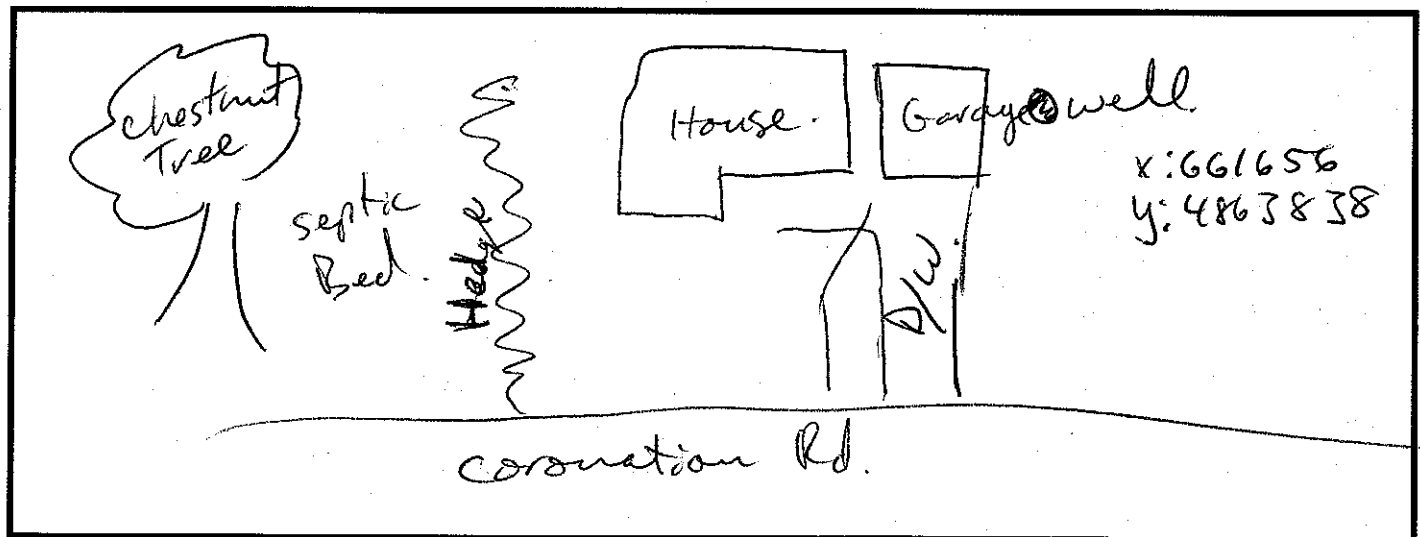
Yes ☒

No ☐

Signature: _____

- everything goes through UV - outdoor tap bypasses softener

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

good, about 6" above grade

Is there a depression around the well?

☐

Yes

☒

No

Photo Number:

19

Drilled: 3688 1234
dug: 3687 1233 ✓

Water Well Survey

Ontario 1201 Wilson Avenue, Building D, 3rd Floor, Downsview, ON M3M 1J8 1-866-840-5529

Gartner Lee 300 Town Centre Boulevard, Suite 300, Markham, ON L3R 5Z6 (905) 477-8400

Well #: _____

MOE #: _____

Owner of Well: John

call John for additional info.

Name: Connie Rechanicz

Telephone (Bus.): (905) 706-0100

Address: 4585 Concession Rd.

(Home): (905) 655-6422

Person Interviewed: Connie

Residence: _____

Date: 19-Jun-08

Time: _____

Interviewed By: AE

Name of Original Well Owner: (if different from above) _____

Occupant of House Served by Well: (if other than owner)

Name: _____

Telephone (Bus.): () _____

Address: _____

(Home): () _____

Well Location:

Lot: _____

Concession: _____

Township: _____

GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: _____

Use: _____

Contractor: _____

Type (drilled or dug): Both - but use drilled only

Diameter: 6"

Well Depth: _____

Is well accessible for direct sampling? _____

or buried: _____

Screen: Yes ☒ No ☐

Yes ☒

No ☐

If Yes, length: _____ m

Depth of top of screen: _____ m

Well Water Levels: (indicate whether measured from ground level, or from top of casing)

Original Water Level Depth: _____ m

Subsequent Water Level Measurements

(give depths in m and dates)

Pumping Equipment:

Pump Type: Suction-lift: _____

or Positive-submergence _____

Pumping Capacity: _____

Age: _____

How is your pump lubricated: _____

Depth of Intake Setting: _____ m (Original)

_____ m (Present)

Pumping Rate: _____ L/s

Storage Tank: _____

Type: _____

Capacity: _____

Do you have a:

Chlorinator: NO

Water Softener: ☒

Water Filter: ☒

Filter Type: UV & Cartridges

Water Use:

Domestic: No: ☒ Yes: ☒

Yes: ☒

No. of persons using water from well: 4

Livestock: No: ☒ Yes: ☐

Yes: ☐

No. of livestock watered from well: _____

Lawn Watering: No: ☒ Yes: ☐

Yes: ☐

Other: _____

Amount: _____

Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.)

Pool, hot tub

Private Waste and Water Disposal: ☒

Type (septic tank, etc.): Septic behind house

Distance to Well: _____

Well is:

1) Uphill ☒

2) Downhill: _____

3) Same Grade _____

Previous Problems:

How long have you owned, operated or lived on this property?

5 years

Have you ever experienced any previous problems with your well?

no

If so, when?

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage _____

Interference: _____

Contamination: _____

If problem was contamination, what water quality changes were apparent?

(Note any differences in taste, odour, colour or clarity)

What action was taken to overcome this problem?

What were the effects of this problem?

Did you ever have your well deepened no, or cleaned no, or a new well constructed _____?

If so, why?

Outline briefly any previous repairs or changes in pumping equipment, and dates:

Does homeowner grant permission to obtain a water quality sample?

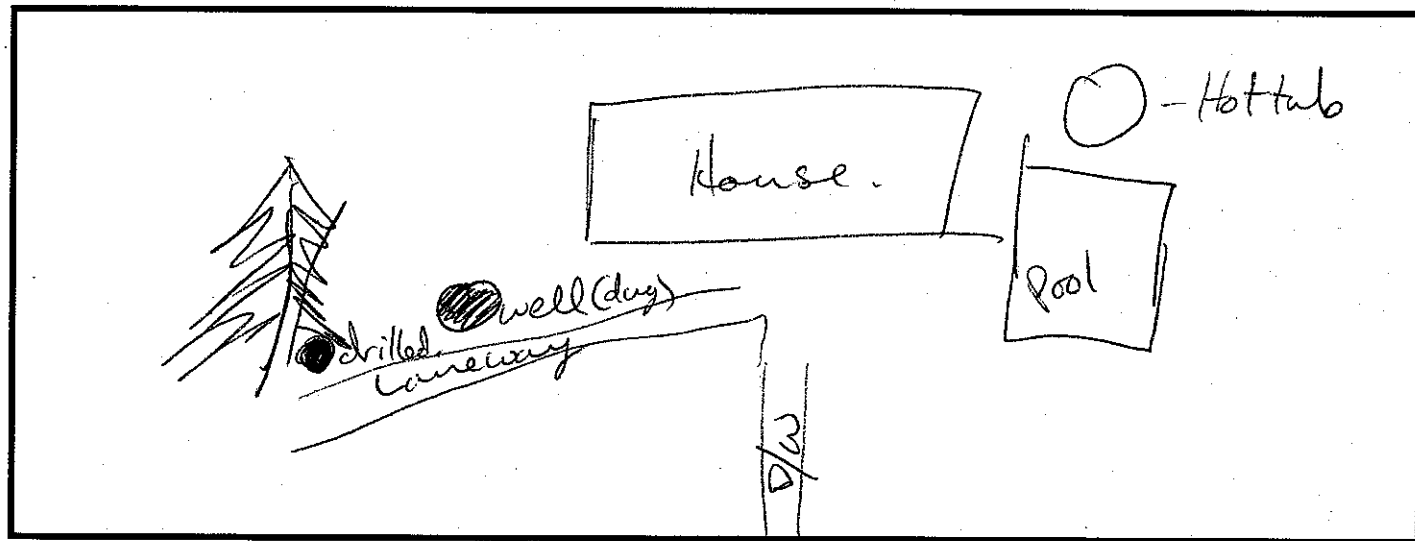
Yes ☒

No ☐

Signature: _____

call for appointment - need to make sure

Location Sketch: (to be completed by GLL staff) John is home



Field Visit: (to be completed by GLL staff)

Well Condition:

good, ~ 1.5' above ground. (drilled)

Dug: good, ~ 1' above ground.

- dug well not in use

Is there a depression around the well?

☐

Yes

☒

No

Photo Number:

20

Water Well Survey

Ontario 1201 Wilson Avenue, Building D, 3rd Floor, Downsview, ON M3M 1J8 1-866-840-5529

Gartner Lee 300 Town Centre Boulevard, Suite 300, Markham, ON L3R 5Z6 (905)477-8400

Owner of Well:

Name: Chomisky John Telephone (Bus.): ()
Address: 4600 ~~600~~ Coronation Rd. (Home): ()
Person Interviewed: _____ Residence: 1
Date: 19-June-08 Time: 16:09 Interviewed By: AC
Name of Original Well Owner: (if different from above) _____

Occupant of House Served by Well: (if other than owner)

Name: _____ Telephone (Bus.): ()
Address: _____ (Home): ()

Well Location:

Lot: _____ Concession: _____ Township: _____

GLL Map Sheet: (to be completed by GLL Staff)

Well Construction Details:

Date Constructed: House 10-12 yrs 1994 Garden well: old well (70 yrs)
Type (drilled or dug): both drilled Diameter: 6 1/4"
Is well accessible for direct sampling? yes or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

Well Water Levels: (indicate whether measured from ground level, or from top of casing)

Original Water Level Depth: Static: 10' pumping level: 87' 56 GPM max. recommended pump rate.
Subsequent Water Level Measurements _____
(give depths in m and dates)

Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence _____ Pumping Capacity: _____ Age: 5 yrs.

How is your pump lubricated: _____

Depth of Intake Setting: 78' (Original) 78' (Present) Pumping Rate: 56 GPM 45

Storage Tank: Type: _____ Capacity: _____

Do you have a: Chlorinator: _____ Water Softener: NO Water Filter: NO Filter Type: _____

Water Use: Domestic: No: ☒ Yes: ☒ No. of persons using water from well: _____

Livestock: No: ☒ Yes: _____ No. of livestock watered from well: _____

Lawn Watering: No: _____ Yes: garden with Other: _____ Amount: _____

Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) garden well 1 bath w/shower

Private Waste and Water Disposal: Type (septic tank, etc.): septic E. side of house Distance to Well: _____

Well is: 1) Uphill: ☒ 2) Downhill: _____ 3) Same Grade: _____

Previous Problems:

How long have you owned, operated or lived on this property? 1955

Have you ever experienced any previous problems with your well? No,

If so, when? _____

What was the cause of the previous problem?

Drought: _____

Pump Failure: ☒

Plugging: _____

Increased Usage _____

Interference: _____

Contamination: _____

If problem was contamination, what water quality changes were apparent? replaced 5 yrs ago.

(Note any differences in taste, odour, colour or clarity) - never dry - no trouble

What action was taken to overcome this problem? _____

What were the effects of this problem? _____

Did you ever have your well deepened NO, or cleaned NO, or a new well constructed _____?

If so, why? _____

Outline briefly any previous repairs or changes in pumping equipment, and dates:

new pump 5 yrs ago.

Does homeowner grant permission to obtain a water quality sample?

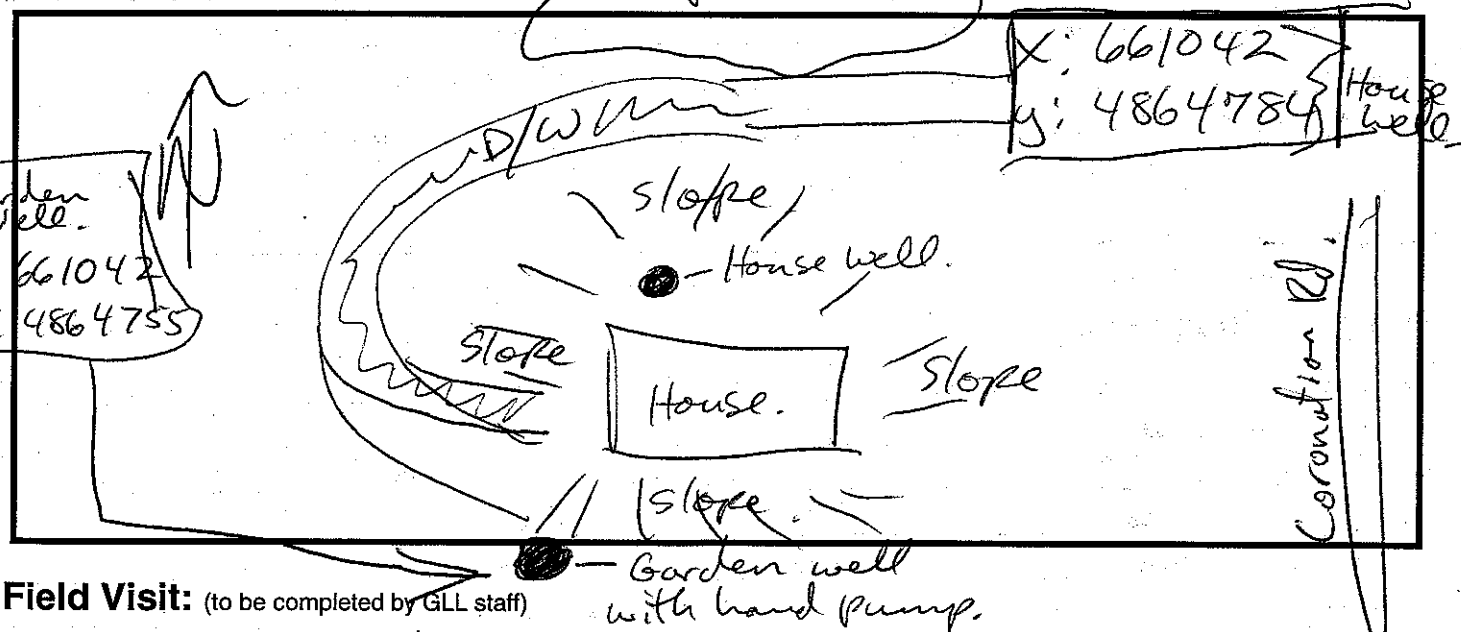
Yes ☒

No _____

Signature: [Signature]

- works till 5:00 call first. - outdoor tap on S. side of house.

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

good condition (both wells) Fe staining on rocks around garden well.

Is there a depression around the well?

☐

Yes

☒

No

Photo Number:

24 (House)
25 (Garden)

Water Well Survey - House Well

Well #: 3697MOE #: 1243 ✓Ontario 1201 Wilson Avenue, Building D, 3rd Floor, Downsview, ON M3M 1J8 1-866-840-5529

Gartner Lee 300 Town Centre Boulevard, Suite 300, Markham, ON L3R 5Z6 (905)477-8400

Owner of Well:

Name: Dundas, George Telephone (Bus.): ()Address: 4925 Coronation Rd (Home): ()

Person interviewed: Residence:

Date: 10-Jun-08 Time: Interviewed By: AK

Name of Original Well Owner: (if different from above)

Occupant of House Served by Well: (if other than owner)

Name: Telephone (Bus.): ()

Address: (Home): ()

Well Location:

Lot: Concession: Township:

GLL Map Sheet: (to be completed by GLL Staff)

Well Construction Details:

Date Constructed: Use: Res. Contractor:Type (drilled or dug): ~1974 Dug Diameter: Well Depth: ~40'

Is well accessible for direct sampling? or buried:

Screen: Yes No If Yes, length: m Depth of top of screen: m

Well Water Levels: (indicate whether measured from ground level, or from top of casing)

Original Water Level Depth: m

Subsequent Water Level Measurements
(give depths in m and dates)

Pumping Equipment:

Pump Type: Suction-lift: or Positive-submergence ✓ Pumping Capacity: Age: 10 yrs.

How is your pump lubricated:

Depth of Intake Setting: ? m (Original) m (Present) Pumping Rate: L/s

Storage Tank: Type: Capacity:

Do you have a: Chlorinator: not Water Softener: ✓ Water Filter: ✓ Filter Type: CanistarWater Use: Domestic: No: not Yes: ✓ No. of persons using water from well: 2Livestock: No: not Yes: No. of livestock watered from well:Lawn Watering: No: not Yes: Other: Amount:Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) washer, dishwasher, 2 1/2 baths.Private Waste and Water Disposal: Type (septic tank, etc.): Septic Tank Distance to Well:

Well is: 1) Uphill 2) Downhill 3) Same Grade ✓

Previous Problems:

How long have you owned, operated or lived on this property?

~ 22 years

Have you ever experienced any previous problems with your well?

no - other than pump replacement

If so, when?

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage: _____

Interference: _____

Contamination: _____

If problem was contamination, what water quality changes were apparent?

(Note any differences in taste, odour, colour or clarity)

What action was taken to overcome this problem?

What were the effects of this problem?

Did you ever have your well deepened _____, or cleaned yes, or a new well constructed _____?

If so, why?

~ 1 yr ago

Outline briefly any previous repairs or changes in pumping equipment, and dates:

Does homeowner grant permission to obtain a water quality sample?

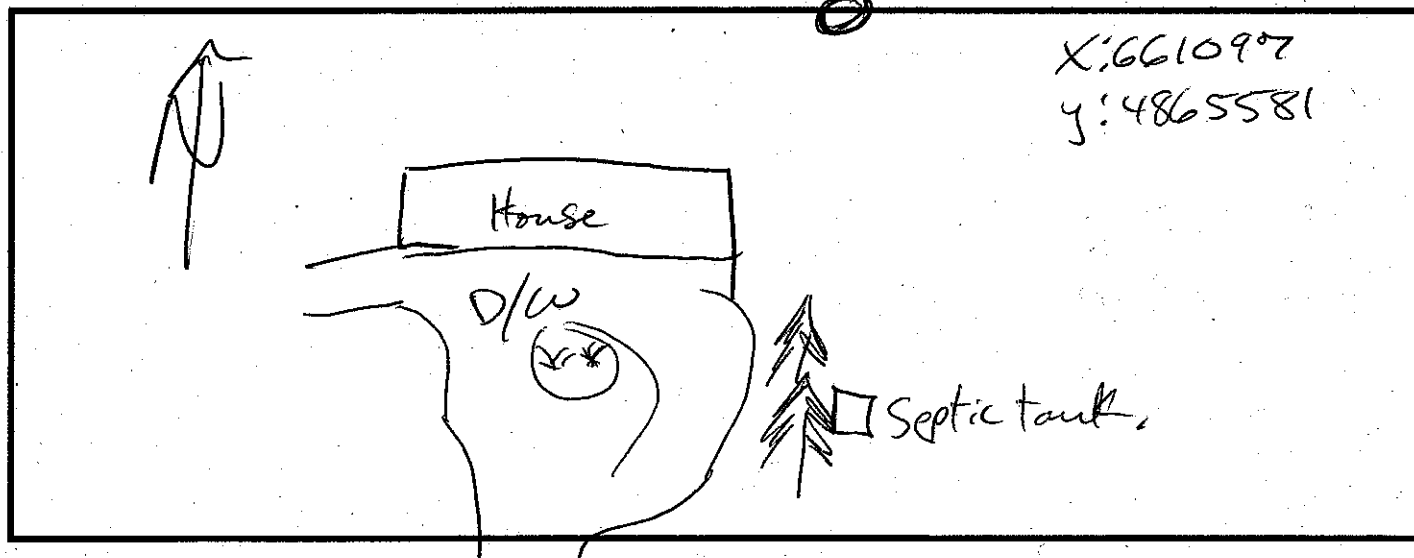
Yes ☒

No ☐

Signature: [Signature]

Tap in basement bypasses Softner.

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

good condition - sealed properly

Is there a depression around the well?



Yes




No

Photo Number:

26

Water Well Survey - *Garage well*

 Ontario 1201 Wilson Avenue, Building D, 3rd Floor, Downsview, ON M3M 1J8 1-866-840-5529

 Gartner Lee 300 Town Centre Boulevard, Suite 300, Markham, ON L3R 5Z6 (905)477-8400

Well #: 3698
MOE #: 1244

Owner of Well:

Name: Dundas, George Telephone (Bus.): ()
Address: 4925 Coronation Rd. (Home): ()
Person Interviewed: _____ Residence: _____
Date: 20 June 08 Time: _____ Interviewed By: AC
Name of Original Well Owner: (if different from above) _____

Occupant of House Served by Well: (if other than owner)

Name: _____ Telephone (Bus.): ()
Address: _____ (Home): ()

Well Location:

Lot: _____ Concession: _____ Township: _____

GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: ~1974 Use: Garden Contractor: _____
Type (drilled or dug): Dug Diameter: _____ Well Depth: ~40'
Is well accessible for direct sampling? yes or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

Well Water Levels: (indicate whether measured from ground level, or from top of casing)

Original Water Level Depth: _____ m

Subsequent Water Level Measurements
(give depths in m and dates) _____

Pumping Equipment:

Pump Type: Suction-lift: _____ or Positive-submergence ☒ Pumping Capacity: _____ Age: 15 yrs.

How is your pump lubricated: _____

Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s

Storage Tank: Type: _____ Capacity: _____

Do you have a: Chlorinator: _____ Water Softener: NO Water Filter: NO Filter Type: _____

Water Use: Domestic: No: _____ Yes: _____ No. of persons using water from well: _____

Livestock: No: _____ Yes: _____ No. of livestock watered from well: _____

Lawn Watering: No: _____ Yes: ☒ Other: Truck washing Amount: _____

Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) _____

Private Waste and Water Disposal: Type (septic tank, etc.): _____ Distance to Well: ~50 yds
Well is: 1) Uphill ☒ 2) Downhill: _____ 3) Same Grade: _____

Previous Problems:

How long have you owned, operated or lived on this property?

Since 1974

Have you ever experienced any previous problems with your well?

If so, when?

What was the cause of the previous problem?

Drought:

Pump Failure:

Plugging:

Increased Usage

Interference:

Contamination:

If problem was contamination, what water quality changes were apparent?

(Note any differences in taste, odour, colour or clarity)

What action was taken to overcome this problem?

What were the effects of this problem?

Did you ever have your well deepened _____, or cleaned _____, or a new well constructed _____?

If so, why?

Outline briefly any previous repairs or changes in pumping equipment, and dates:

- well used for garden & washing cars & trucks

Does homeowner grant permission to obtain a water quality sample?

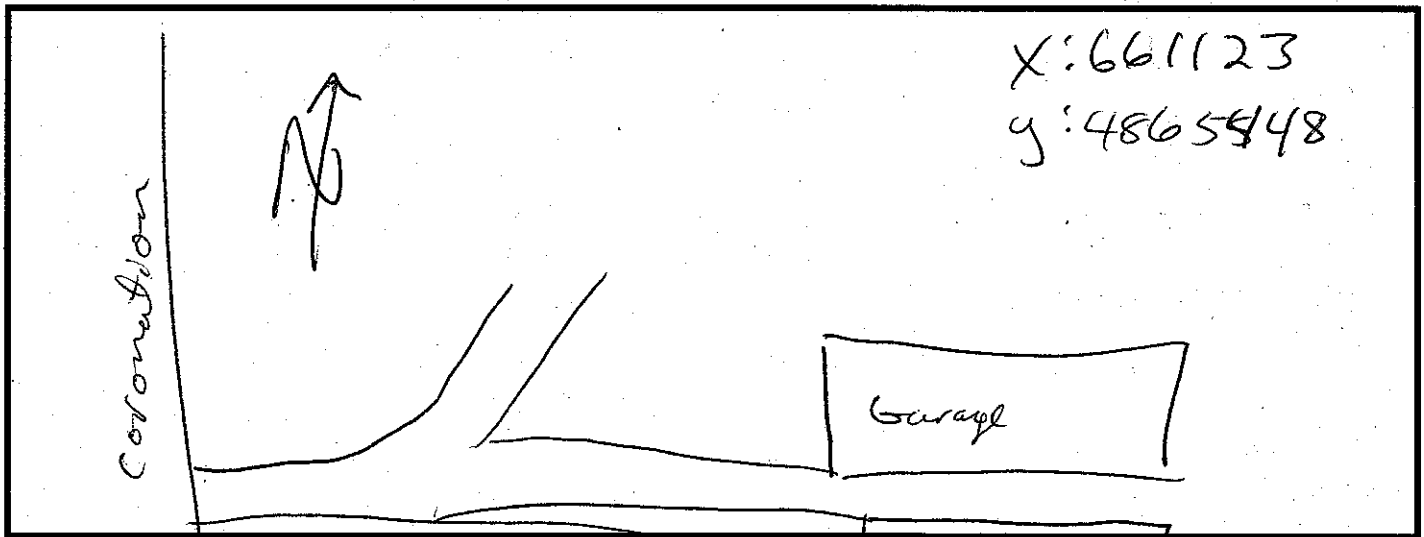
Yes

No

Signature:

Guy Dube

Location Sketch: (to be completed by GLL staff)



X: 661123

Y: 4865848

Field Visit: (to be completed by GLL staff)

Well Condition: Cap is cracked, not sealed properly.

Dwell.

Is there a depression around the well?

☐

Yes


☒


No

Photo Number:

27

Water Well Survey

 Ontario 1201 Wilson Avenue, Building D, 3rd Floor, Downsview, ON M3M 1J8 1-866-840-5529

 Gartner Lee 300 Town Centre Boulevard, Suite 300, Markham, ON L3R 5Z6 (905)477-8400

Owner of Well:

Name: Herget, Max Telephone (Bus.): ()
Address: 4960 Coronation (Home): (905) 655-5764
Person Interviewed: Max Residence:
Date: 20-Jun-08 Time: 11:50 Interviewed By: AC
Name of Original Well Owner: (if different from above)

Occupant of House Served by Well: (if other than owner)

Name: Telephone (Bus.): ()
Address: (Home): ()

Well Location:

Lot: Concession: Township:
GLL Map Sheet: (to be completed by GLL Staff)

Well Construction Details:

Date Constructed: 1972-1973 Use: Res Contractor:
Type (drilled or dug): 2 Dug Wells Diameter: Well Depth: 50' & 78'
Is well accessible for direct sampling? yes or buried:
Screen: Yes No If Yes, length: m Depth of top of screen: m

Well Water Levels: (indicate whether measured from ground level, or from top of casing)

Original Water Level Depth: Spring high levels, early fall occasionally dry
Subsequent Water Level Measurements
(give depths in m and dates)

Pumping Equipment: 78'

Pump Type: Suction-lift: ✓ or Positive-submergence: ✓ Pumping Capacity: Age:
How is your pump lubricated:
Depth of Intake Setting: m (Original) m (Present) Pumping Rate: L/s
Storage Tank: Type: Capacity:
Do you have a: Chlorinator: Water Softener: ✓ Water Filter: ✓ Filter Type: Particulate
Water Use: Domestic: No: ✓ Yes: ✓ No. of persons using water from well: 3
Livestock: No: ✓ Yes: No. of livestock watered from well:
Lawn Watering: No: ✓ Yes: Other: Amount:
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) pool, washer, dishwasher, 3 bathrooms, 3 showers
Private Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well:
Well is: 1) Uphill ✓ 2) Downhill: 3) Same Grade:

Previous Problems:

How long have you owned, operated or lived on this property? 1974

Have you ever experienced any previous problems with your well? no other than occasionally

If so, when? dry.

What was the cause of the previous problem?

Drought: ☒

Pump Failure: ☒

Plugging: ☐

Increased Usage ☐

Interference: ☐

Contamination: ☐

If problem was contamination, what water quality changes were apparent?

(Note any differences in taste, odour, colour or clarity)

What action was taken to overcome this problem?

What were the effects of this problem?

Did you ever have your well deepened no, or cleaned yes, or a new well constructed ?

If so, why? 3 or 4 times.

Outline briefly any previous repairs or changes in pumping equipment, and dates:

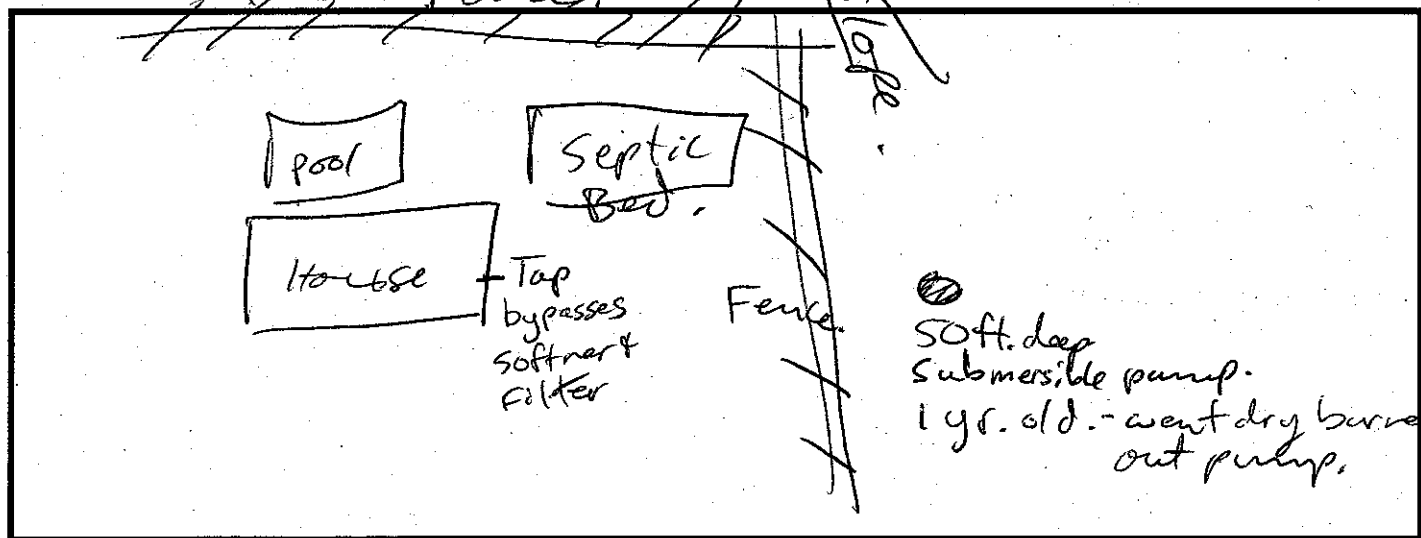
Does homeowner grant permission to obtain a water quality sample?

Yes ☒

No ☐

Signature: [Signature]

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition: ? could not see - approx. coordinates

50 Ft: X: 660880 Y: 4865530

78 Ft: X: 660892 Y: 4865510

Is there a depression around the well?



Yes



No

Photo Number: no photos

Water Well Survey

Ontario 1201 Wilson Avenue, Building D, 3rd Floor, Downsview, ON M3M 1J8 1-866-840-5529

Gartner Lee 300 Town Centre Boulevard, Suite 300, Markham, ON L3R 5Z6 (905)477-8400

Owner of Well:

Name: Debbie Bouchard Telephone (Bus.): ()
Address: 5080 Concession Rd. (Home): (905) 655-3308
Person Interviewed: Debbie Residence: _____
Date: 20-Jan-08 Time: _____ Interviewed By: AS
Name of Original Well Owner: (if different from above) _____

Occupant of House Served by Well: (if other than owner)

Name: _____ Telephone (Bus.): ()
Address: _____ (Home): ()

Well Location: - dug well connected to drilled well underground
- Sulphur

Lot: _____ Concession: _____ Township: _____
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: dug - 10 yrs old Use: Res. Contractor: _____
Type (drilled or dug): 2: drilled & dug Diameter: _____ Well Depth: 7
Is well accessible for direct sampling? yes or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

Well Water Levels: (indicate whether measured from ground level, or from top of casing)

Original Water Level Depth: _____ m
Subsequent Water Level Measurements - they do not drink the water - for clothes & showers
(give depths in m and dates) only

Pumping Equipment:

Pump Type: Suction-lift: _____ or Positive-submergence ☒ Pumping Capacity: _____ Age: 10 yrs.
How is your pump lubricated: _____
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: _____ Capacity: _____
Do you have a: Chlorinator: _____ Water Softener: ☒ Water Filter: ☒ Filter Type: UV & other
Water Use: Domestic: No: _____ Yes: ☒ No. of persons using water from well: 2 Filter?
Livestock: No: ☒ Yes: _____ No. of livestock watered from well: _____
Lawn Watering: No: ☒ Yes: _____ Other: _____ Amount: _____
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) Hottubs, washing machine, dishwasher, 5 bathrooms, 4 showers, 4 toilets
Private Waste and Water Disposal: Type (septic tank, etc.): Septic - south of house Distance to Well: ~ 30 m
Well is: 1) Uphill ☒ 2) Downhill: _____ 3) Same Grade: _____

Previous Problems:

How long have you owned, operated or lived on this property?

12 yrs.

Have you ever experienced any previous problems with your well?

If so, when?

What was the cause of the previous problem?

ran out of water in dug well
then drilled new well.

Drought: ☒

Pump Failure: ☐

Plugging: ☐

Increased Usage: ☐

Interference: ☐

Contamination: ☐

If problem was contamination, what water quality changes were apparent?

Odour - Sulphur

(Note any differences in taste, odour, colour or clarity)

discolouration of clothes

What action was taken to overcome this problem?

What were the effects of this problem?

Did you ever have your well deepened _____, or cleaned twice, or a new well constructed _____?

If so, why?

maintenance

Outline briefly any previous repairs or changes in pumping equipment, and dates:

Does homeowner grant permission to obtain a water quality sample?

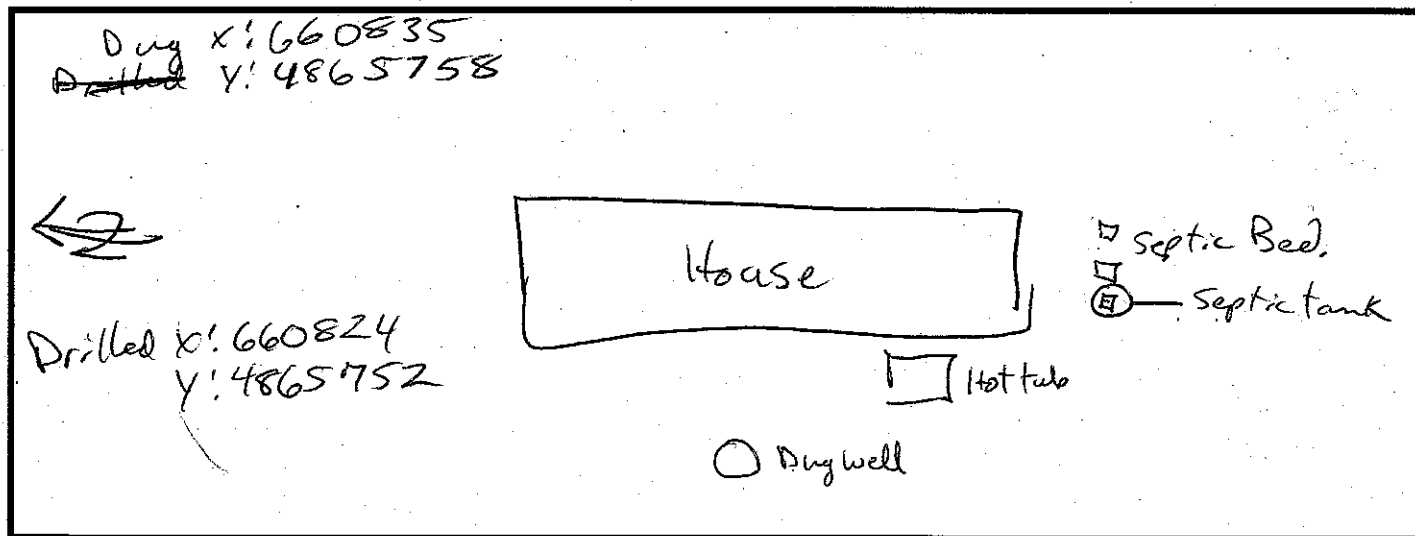
Yes ☒

No ☐

Signature: [Signature]

call first

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

Dug - good condition - sealed - 2.5' above ground
Drilled - good condition - ~2.5 ft. above ground.

Is there a depression around the well?



Yes



No

Photo Number: 28429

Water Well Survey

Well #: 37041250

MOE #: _____

Ontario 1201 Wilson Avenue, Building D, 3rd Floor, Downsview, ON M3M 1J8 1-866-840-5529

Gartner Lee 300 Town Centre Boulevard, Suite 300, Markham, ON L3R 5Z6 (905)477-8400

Owner of Well:

Name: Daryal Mac Gillivray Telephone (Bus.): () _____
Address: 5140 coronation (Home): (905) 655-4720
Person Interviewed: _____ Residence: _____
Date: 20-Jun-08 Time: 13:01 Interviewed By: AC
Name of Original Well Owner: (if different from above) _____

Occupant of House Served by Well: (if other than owner)

Name: _____ Telephone (Bus.): () _____
Address: _____ (Home): () _____

Well Location:

Lot: _____ Concession: _____ Township: _____
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: 1967 Use: Res. Contractor: _____
Type (drilled or dug): Dug, Drilled Diameter: _____ Well Depth: ~80'
Is well accessible for direct sampling? Yes or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

Well Water Levels: (indicate whether measured from ground level, or from top of casing)

Original Water Level Depth: 7 m

Subsequent Water Level Measurements
(give depths in m and dates)

Pumping Equipment:

Pump Type: Suction-lift: _____ or Positive-submergence ☒ Pumping Capacity: _____ Age: 11 yrs.
How is your pump lubricated: _____
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: _____ Capacity: _____
Do you have a: Chlorinator: _____ Water Softener: NO Water Filter: ☒ Filter Type: canister
Water Use: Domestic: No: _____ Yes: ☒ No. of persons using water from well: 1
Livestock: No: ☒ Yes: _____ No. of livestock watered from well: _____
Lawn Watering: No: ☒ Yes: _____ Other: _____ Amount: _____
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) Washer, dishwasher, 1 1/2 baths
Private Waste and Water Disposal: ☒ Type (septic tank, etc.): Septic Santhol Distance to Well: 30 m
Well is: 1) Uphill ☒ 2) Downhill: _____ 3) Same Grade: _____

Previous Problems:

How long have you owned, operated or lived on this property?

Since 1979

Have you ever experienced any previous problems with your well?

yes - last winter well went dry/frozen for a couple of days.

If so, when?

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage: _____

Interference: _____

Contamination: _____

If problem was contamination, what water quality changes were apparent?

(Note any differences in taste, odour, colour or clarity)

What action was taken to overcome this problem?

What were the effects of this problem?

Did you ever have your well deepened no, or cleaned no, or a new well constructed _____?

If so, why?

Outline briefly any previous repairs or changes in pumping equipment, and dates:

- only drinks bottled water.

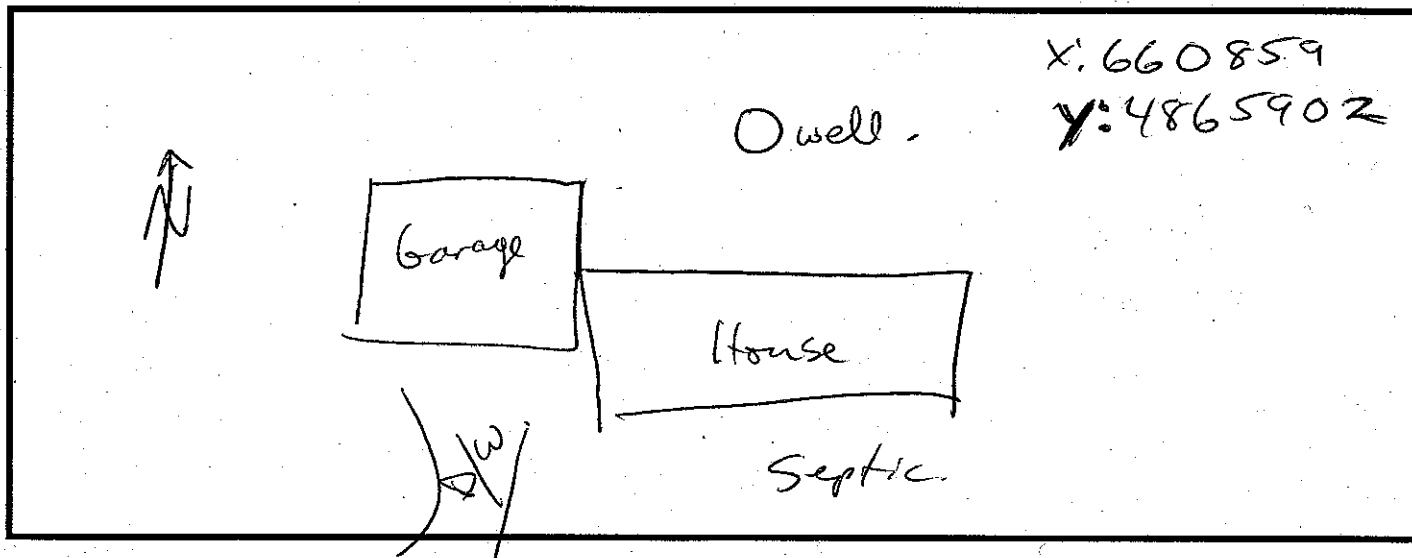
Does homeowner grant permission to obtain a water quality sample?

Yes ☒

No ☐

Signature: MacGillivray

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

poor condition, casing lid cracked

Is there a depression around the well?



Yes



No

Photo Number:

30

Water Well Survey

Well #: 3706

MOE #:



Gartner Lee 300 Town Centre Boulevard, Suite 300, Markham, ON L3R 5Z6 (905)477-8400

Owner of Well:

Name: Vince Detee Telephone (Bus.): ()
Address: 5180 Coronation Rd. (Home): (905) 530-4138
Person Interviewed: Vince. Residence: 416
Date: 20-Jun-08 Time: 13:40 Interviewed By: AC
Name of Original Well Owner: (if different from above)

Occupant of House Served by Well: *(if other than owner)*

Name: _____ Telephone (Bus.): (_____) _____
Address: _____ (Home): (_____) _____

Well Location:

Lot: _____ **Concession:** _____ **Township:** _____

GLL Map Sheet: (to be completed by GLL Staff)

Well Construction Details:

Date Constructed: 1967 Use: Res. Contractor: _____
Type (drilled or dug): Drilled Diameter: _____ Well Depth: 105'
Is well accessible for direct sampling? Yes or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

Well Water Levels: (indicate whether measured from ground level, or from top of casing)

Original Water Level Depth: _____ m

Subsequent Water Level Measurements
(give depths in m and dates)

Pumping Equipment:

Pump Type: Suction-lift: _____ or Positive-submergence ☒ Pumping Capacity: _____ Age: 6 mo.

How is your pump lubricated:

Depth of Intake Setting: 100 ~~100~~ (Original) m (Present) Pumping Rate: L/s

Storage Tank: *Type:* *Capacity:*

Do you have a: Chlorinator: _____ Water Softener: ☒ Water Filter: ☒ Filter Type: UV.

Water Use: Domestic: No: Yes: ☒ No. of persons using water from well: 2

Livestock: No: ☒ Yes: ☐ No. of livestock watered from well: _____

Lawn Watering: No: ☒ Yes: ☐ Other: ☐ Amount:

Equipment: Indoor plumbing (e.g., shower, automatic washer, washer, dishwasher, 2 full baths, pool, sauna, etc.)

Private Waste and Water Disposal: Type (septic tank, etc.) Septic N. of house Distance to Well: _____

Well is: 1) Uphill ☒ 2) Downhill: ☐ 3) Same Grade ☐

Previous Problems:

How long have you owned, operated or lived on this property?

4 years

Have you ever experienced any previous problems with your well?

yes - ~~drought~~ dug in August

If so, when?

"problems since day 1"

What was the cause of the previous problem?

Drought: ☒

Pump Failure: ☐

Plugging: ☐

Increased Usage ☐

Interference: ☐

Contamination: ☐

If problem was contamination, what water quality changes were apparent?

(Note any differences in taste, odour, colour or clarity)

What action was taken to overcome this problem?

What were the effects of this problem?

Did you ever have your well deepened _____, or cleaned no, or a new well constructed _____?

If so, why?

Outline briefly any previous repairs or changes in pumping equipment, and dates:

Does homeowner grant permission to obtain a water quality sample?

Yes ☐

No ☐

Signature: _____

Location Sketch: (to be completed by GLL staff)

Field Visit: (to be completed by GLL staff)

Well Condition: _____

Is there a depression around the well?

☐

Yes

☐

No

Photo Number: _____

Water Well Survey

Well #: 3708
1254

MOE #: _____

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Gartner Lee 300 Town Centre Boulevard, Suite 300, Markham, ON L3R 5Z6 (905)477-8400

Owner of Well:

Name: Cindy Morey Telephone (Bus.): (____) _____
Address: 5215 Coronation (Home): (905) 655-4074
Person interviewed: _____ Residence: _____
Date: 20-Jan-08 Time: _____ Interviewed By: AC
Name of Original Well Owner: (if different from above) _____

Occupant of House Served by Well: (if other than owner)

Name: _____ Telephone (Bus.): (____) _____
Address: _____ (Home): (____) _____

Well Location:

Lot: _____ Concession: _____ Township: _____

GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: ~40 yrs. Use: _____ Contractor: _____
Type (drilled or dug): Dug Diameter: 1 m Well Depth: 26'
Is well accessible for direct sampling? _____ or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

Well Water Levels: (indicate whether measured from ground level, or from top of casing)

Original Water Level Depth: 23' (3' of head in well)Subsequent Water Level Measurements
(give depths in m and dates) _____

Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence _____ Pumping Capacity: _____ Age: >25 yrs.

How is your pump lubricated: _____

Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: press. tanks (2) Capacity: ~80 Gallons (40 ea.)

Do you have a: Chlorinator: _____ Water Softener: _____ Water Filter: _____ Filter Type: _____

Water Use: Domestic: No: _____ Yes: ☒ No. of persons using water from well: 4Livestock: No: ☒ Yes: _____ No. of livestock watered from well: _____Lawn Watering: No: ☒ Yes: _____ Other: _____ Amount: _____

Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) _____

pool, hot tub, 2 baths - 1 full & 1 halfPrivate Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well: ~30 mWell is: 1) Uphill _____ 2) Downhill: _____ 3) Same Grade: ☒

Previous Problems:

How long have you owned, operated or lived on this property?

25 yrs.

Have you ever experienced any previous problems with your well?

yes.

If so, when?

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage: _____

Interference: _____

Contamination: ☒

If problem was contamination, what water quality changes were apparent?

total coliforms.

(Note any differences in taste, odour, colour or clarity)

What action was taken to overcome this problem?

Cleaned & sealed.

What were the effects of this problem?

Did you ever have your well deepened _____

, or cleaned ☒

, or a new well constructed _____?

If so, why?

Cleaned & sealed ~ 15 yrs ago.

Outline briefly any previous repairs or changes in pumping equipment, and dates:

Does homeowner grant permission to obtain a water quality sample?

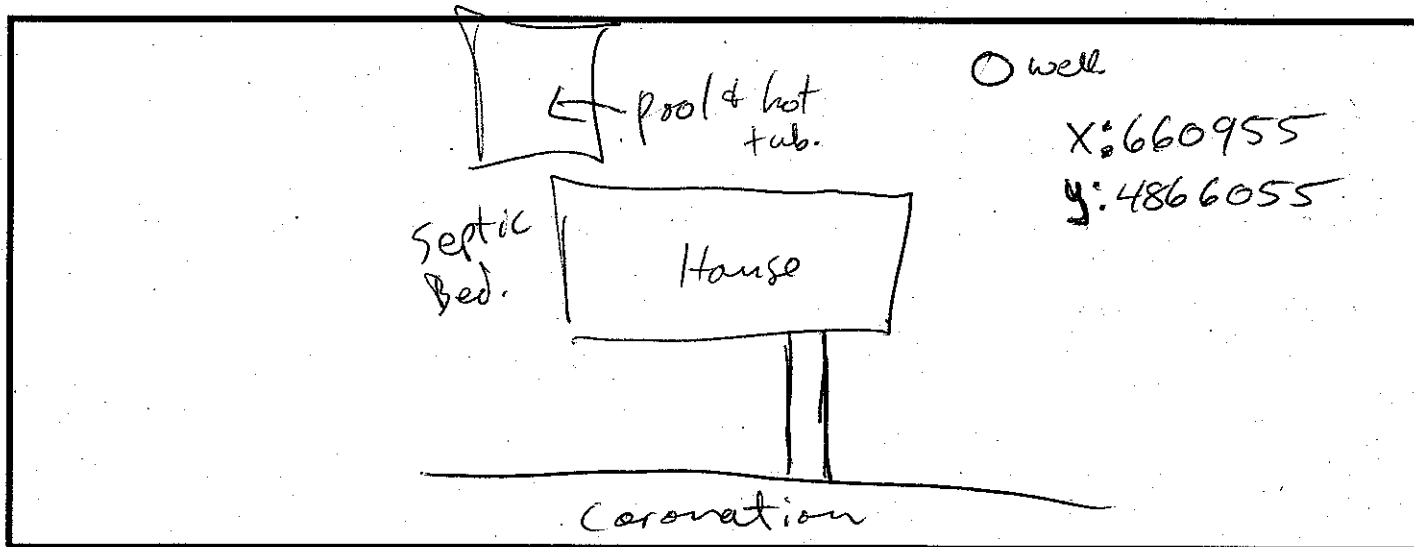
Yes ☒

No _____

Signature:

Cynthia Morey

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

good cond. ~ 1' above ground.

Is there a depression around the well?



Yes



No

Photo Number:

31

Deep : 3-7701256
Shallow : 37091255

Water Well Survey

Ontario 1201 Wilson Avenue, Building D, 3rd Floor, Downsview, ON M3M 1J8 1-866-840-5529

Gartner Lee 300 Town Centre Boulevard, Suite 300, Markham, ON L3R 5Z6 (905)477-8400

Well #: _____

MOE #: _____

Owner of Well:

Name: Elizabeth Hill Telephone (Bus.): ()
Address: 5217 Coronation (Home): (905) 655-4549
Person Interviewed: Elizabeth Residence: _____
Date: 20-June-08 Time: 14:45 Interviewed By: AC
Name of Original Well Owner: (if different from above) _____

Occupant of House Served by Well: (if other than owner)

Name: _____ Telephone (Bus.): ()
Address: _____ (Home): ()

Well Location:

Lot: _____ Concession: _____ Township: _____
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: 20 yrs ago Use: yes Contractor: _____
Type (drilled or dug): drilled - 1 deep Diameter: 1 m ea Well Depth: _____
2 dug - 1 shallow
Is well accessible for direct sampling? yes or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

Well Water Levels: (indicate whether measured from ground level, or from top of casing)

Original Water Level Depth: _____ m
Subsequent Water Level Measurements shallow ~ 35' - drinking/indoors
(give depths in m and dates) Deep > 100' - outdoors/backup
(has Fe & Chl) both < 10 yrs.

Pumping Equipment:

Pump Type: Suction-lift: _____ or Positive-submergence ✓ (both) Pumping Capacity: _____ Age: _____

How is your pump lubricated: _____

Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s

Storage Tank: Type: _____ Capacity: _____

Do you have a: Chlorinator: no Water Softener: no Water Filter: no Filter Type: n/a

Water Use: Domestic: No: _____ Yes: ✓ No. of persons using water from well: 3

Livestock: No: ✓ Yes: _____ No. of livestock watered from well: _____

Lawn Watering: No: _____ Yes: _____ Other: _____ Amount: _____

Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) Swimming pool, washer, dishwasher
4 baths, 3 showers/tubs

Private Waste and Water Disposal: Type (septic tank, etc.): Septic at back Distance to Well: _____

Well is: 1) Uphill _____ 2) Downhill: _____ 3) Same Grade ✓

Previous Problems:

How long have you owned, operated or lived on this property?

20 yrs

Have you ever experienced any previous problems with your well?

shallow goes dry sometimes

If so, when?

What was the cause of the previous problem?

Drought: ☒ (shallow)

Pump Failure: _____

Plugging: _____

Increased Usage _____

Interference: _____

Contamination: _____

If problem was contamination, what water quality changes were apparent?

methane in deep well

(Note any differences in taste, odour, colour or clarity)

What action was taken to overcome this problem?

What were the effects of this problem?

Did you ever have your well deepened _____, or cleaned yes, or a new well constructed _____?

If so, why?

every 3-4 yrs.

Outline briefly any previous repairs or changes in pumping equipment, and dates:

Does homeowner grant permission to obtain a water quality sample?

Yes ☒ No _____

Signature: _____

E. Hill

call or knock on door first.

Location Sketch: (to be completed by GLL staff)

←

Tap (shallow)

House

Tap (Deepwell)

Tap Deep

Shallow

House generally supplied by shallow.

Deep X: 660911
Y: 4866093

Shallow X: 660905
Y: 4866093

Field Visit: (to be completed by GLL staff)

Well Condition:

shallow - good condition ~ 1.5' above ground
deep - cracked lid ~ 1.5 feet above ground
- tap with hose

Is there a depression around the well?

☐

Yes

☒

No


Photo Number:


Shallow # 33

Deep # 32

Water Well Survey

Well #: 3741
1257
MOE #: _____

 Ontario 1201 Wilson Avenue, Building D, 3rd Floor, Downsview, ON M3M 1J8 1-866-840-5529

 Gartner Lee 300 Town Centre Boulevard, Suite 300, Markham, ON L3R 5Z6 (905)477-8400

Owner of Well:

Name: Hilda Schmid Telephone (Bus.): (____) _____
Address: 5260 Coronation Rd. (Home): (905) 655-3085
Person Interviewed: Hilda Residence: _____
Date: 20 June -08 Time: _____ Interviewed By: AK
Name of Original Well Owner: (if different from above) _____

Occupant of House Served by Well: (if other than owner)

Name: _____ Telephone (Bus.): (____) _____
Address: _____ (Home): (____) _____

Well Location:

Lot: _____ Concession: _____ Township: _____
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: 1965-1966 Use: Domestic Contractor: _____
Type (drilled or dug): Dug Diameter: ~1m Well Depth: ?
Is well accessible for direct sampling? yes or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

Well Water Levels: (indicate whether measured from ground level, or from top of casing)

Original Water Level Depth: _____ m
Subsequent Water Level Measurements ~ 3 ft from bottom
(give depths in m and dates) _____

Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence _____ Pumping Capacity: _____ Age: _____
How is your pump lubricated: _____
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: _____ Capacity: _____
Do you have a: Chlorinator: no Water Softener: no Water Filter: no Filter Type: n/a
Water Use: Domestic: No: _____ Yes: ☒ No. of persons using water from well: 1
Livestock: No: ☒ Yes: _____ No. of livestock watered from well: _____
Lawn Watering: No: ☒ Yes: _____ Other: _____ Amount: _____
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) washer, dishwasher, 3 baths w/ 2 showers
Private Waste and Water Disposal: ☒ Type (septic tank, etc.): Septic Distance to Well: ~ 20m
Well is: 1) Uphill ☒ 2) Downhill: _____ 3) Same Grade: _____

Previous Problems:

How long have you owned, operated or lived on this property?

43 yrs.

Have you ever experienced any previous problems with your well?

no - stagger showers & washing

If so, when?

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage: _____

Interference: _____

Contamination: _____

If problem was contamination, what water quality changes were apparent?

(Note any differences in taste, odour, colour or clarity)

What action was taken to overcome this problem?

What were the effects of this problem?

Did you ever have your well deepened _____, or cleaned _____, or a new well constructed _____?

If so, why?

Outline briefly any previous repairs or changes in pumping equipment, and dates:

Does homeowner grant permission to obtain a water quality sample?

Yes

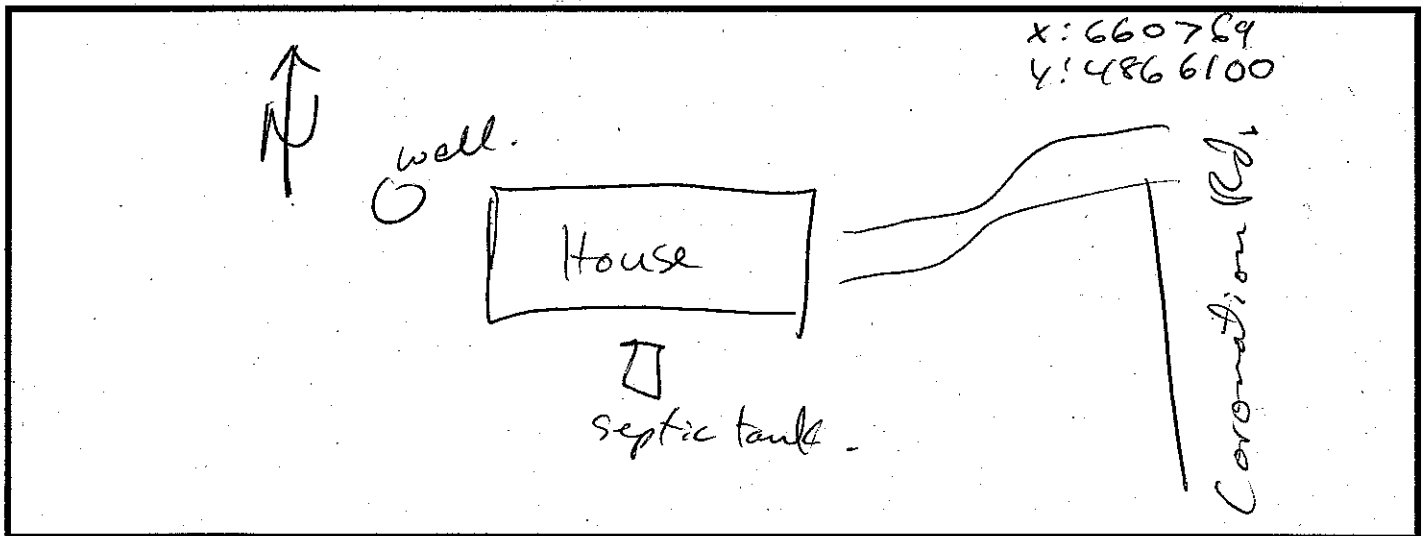
No

Signature:

Rilda Schmidt

Daughter said not to include her.

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

good - some cracks at corners of lid.
but

Is there a depression around the well?

☐

Yes


☒


No

Photo Number:

34

Water Well Survey

 Ontario 1201 Wilson Avenue, Building D, 3rd Floor, Downsview, ON M3M 1J8 1-866-840-5529

 Gartner Lee 300 Town Centre Boulevard, Suite 300, Markham, ON L3R 5Z6 (905)477-8400

Well #: 1261 3275 ✓

MOE #: _____

Owner of Well:

Name: Hess, Ivan Telephone (Bus.): (____) _____
Address: 5900 Coronation Rd. (Home): (905) 655-3632
Person Interviewed: Norata Hess Residence: _____
Date: 20-Jan-08 Time: 15:38 Interviewed By: AC
Name of Original Well Owner: (if different from above) _____

Occupant of House Served by Well: (if other than owner)

Name: _____ Telephone (Bus.): (____) _____
Address: _____ (Home): (____) _____

Well Location:

Lot: _____ Concession: _____ Township: _____
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: _____ Use: _____ Contractor: _____
Type (drilled or dug): Dug Diameter: 1m Well Depth: _____
Is well accessible for direct sampling? _____ or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

Well Water Levels: (indicate whether measured from ground level, or from top of casing)

Original Water Level Depth: _____ m
Subsequent Water Level Measurements _____
(give depths in m and dates) _____

Pumping Equipment:

Pump Type: Suction-lift ✓ or Positive-submergence _____ Pumping Capacity: _____ Age: _____

How is your pump lubricated: _____

Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s

Storage Tank: Type: _____ Capacity: _____

Do you have a: Chlorinator: _____ Water Softener: no Water Filter: ✓ Filter Type: Fe

Water Use: Domestic: No: _____ Yes: ✓ No. of persons using water from well: 2

Livestock: No: ✓ Yes: _____ No. of livestock watered from well: _____

Lawn Watering: No: ✓ Yes: _____ Other: _____ Amount: _____

Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) washer, dishwasher (not in use)
1 bath w/shower/tub.

Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: 30 m

Well is: 1) Uphill _____ 2) Downhill: _____ 3) Same Grade: ✓

Previous Problems:

How long have you owned, operated or lived on this property?

60 yrs.

Have you ever experienced any previous problems with your well?

no

If so, when?

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage: _____

Interference: _____

Contamination: _____

If problem was contamination, what water quality changes were apparent?

(Note any differences in taste, odour, colour or clarity)

What action was taken to overcome this problem?

What were the effects of this problem?

Did you ever have your well deepened _____, or cleaned ☒, or a new well constructed _____?

If so, why?

once, ~ 5 or 6 yrs ago
for maintenance

Outline briefly any previous repairs or changes in pumping equipment, and dates:

Does homeowner grant permission to obtain a water quality sample?

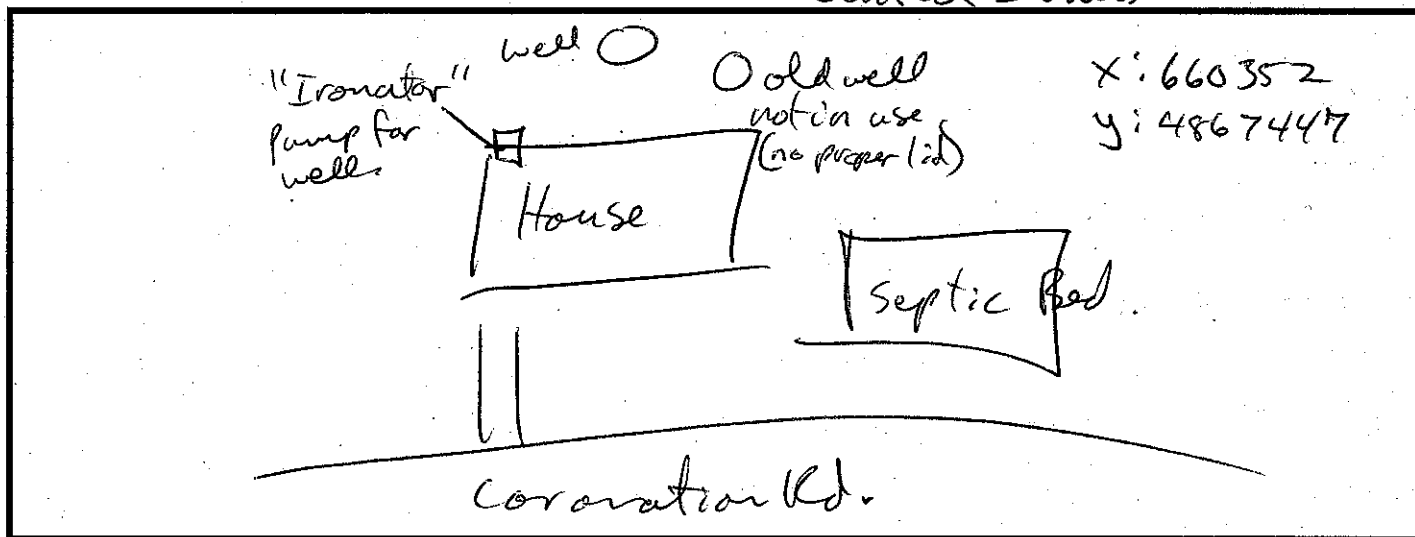
Yes

No

Signature: _____

Location Sketch: (to be completed by GLL staff)

maybe will
check with Ivan
- contact Ivan.



Field Visit: (to be completed by GLL staff)

Well Condition:

old well: poor: no proper lid.

new well: good ~ 6" above ground.

Is there a depression around the well?

☐

Yes

☒

No

Photo Number:

35