

# Water Well Survey

Well #: 2001

MOE #: n/a

☒ Ontario

1201 Wilson Avenue, Building D, 3<sup>rd</sup> 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: - well @ 5605 Baldwin St

Name: Roy Armistead Telephone (Bus.): ( )

Address: 5815 Baldwin St S (Home): ( )

Person Interviewed: N/A Residence:

Date: Feb, 14, 2004 Time: 12:15 Interviewed By:

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

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

Name: Irwin Rezin Telephone (Bus.): ( )

Address: 5605 Baldwin St S (Home): (905) 655-4001

House #215 North of Barn  
Wells serves 2 houses + 1 barn

Well Location:

Lot: 24 Concession: 5 Township: Whitby

GLL Map Sheet: (to be completed by GLL Staff) C1

Well Construction Details:

Date Constructed: n/a Use: House use/Horse Contractor: Faulkner

Type (drilled or dug): Drilled Diameter: Well Depth: 50'

Is well accessible for direct sampling? or buried: Above ground

Screen: Yes n/a No n/a If Yes, length: n/a m Depth of top of screen: n/a m

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

Original Water Level Depth: n/a m

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

Pumping Equipment:

Pump Type: Suction-lift: or Positive-submergence X Pumping Capacity: n/a Age:

How is your pump lubricated: n/a

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

Storage Tank: Type: In other house, N side of barn Capacity:

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

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

Livestock: No: Yes: X No. of livestock watered from well: 2 horses

Lawn Watering: No: Yes: X Other: Amount:

Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) Regular stuff, R2 has a pool

Private Waste and Water Disposal: Type (septic tank, etc.): Yes, tank Distance to Well: 7100m

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

## Previous Problems:

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

Since 1990.

Have you ever experienced any previous problems with your well?

Yes, <sup>could be</sup> unfit for human consumption.

If so, when?

test result came back in 1991.

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?

Moved to bottled water.

What were the effects of this problem?

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

If so, why?

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

n/a.

Does homeowner grant permission to obtain a water quality sample?

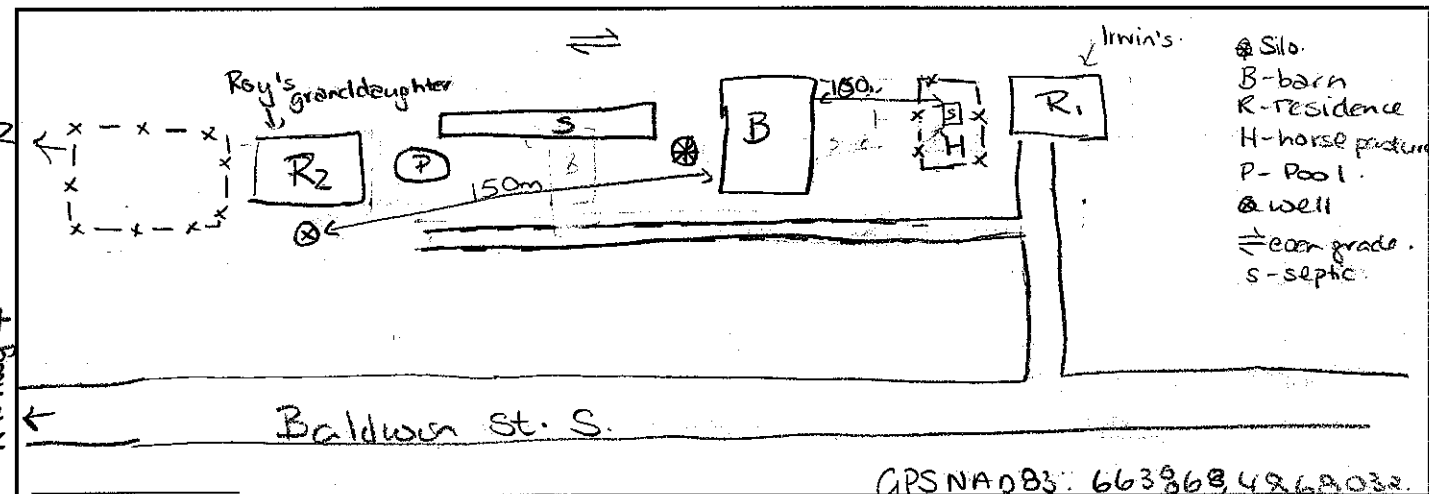
Yes

No

Signature:

*talk to Roy & Ariston. both houses water goes thru septic, best place to sample from bottom*

**Location Sketch:** (to be completed by GLL staff)



**Field Visit:** (to be completed by GLL staff)

Well Condition: 1 1/2' of stick up, standard well cap

Historically used as cattle farm to 100 hd of cattle

Is there a depression around the well?



Yes



No

Photo Number:

1268/1268

43142

# Water Well Survey

Well #: 2005MOE #: N/A1201 Wilson Avenue, Building D, 3<sup>rd</sup> 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: James Sturge SS

Telephone (Bus.): ( )

Address: 200 St. Thomas(Home): (905) 655-4293Person Interviewed: James Sturges

Residence:

Date: 02/15/2008 Time: 10:00 amInterviewed By: CC, RDCName of Original Well Owner: (if different from above) Doug Benfield

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

Name: OWNER

Telephone (Bus.): ( )

Address: OWNER(Home): (905) 655-4293

## Well Location:

Lot: 25Concession: 5Township: Whitby

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

C1

## Well Construction Details:

Date Constructed: 1948 ±Use: domestic

Contractor:

Type (drilled or dug): DugDiameter: 28"Well Depth: 25'

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

Monitored by "dot" (512-519-1972)  
Whitby Work department, Jeff McDonald  
Benuss

Subsequent Water Level Measurements

(give depths in m and dates)

## Pumping Equipment:

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

Pumping Capacity:

Age: 5 (rebuild)

How is your pump lubricated:

Depth of Intake Setting: \_\_\_\_\_ m (Original) \_\_\_\_\_ m (Present)

Pumping Rate: \_\_\_\_\_ L/s

Storage Tank:

Type: Pressure tankCapacity: 40 psi tank (10-20 gal)

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: fill pool

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

wash machine, whirlpool, swimming pool

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? 30 years

Have you ever experienced any previous problems with your well? yes

If so, when? 1998-99 (Pond Construction)

What was the cause of the previous problem?

Drought: \_\_\_\_\_

Pump Failure: \_\_\_\_\_

Plugging: \_\_\_\_\_

Increased Usage \_\_\_\_\_

Interference: X

Contamination: X

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

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

Affected by storm water pond

What action was taken to overcome this problem?

well Re-habbed & sealed @ surface

What were the effects of this problem?

bacteria/well went dry

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

If so, why?

pond creation interference

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

water regularly tested (3 tests/year)

Does homeowner grant permission to obtain a water quality sample?

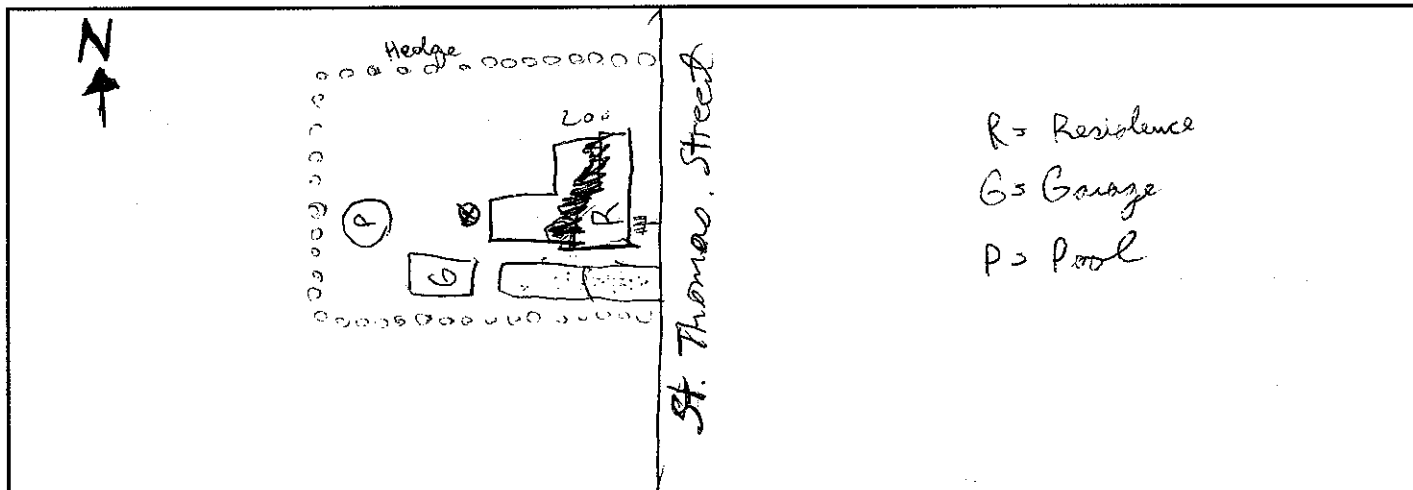
Yes \_\_\_\_\_

No \_\_\_\_\_

✓

Signature: \_\_\_\_\_

## Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

GPS: 0664510  
4868035

± 11m

Well Condition:

Contact owner in summer when sampling to see if sampling possible.

Is there a depression around the well?



Yes



No

Photo Number:

47

# Water Well Survey

Well #: 2006MOE #: N/A1201 Wilson Avenue, Building D, 3<sup>rd</sup> 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: May Francisio

Telephone (Bus.): ( )

Address: 210 St. Thomas St.(Home): (905) 655-4579Person Interviewed: May FrancisioResidence: yesDate: 02/15/2008 Time: 10:30Interviewed By: CC RBCName of Original Well Owner: (if different from above) original

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

Name: OWNER

Telephone (Bus.): ( )

Address: (Home): ( )

## Well Location:

Lot: 23 or 24 Concession: 5Township: WhitbyGLL Map Sheet: (to be completed by GLL Staff) C1

## Well Construction Details:

Date Constructed: 1958 ±Use: Domestic

Contractor: \_\_\_\_\_

Type (drilled or dug): DugDiameter: 28"Well Depth: 20'

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: N/A

Depth of Intake Setting: \_\_\_\_\_ m (Original) \_\_\_\_\_ m (Present)

Pumping Rate: \_\_\_\_\_ L/s

Storage Tank: Type: Pressure (Sister)Capacity: 10-20 galDo 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: 0Lawn Watering: No: ☒ Yes: \_\_\_\_\_Other: garden Amount: \_\_\_\_\_

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

washer, dishwasher.Private Waste and Water Disposal: Type (septic tank, etc.): SepticDistance to Well: 100 mWell is: 1) Uphill ☒ 2) Downhill: \_\_\_\_\_ 3) Same Grade \_\_\_\_\_

## Previous Problems:

How long have you owned, operated or lived on this property? 33 years

Have you ever experienced any previous problems with your well? well went dry during pond construction

If so, when? 1996-97

What was the cause of the previous problem?

Drought: \_\_\_\_\_

Pump Failure: \_\_\_\_\_

Plugging: \_\_\_\_\_

Increased Usage: \_\_\_\_\_

Interference: X

Contamination: X

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

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

bacteria problems  
fecals

What action was taken to overcome this problem?

well supplemented with bottled water  
well cleaned

What were the effects of this problem?

supplemented till water came back

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

If so, why?

bacteria (fecals) / pond interference

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

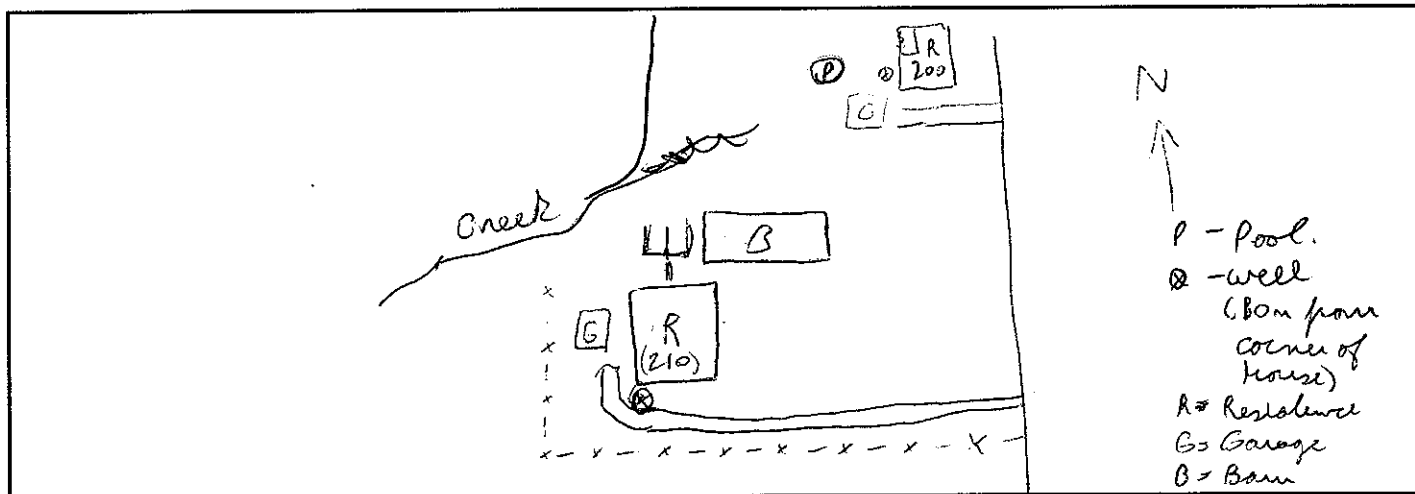
pump lines into house replaced 1996-98

Does homeowner grant permission to obtain a water quality sample?

Yes X No \_\_\_\_\_

Signature: May Frances

## Location Sketch: (to be completed by GLL staff)



## Field Visit: (to be completed by GLL staff)

GPS: 2664377 ± 12m  
4367975

Well Condition: good

Is there a depression around the well?



Yes



No

Photo Number: 4849

# Water Well Survey



1201 Wilson Avenue, Building D, 3<sup>rd</sup> 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: John Torok Telephone (Bus.): ( )  
Address: 5515 Garrard Rd, Brooklin, Ont (Home): (905) 655-9480  
Person Interviewed: Mr. Torok Residence: Yes  
Date: Feb 15, 2008 Time: 16:00 Interviewed By: RBC-CC  
Name of Original Well Owner: (if different from above) ~~John Torok~~ owner since 1959

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

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

## Well Location:

Lot: 18 Concession: 5 Township: Whitby  
GLL Map Sheet: (to be completed by GLL Staff) E# C1

Well Construction Details: old stone well since 1860 when house built, 1 house well, 1 barn well.  
Constructed: yes 1860? Use: Drinking Water Contractor: ?  
Type (drilled or dug): dug (2 wells) Diameter: 28" Well Depth: 25' + 28'

Is well accessible for direct sampling? Yes or buried: 1  
Screen: Yes no no If Yes, length: n/a m Depth of top of screen: n/a m

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

Original Water Level Depth: 15' of water (in spring) m

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

## Pumping Equipment: (jeppump over 3/4 house)

Pump Type: Suction-lift: X or Positive-submergence Pumping Capacity: 3 n/a Age: n/a

How is your pump lubricated: n/a

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

Storage Tank: Type: Pressure Capacity: 10 gallons

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

Water Use: Domestic: No:    Yes: ✓ house well only No. of persons using water from well: 2  
Livestock: No: X Yes:    No. of livestock watered from well: historically yes

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

Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) ✓ barn well regular stuff

Private Waste and Water Disposal: Type (septic tank, etc.): Yes Distance to Well: ~50m

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

## Previous Problems:

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

Since 1959

Have you ever experienced any previous problems with your well?

① Well pumped dry; ② Bacteria

If so, when?

① Summer to low aquifer recharge after high rainfall

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)

Bacteria, especially after high rainfall high bacteria count

What action was taken to overcome this problem?

① Well was stop pumping, water recovered in a few hrs, chlorinate well.

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:

Occasionally use javex to chlorinate well.  
Pumps replaced due to wear + tear (piston to jet pump).  
Water samples sent to public health unit regularly.

Does homeowner grant permission to obtain a water quality sample?

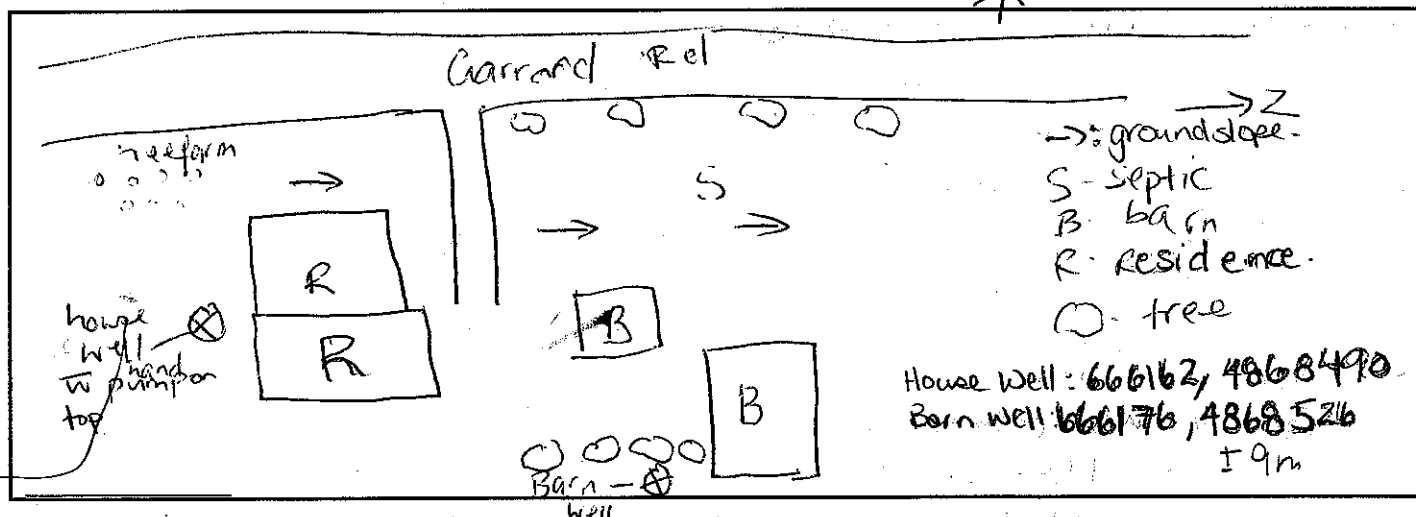
Yes

No

☒

Signature: \_\_\_\_\_

## Location Sketch: (to be completed by GLL staff)



## Field Visit: (to be completed by GLL staff)

Well Condition:

Barn well not in use. Patio stone as cover + vent cap w hole on barn well

Is there a depression around the well?



Yes



No

Photo Number:

61-65



# Water Well Survey

2012



1201 Wilson Avenue, Building D, 3<sup>rd</sup> Floor, Downsview, ON M3M 1J8 1-866-840-5529

Well #: ~~0000~~

MOE #: ~~11111~~

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

## Owner of Well:

Name: Maria. Caocollari Telephone (Bus.): ( )  
Address: 5840 Gerrard Rd, Brampton (Home): (905) 655-3588  
Person Interviewed: Maria. Caocollari Residence: Yes  
Date: Feb 15, 2008 Time: 16:30 Interviewed By: RBC/CC  
Name of Original Well Owner: (if different from above) Same

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

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

## Well Location:

Lot: 8 Concession: 5 Township: Whitby  
GLL Map Sheet: (to be completed by GLL Staff) C9

## Well Construction Details:

Constructed: 1975 Use: Historically farming Contractor: n/a  
Type (drilled or dug): Dug Diameter: 20" Well Depth: 60'  
Is well accessible for direct sampling? side (south) of house to eagle on top  
Screen: Yes n/a No n/a If Yes, length: n/a m Depth of top of screen: n/a m

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

Original Water Level Depth: n/a m  
Subsequent Water Level Measurements Maybe 30' of water  
(give depths in m and dates)

## Pumping Equipment:

Pump Type: Suction-lift: X or Positive-submergence   Pumping Capacity: n/a Age: 33 yrs

How is your pump lubricated:

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

Storage Tank: Type: Pressure tank

Capacity:

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

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

Livestock: No:   Yes:   No. of livestock watered from well: historically yes

Lawn Watering: No:   Yes:   Other:   Amount:

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

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

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

## Previous Problems:

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

Since 1945

Have you ever experienced any previous problems with your well?

~~Yes~~ 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?

Spring water tastes different

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

What action was taken to overcome this problem?

Nil - aesthetic issue

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:

No

Does homeowner grant permission to obtain a water quality sample?

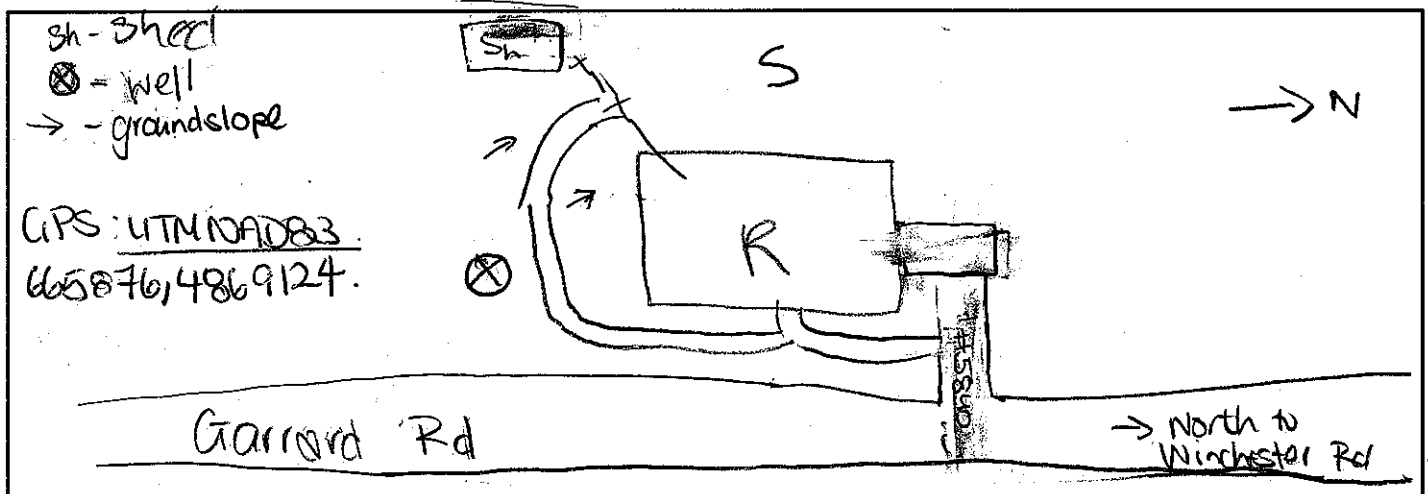
Yes

☒ No

Signature:

M. Callan

## Location Sketch: (to be completed by GLL staff)



## Field Visit: (to be completed by GLL staff)

Well Condition:

Well sealed w/ fabric at top ~~and bottom~~. Sides plastered w/ brick finish. Cover has Eagle on top.

Is there a depression around the well?



Yes



No

Photo Number:

66+67

# Water Well Survey



1201 Wilson Avenue, Building D, 3<sup>rd</sup> Floor, Downsview, ON M3M 1J8 1-866-840-5529

Well #: 207

MOE #: N/A



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

## Owner of Well:

Name: ? left card for contact Telephone (Bus.): ( )

Address: (Home): ( )

Person interviewed: Residence:

Date: Feb 27, 2008 Time: 13:50 Interviewed By:

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

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

Name: Interview declined, referred to land lord Telephone (Bus.): ( )

Address: #2236 Bickton Dr (left card) (Home): ( )

#2236 Thornton Rd

## Well Location:

Lot: Concession: C3 Township:

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

## Well Construction Details:

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: 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:

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

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

Well is: 1) Uphill 2) Downhill: X 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: \_\_\_\_\_

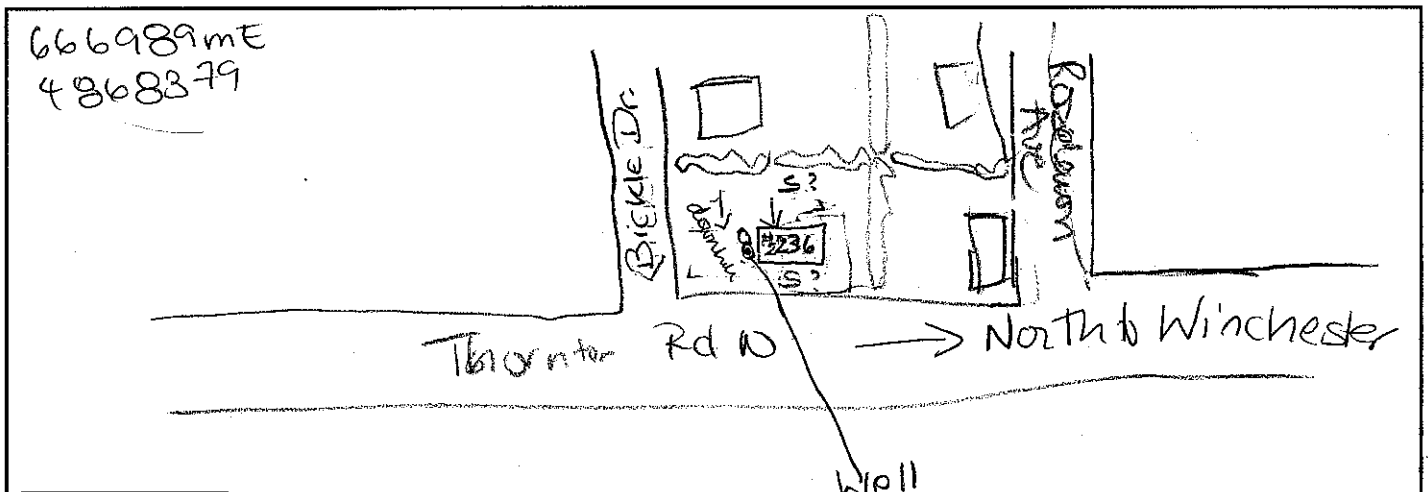
Does homeowner grant permission to obtain a water quality sample? \_\_\_\_\_

Yes \_\_\_\_\_

No \_\_\_\_\_

Signature: \_\_\_\_\_

## Location Sketch: (to be completed by GLL staff)



## Field Visit: (to be completed by GLL staff)

Well Condition: \_\_\_\_\_

6" well, 2' stick up w blue vermin proof cap

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

Photo Number: \_\_\_\_\_

26 + 27

# Water Well Survey

Ontario 1201 Wilson Avenue, Building D, 3<sup>rd</sup> 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 #: 2022

MOE #: \_\_\_\_\_

## Owner of Well:

Name: Eric Samsen Telephone (Bus.): ( )  
Address: 3090 Simcoe St. (Home): ( )  
Person Interviewed: Eric Residence: yes  
Date: May 12/08 Time: 8:30 Interviewed By: EC/SL  
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) Central 2

## Well Construction Details:

Date Constructed: 2006 Use: domestic Contractor: Boadway drilling - region installed it - rad salt problems  
Type (drilled or dug): drilled Diameter: 6" Well Depth: 180'  
Is well accessible for direct sampling? yes or buried: \_\_\_\_\_  
Screen: Yes X 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: 2 years  
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.) none

Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: Below 50m

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

## Previous Problems:

How long have you owned, operated or lived on this property? 10 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:

- new well

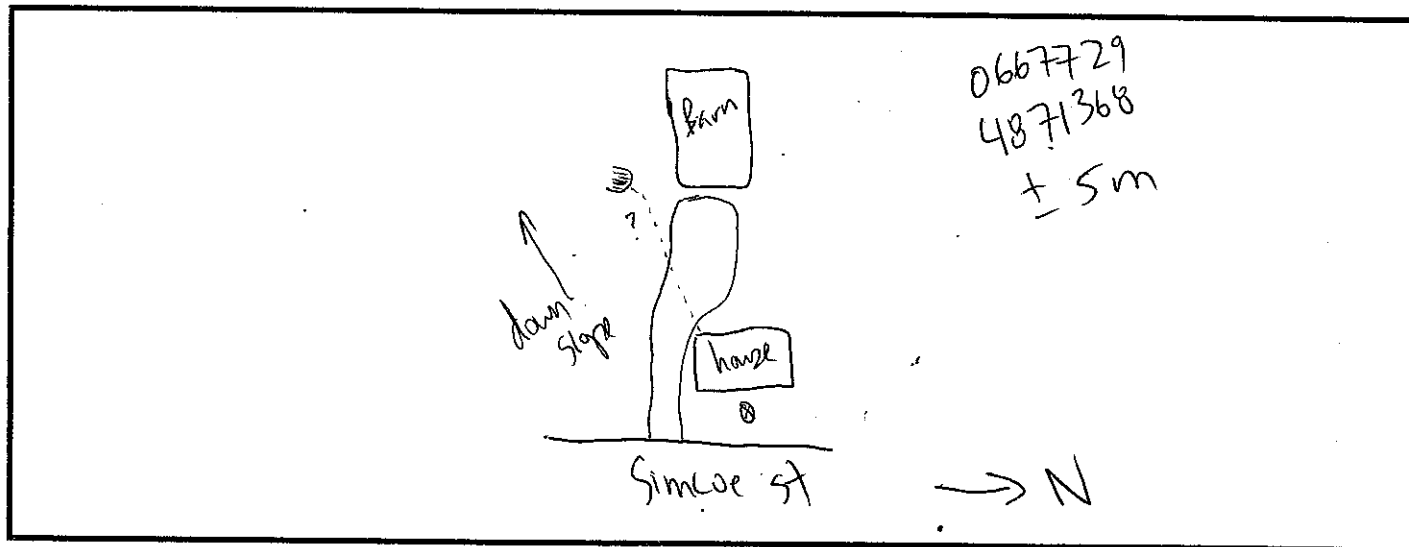
Does homeowner grant permission to obtain a water quality sample?

Yes \_\_\_\_\_

No X

Signature: \_\_\_\_\_

## Location Sketch: (to be completed by GLL staff)



## Field Visit: (to be completed by GLL staff)

Well Condition:

- old dry well had cl. problems from road salt  
- Regional paid for new well.

Is there a depression around the well?



Yes



No

Photo Number:

none taken



## Previous Problems:

How long have you owned, operated or lived on this property? 5 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 No, or a new well constructed No?

If so, why? No

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

No

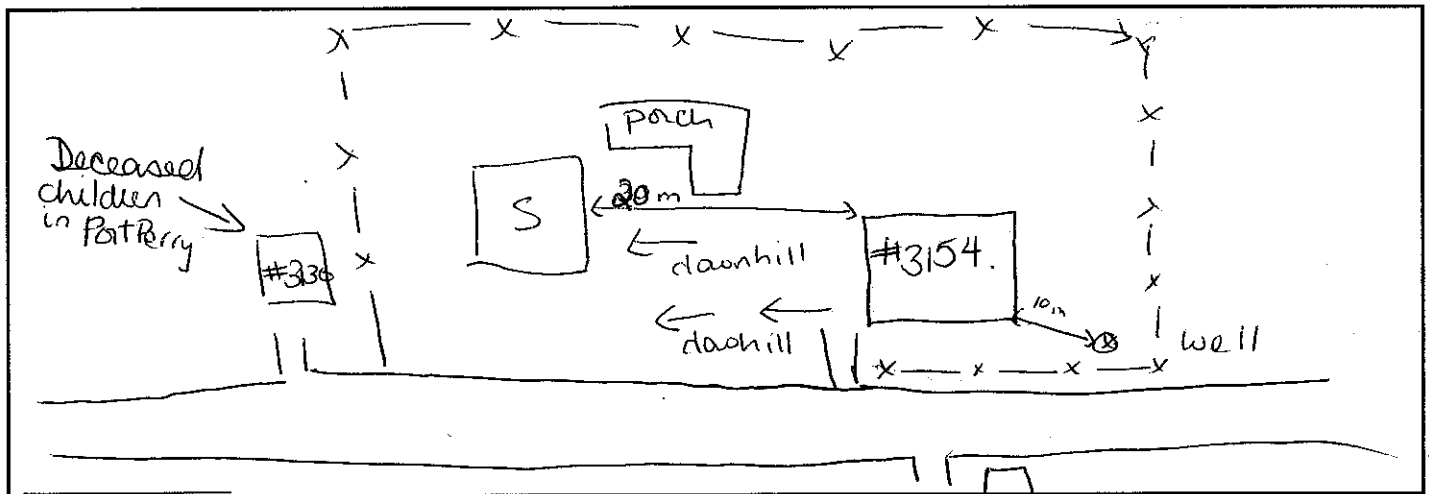
Does homeowner grant permission to obtain a water quality sample?

Yes ☒

No ☐

Signature: J. Demme

## Location Sketch: (to be completed by GLL staff)



## Field Visit: (to be completed by GLL staff)

Well Condition:

3' stick up, cap was not vermin proof, but good seal @ ground

Is there a depression around the well?



Yes



No

Photo Number:

20+29



# Water Well Survey



1201 Wilson Avenue, Building D, 3<sup>rd</sup> Floor, Downsview, ON M3M 1J8 1-866-840-5529

Well #: 2026.

MOE #: 4600591

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

## Owner of Well:

Name: Windyfield Farms Telephone (Bus.): (905) 725-1193

Address: 2300 Simcoe St N (Home): ( )

Person Interviewed: \_\_\_\_\_ Residence: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Interviewed By: \_\_\_\_\_

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

Simon Cassidy to put us in contact w main. guy  
Occupant of House Served by Well: (if other than owner)

Name: \_\_\_\_\_ Telephone (Bus.): ( )

Address: 2951 ~~Simcoe~~ Simcoe St N (Home): ( )

↳ Well Address

## Well Location:

Lot: 6 Concession: 12 Township: \_\_\_\_\_

GLL Map Sheet: (to be completed by GLL Staff) C2

## Well Construction Details:

☒ Constructed: 8/01/1954 Use: Domestic Contractor: \_\_\_\_\_

Type (drilled or dug): Dug Diameter: 30" Well Depth: 51'

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: 7.32 m (1954) m

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

## Pumping Equipment:

Pump Type: Suction-lift: NA or Positive-submergence NA Pumping Capacity: NA 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: \_\_\_\_\_

☒ Ement: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) \_\_\_\_\_

Private Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well: 50

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

## 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: \_\_\_\_\_

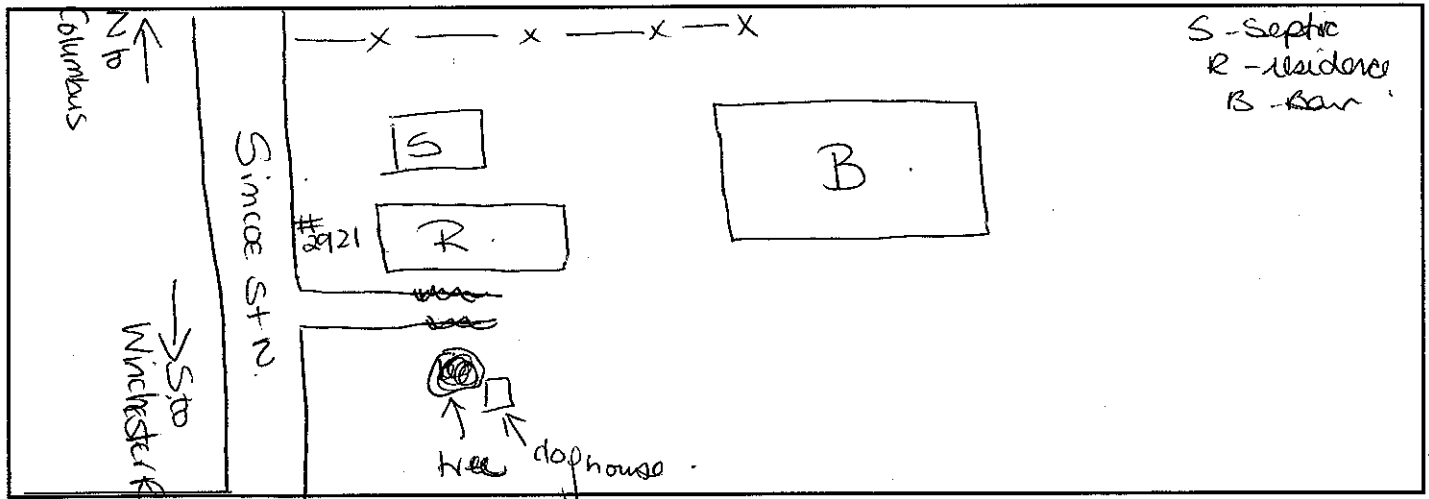
Does homeowner grant permission to obtain a water quality sample? \_\_\_\_\_

Yes \_\_\_\_\_

No \_\_\_\_\_

Signature: \_\_\_\_\_

## 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



1201 Wilson Avenue, Building D, 3<sup>rd</sup> Floor, Downsview, ON M3M 1J8 1-866-840-5529

Well #:

~~2008~~  
20270

MOE #:

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

## Owner of Well:

Name: Casey Bakker Telephone (Bus.): Cell 905 718-3872  
Address: 5055 Thickson R N (Home): ( )  
Person Interviewed: Casey Residence: Yes  
Date: Feb 27, 2008 Time: 17:30 Interviewed By: RES/CC  
Name of Original Well Owner: (if different from above) Same

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

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

## Well Location:

Lot: 20 Concession: 5, RR1 Township: Whitby  
GLL Map Sheet: (to be completed by GLL Staff) C4

## Well Construction Details:

Constructed: 1986 Use: Domestic Contractor: -  
Type (drilled or dug): Dug Diameter: 28" Well Depth: 26'  
Is well accessible for direct sampling? \_\_\_\_\_ or buried: \_\_\_\_\_  
Screen: Yes \_\_\_\_\_ No X 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 to 9' of water from bottom

## Subsequent Water Level Measurements

(give depths in m and dates)

## Pumping Equipment:

Pump Type: Suction-lift: X or Positive-submergence \_\_\_\_\_ Pumping Capacity: 3gpm (Small) Age: 22 yrs  
How is your pump lubricated: \_\_\_\_\_  
Depth of Intake Setting: \_\_\_\_\_ m (Original) \_\_\_\_\_ m (Present) Pumping Rate: \_\_\_\_\_ L/s  
Storage Tank: Type: Pulsum Capacity: 10 gallons  
Do you have a: Chlorinator: \_\_\_\_\_ Water Softener: X Water Filter: No Filter Type: \_\_\_\_\_  
Water Use: Domestic: No: \_\_\_\_\_ Yes: X No. of persons using water from well: 4  
Livestock: No: X Yes: \_\_\_\_\_ No. of livestock watered from well: No  
Lawn Watering: No: X Yes: \_\_\_\_\_ Other: \_\_\_\_\_ Amount: \_\_\_\_\_  
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) regular  
Private Waste and Water Disposal: Type (septic tank, etc.): front well at back Distance to Well: 20m  
Well is: 1) Uphill X 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?

~~too~~ 106; hard water ~ 15

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)

~~hard water~~

~ 15

What action was taken to overcome this problem?

Softener.

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:

Water use to prevent over use.

Does homeowner grant permission to obtain a water quality sample?

Yes

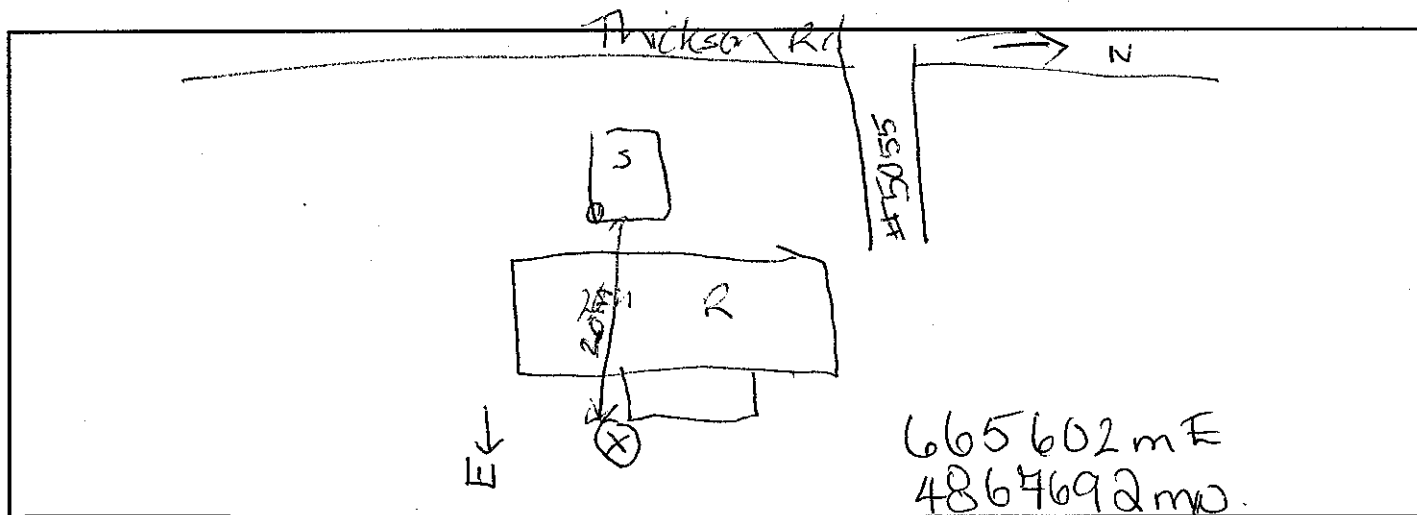
X

No

Signature:

Bath

## Location Sketch: (to be completed by GLL staff)



## Field Visit: (to be completed by GLL staff)

Well Condition:

No creaking or seal for 1 yr

Is there a depression around the well?



Yes



No

Photo Number:

40

# Water Well Survey



1201 Wilson Avenue, Building D, 3<sup>rd</sup> Floor, Downsview, ON M3M 1J8 1-866-840-5529

Well #: 2029

MOE #: N/A

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

## Owner of Well:

Name: Steve Vasko Telephone (Bus.): (905) 728-9980  
Address: 2367 Bridle N. Oshawa (Home): ( )  
Person Interviewed: Steve Residence: \_\_\_\_\_  
Date: 02/28/2008 Time: 11:45 Interviewed By: RBC/CC.  
Name of Original Well Owner: (if different from above) original

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

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

## Well Location:

Lot: 10 Concession: 6 Township: Oshawa  
GLL Map Sheet: (to be completed by GLL Staff) C2

## Well Construction Details:

Constructed: July 1960 Use: Domestic Contractor: Glen J. Hoskins  
Type (drilled or dug): Dug Diameter: 36" Well Depth: ± 30'  
Is well accessible for direct sampling? yes or buried: \_\_\_\_\_  
Screen: Yes X No \_\_\_\_\_ If Yes, length: X m Depth of top of screen: X m

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

Original Water Level Depth: High (near top) m

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

## Pumping Equipment:

Pump Type: Suction-lift: X or Positive-submergence \_\_\_\_\_ Pumping Capacity: \_\_\_\_\_ Age: 2 yrs

How is your pump lubricated: N/A

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

Storage Tank: Type: Pressure Capacity: 10-20 gal

Do you have a: Chlorinator: \_\_\_\_\_ Water Softener: X Water Filter: \_\_\_\_\_ Filter Type: \_\_\_\_\_

Water Use: Domestic: No: X Yes: ✓ No. of persons using water from well: 2  
Livestock: No: ✓ Yes: \_\_\_\_\_ No. of livestock watered from well: historically  
Lawn Watering: No: ✓ Yes: \_\_\_\_\_ Other: \_\_\_\_\_ Amount: \_\_\_\_\_

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

shower, clothes washer

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

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

## Previous Problems:

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

69 years (1946)

Have you ever experienced any previous problems with your well?

Bacteria problem

If so, when?

5-6 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?

increased bacteria count.

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

What action was taken to overcome this problem?

well was cleaned & installed softeners.

What were the effects of this problem?

didn't drink water until tested clean.

Did you ever have your well deepened \_\_\_\_\_, or cleaned ☒

or a new well constructed \_\_\_\_\_?

If so, why?

bacteria issues

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

Rebuilt pump 2 years ago

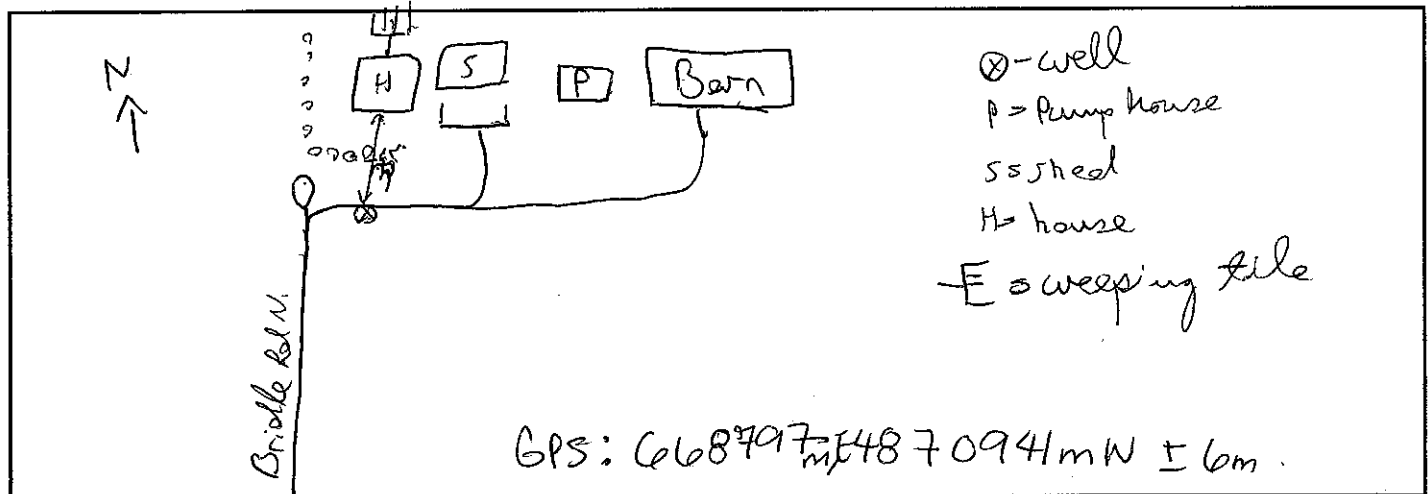
Does homeowner grant permission to obtain a water quality sample?

Yes ☒ No \_\_\_\_\_

Signature: \_\_\_\_\_

Steve Vash

## Location Sketch: (to be completed by GLL staff)



## Field Visit: (to be completed by GLL staff)

Well Condition:

well tile on a lean, very old, moss growing on top of lid, very old fashion vent pipe on top of lid that doesn't look vermin proof, (sinking)

Is there a depression around the well?



Yes



No

Photo Number:

41-43

Caulking still intact on west side of well.

# Water Well Survey



1201 Wilson Avenue, Building D, 3<sup>rd</sup> 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 #: 2031

MOE #: N/A

## Owner of Well:

Name: Des & Carol Ann Querend Telephone (Bus.): (      )       
Address: 2770 Ritson Rd N. (Home): ( 905 ) 728-8040  
Person Interviewed: Carol Ann Residence:       
Date:      Time:      Interviewed By: CRC/ALJA  
Name of Original Well Owner: (if different from above) NO (Friends)

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

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

## Well Location:

Lot:      Concession: C3 Township:       
GLL Map Sheet: (to be completed by GLL Staff)     

## Well Construction Details:

Constructed: N/A Use: Domestic Contractor: N/A  
Type (drilled or dug): Dug Diameter: 30" Well Depth: N/A  
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: N/A Age: N/A

How is your pump lubricated:     

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

Storage Tank: Type: Pressure

Capacity: 45L

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.) Regular appliance

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

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

## Previous Problems:

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

Since 1992

Have you ever experienced any previous problems with your well?

Drought, still increased usage

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?

N/A

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

What action was taken to overcome this problem?

N/A

What were the effects of this problem?

N/A

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:

Pump changed in last year due to wear.

Does homeowner grant permission to obtain a water quality sample?

Yes

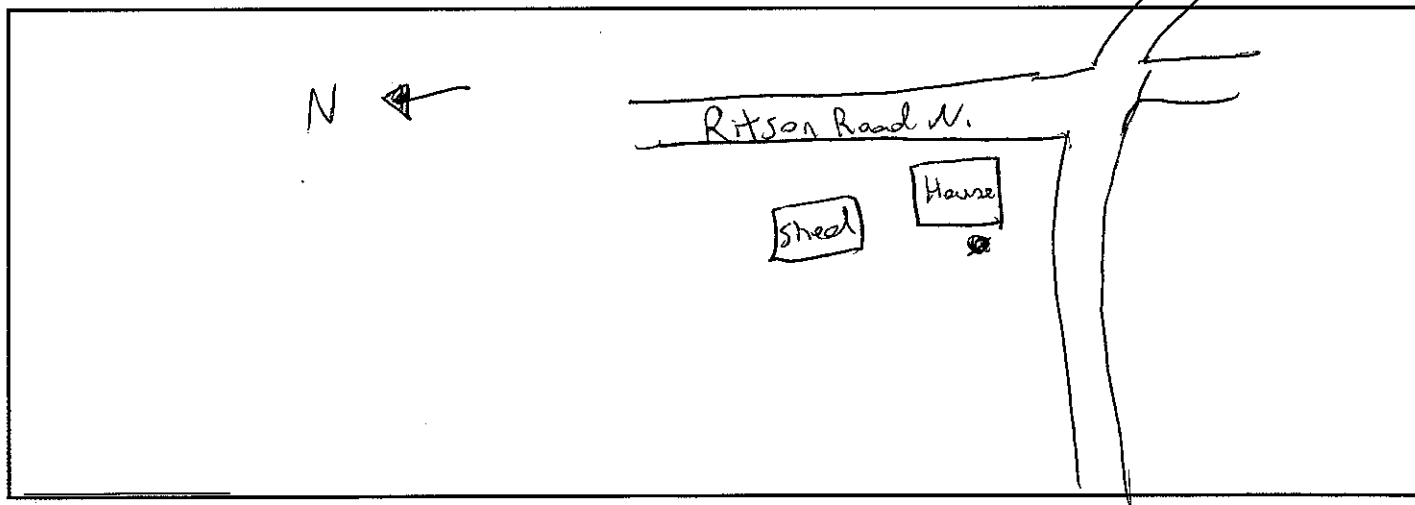


No

Signature:

*[Signature]*

## Location Sketch: (to be completed by GLL staff)



## Field Visit: (to be completed by GLL staff)

Well Condition:

NOT VISIBLE

Is there a depression around the well?



Yes



No

Photo Number:





## Previous Problems:

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

26 yrs

Have you ever experienced any previous problems with your well?

Silty water - fines and peat require  
filter

If so, when?

constant high water use

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?

bad

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

What action was taken to overcome this problem?

Monitor use

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:

pump replaced due to wear and tear

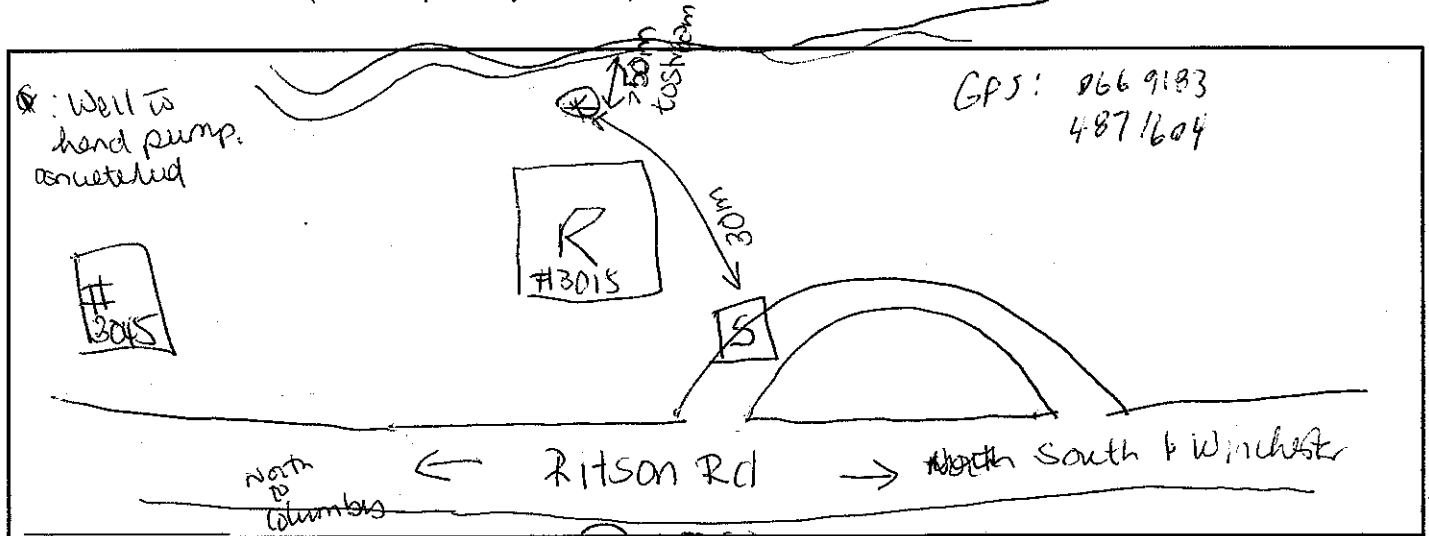
Does homeowner grant permission to obtain a water quality sample?

Yes ☒ No ☐

Signature:

*[Signature]*  
Feb 28/08

**Location Sketch:** (to be completed by GLL staff)



**Field Visit:** (to be completed by GLL staff)

Well Condition:

- Well close to structure planned for Ritson Rd.  
- well not channeled

Is there a depression around the well?



Yes



No

Photo Number:

45-49

# Water Well Survey



1201 Wilson Avenue, Building D, 3<sup>rd</sup> Floor, Downsview, ON M3M 1J8 1-866-840-5529

Well #: 2034

MOE #: \_\_\_\_\_

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

Owner of Well: \*Property North of alignment on Ritson Rd.

Name: Michael Schofield

Telephone (Bus.): (\_\_\_\_) \_\_\_\_\_

Address: 3030 Ritson Rd.

(Home): (905) 655-2134

Person Interviewed: \_\_\_\_\_

Residence: Yes

Date: Feb 22, 2008 Time: 15:35

Interviewed By: RBC/CC

Name of Original Well Owner: (if different from above) No, but original > 100 yrs old.

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

Name: Same

Telephone (Bus.): (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

(Home): (\_\_\_\_) \_\_\_\_\_

## Well Location:

Lot: \_\_\_\_\_ Concession: \_\_\_\_\_

Township: Oshawa

GLL Map Sheet: (to be completed by GLL Staff) C2

## Well Construction Details:

☒ Constructed: N/A

Use: \_\_\_\_\_

Contractor: \_\_\_\_\_

Type (drilled or dug): Dug

Diameter: 28"

Well Depth: 25'

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)

A few months ago = 2 or 3 ft below ground surface.  
Lower in summer.

## Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence \_\_\_\_\_

Pumping Capacity: 3-6 gpm Age: a few yrs.

How is your pump lubricated: \_\_\_\_\_

Depth of Intake Setting: \_\_\_\_\_ m (Original) \_\_\_\_\_ m (Present)

Pumping Rate: 1/2 L/s

Storage Tank:

Type: \_\_\_\_\_

Capacity: \_\_\_\_\_

Do you have a:

Chlorinator: \_\_\_\_\_

Water Softener: ☒

Water Filter: \_\_\_\_\_

Filter Type: \_\_\_\_\_

Water Use:

Domestic: No: \_\_\_\_\_ Yes: ☒

Yes: ☒

No. of persons using water from well: 2

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.)

washer, dishwasher, (regular)

Private Waste and Water Disposal:

Type (septic tank, etc.): Yes

Distance to Well: 20 m

Well is:

1) Uphill \_\_\_\_\_ 2) Downhill: ☒ 3) Same Grade \_\_\_\_\_

septic to Sand, well to east

**Previous Problems:** → Don't use water to drink, use

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

20 yrs.

Have you ever experienced any previous problems with your well?

No, except supply but they won't use to avoid that.

If so, when?

No

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:

Replaced jet pump due to wear and tear.

Does homeowner grant permission to obtain a water quality sample?

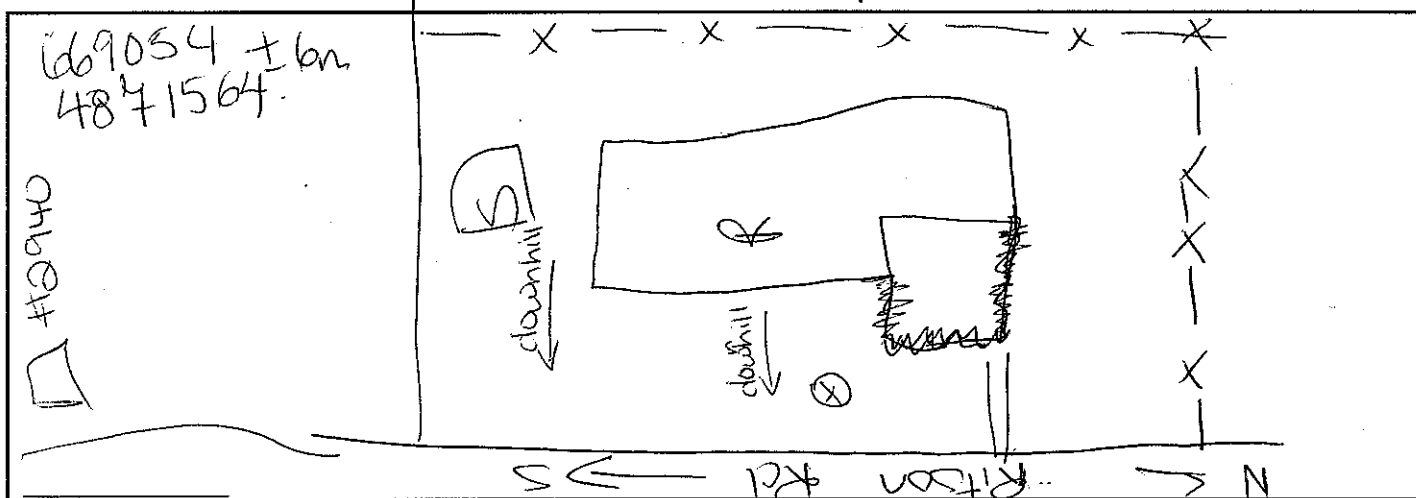
Yes

No

Signature:

**Location Sketch:** (to be completed by GLL staff)

Would like to speak to witnesses sampling. Please contact if well is selected for sampling



**Field Visit:** (to be completed by GLL staff)

Well Condition:

Well w/ tiles not caulked, lid has chips

Is there a depression around the well?



Yes



No

Photo Number:

5045

# Water Well Survey



1201 Wilson Avenue, Building D, 3<sup>rd</sup> 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 #: 2038

MOE #: N/A

## Owner of Well:

Name: Lister Robison Telephone (Bus.): (      )  
Address: 3150 Ritson Road North (Home): ( 905 ) 655-3296  
Person Interviewed: Lister Residence: N/A  
Date: 03/19/2008 Time: 10:20 am Interviewed By: CRC/HSA  
Name of Original Well Owner: (if different from above) NO -> Kozlowski

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

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

## Well Location:

Lot: \_\_\_\_\_ Concession: C2 Township: \_\_\_\_\_  
GLL Map Sheet: (to be completed by GLL Staff)

## Well Construction Details:

Constructed: Between 1963-1967 Use: Domestic Contractor: \_\_\_\_\_  
Type (drilled or dug): Dug Diameter: 36" Well Depth: N/A  
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: N/A m

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

## Pumping Equipment:

Pump Type: Suction-lift: ✓ or Positive-submergence \_\_\_\_\_ Pumping Capacity: 0.5 Horsepower Age: original/rebuilt

How is your pump lubricated: \_\_\_\_\_

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

Storage Tank: Type: Pressure Capacity: 10-20 gal

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: \_\_\_\_\_

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

not out well  
regular clothes washers, washing machine

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 1967

Have you ever experienced any previous problems with your well?

before UV filter occasional coliforms

If so, when?

before UV filter 5 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? NO

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

What action was taken to overcome this problem?

installed UV filter

What were the effects of this problem?

NO

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

If so, why?

NO

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

Pump was rebuilt once 20-25 years ago.

Does homeowner grant permission to obtain a water quality sample?

Yes

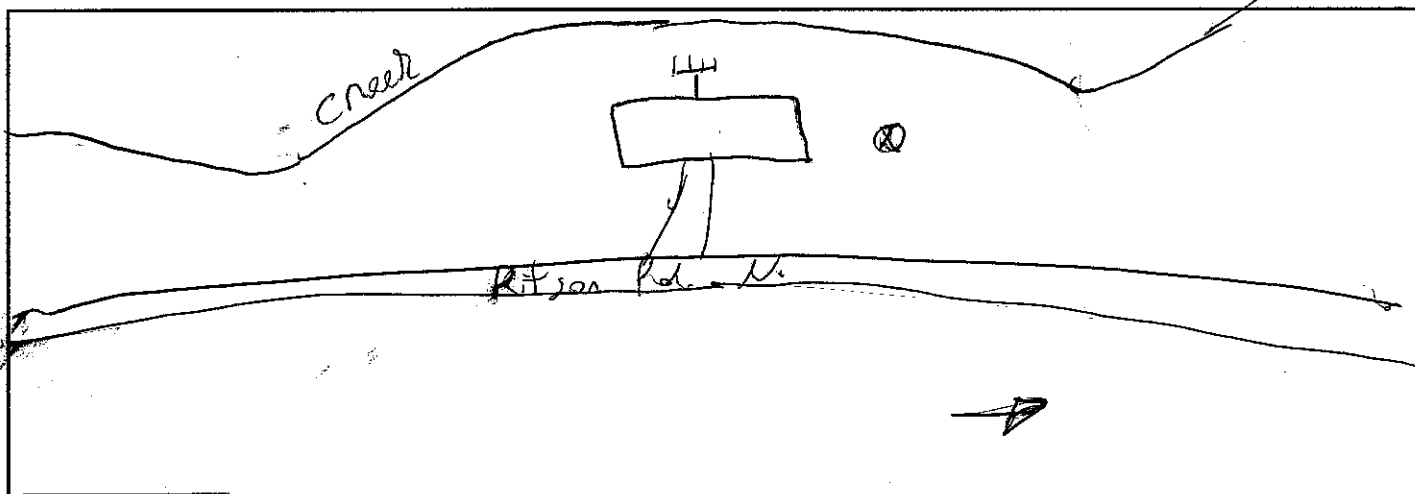
☒

No

Signature:

[Signature]

## Location Sketch: (to be completed by GLL staff)



## Field Visit: (to be completed by GLL staff)

Well Condition:

good vent pipe sealed.

GPS: 0683995

4371948 # 6m

Is there a depression around the well?



Yes



No

Photo Number:

1213

# Water Well Survey



1201 Wilson Avenue, Building D, 3<sup>rd</sup> Floor, Downsview, ON M3M 1J8 1-866-840-5529

Well #: \_\_\_\_\_

MOE #: 20487



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

**Owner of Well:** well is within alignment - will be decommissioned.

**Name:** Don Doun **Telephone (Bus.):** (\_\_\_\_) \_\_\_\_\_

**Address:** 2940 Wilson Rd **(Home):** (905) 655 4336

**Person Interviewed:** Mr. Doun **Residence:** Yes

**Date:** March 11, 2008 **Time:** 12:03 **Interviewed By:** RBC/HSA

**Name of Original Well Owner:** (if different from above) (family owned owners)

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

**Name:** \_\_\_\_\_ **Telephone (Bus.):** (\_\_\_\_) \_\_\_\_\_

**Address:** \_\_\_\_\_ **(Home):** (\_\_\_\_) \_\_\_\_\_

**Well Location:** Ward 4.

**Lot:** 7 **Concession:** 6 **Township:** Oshawa.

**GLL Map Sheet:** (to be completed by GLL Staff) C4.

**Well Construction Details:** -3

**Constructed:** 1917 **Use:** Residential, mostly **Contractor:** N/A

**Type (drilled or dug):** Dug (Brick well) **Diameter:** 28" **Well Depth:** 44'

**Is well accessible for direct sampling?** Yes (under the deck). **or buried:** No

**Screen:** Yes No X **If Yes, length:** \_\_\_\_\_ **m** **Depth of top of screen:** X \_\_\_\_\_ **m**

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

**Original Water Level Depth:** 4 \_\_\_\_\_ **m**

**Subsequent Water Level Measurements** ~ 4 ft of water  
(give depths in m and dates)

**Pumping Equipment:**

**Pump Type:** Suction-lift X jet-pump **or Positive-submergence** **Pumping Capacity:** \_\_\_\_\_ **Age:** 12 yrs.

**How is your pump lubricated:** \_\_\_\_\_

**Depth of Intake Setting:** n/a **m (Original)** n/a **m (Present)** **Pumping Rate:** \_\_\_\_\_ **L/s**

**Storage Tank:** **Type:** Pressure tank **Capacity:** 10 gallon

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

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

**Livestock:** No Yes X **No. of livestock watered from well:** N/A, watered from stream.

**Lawn Watering:** No X Yes **Other:** Hot water tanks + pool **Amount:** n/a

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

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

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

## Previous Problems:

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

Lived here. He was born here  
Since 1917 his family has

Have you ever experienced any previous problems with your well?

~~No~~ - Yes have

If so, when?

~~Regular~~ - Occasional

What was the cause of the previous problem?

Drought: ~~No~~

Pump Failure: \_\_\_\_\_

Plugging: \_\_\_\_\_

Increased Usage X

Interference: \_\_\_\_\_

Contamination: \_\_\_\_\_

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

Hardness

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

What action was taken to overcome this problem?

Monitor water use to prevent well going dry

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:

Pump replaced on a regular maintenance schedule

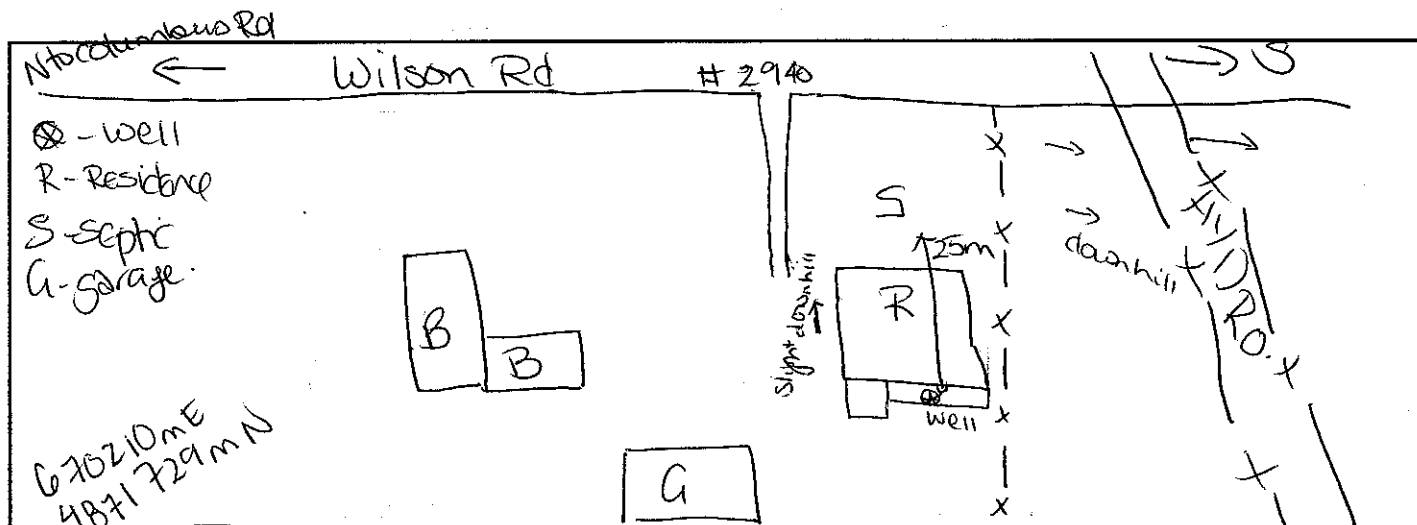
Does homeowner grant permission to obtain a water quality sample?

Yes X

No \_\_\_\_\_

Signature: Donald Alton

## Location Sketch: (to be completed by GLL staff)



## Field Visit: (to be completed by GLL staff)

Well Condition:

Well is located @ back (West) side of house under deck.  
Not available for visible inspection.

Is there a depression around the well?



Yes



No

N/A

Photo Number:

Nil



# Water Well Survey



1201 Wilson Avenue, Building D, 3<sup>rd</sup> Floor, Downsview, ON M3M 1J8 1-866-840-5529

Well #: \_\_\_\_\_

MOE #: 20402



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

## Owner of Well:

Name: Don Smith Telephone (Bus.): (\_\_\_\_) \_\_\_\_\_  
Address: 2770 Wilson Rd (Home): 905 655 4698  
Person Interviewed: Don Smith Residence: Yes  
Date: March 11, 2008 Time: 12:45 Interviewed By: RBC/HOA  
Name of Original Well Owner: (if different from above) Don family

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

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

## Well Location:

Lot: 7 Concession: 60 Township: Oshawa  
GLL Map Sheet: (to be completed by GLL Staff) C4

## Well Construction Details:

Constructed: 1970 Use: Residential Contractor: N/A  
Type (drilled or dug): Drilled Diameter: 6" Well Depth: 65'  
Is well accessible for direct sampling? Yes or buried: No  
Screen: Yes 12 No N/A If Yes, length: \_\_\_\_\_ m Depth of top of screen: 10 m

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

Original Water Level Depth: \_\_\_\_\_ m  
Subsequent Water Level Measurements N/A  
(give depths in m and dates)

## Pumping Equipment:

Pump Type: Suction-lift: \_\_\_\_\_ or Positive-submergence X Pumping Capacity: 6 1/2 gpm Age: 7 1/2 yrs  
How is your pump lubricated: \_\_\_\_\_  
Depth of Intake Setting: N/A m (Original) N/A m (Present) Pumping Rate: \_\_\_\_\_ L/s  
Storage Tank: Type: Pressure Tank Capacity: ~10 gallons  
Do you have a: Chlorinator: NO Water Softener: X (Yes) Water Filter: X (Yes) Filter Type: Inline filter  
Water Use: Domestic: No: \_\_\_\_\_ Yes: X No. of persons using water from well: 2 to 3  
Livestock: No: X Yes: \_\_\_\_\_ No. of livestock watered from well: NO  
Lawn Watering: No: X Yes: occasional Other: \_\_\_\_\_ Amount: \_\_\_\_\_  
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) Regular  
Private Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well: ~800-900'  
Well is: 1) Uphill X 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 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:**

No, new pump (submergence) added just before the interval 37 -

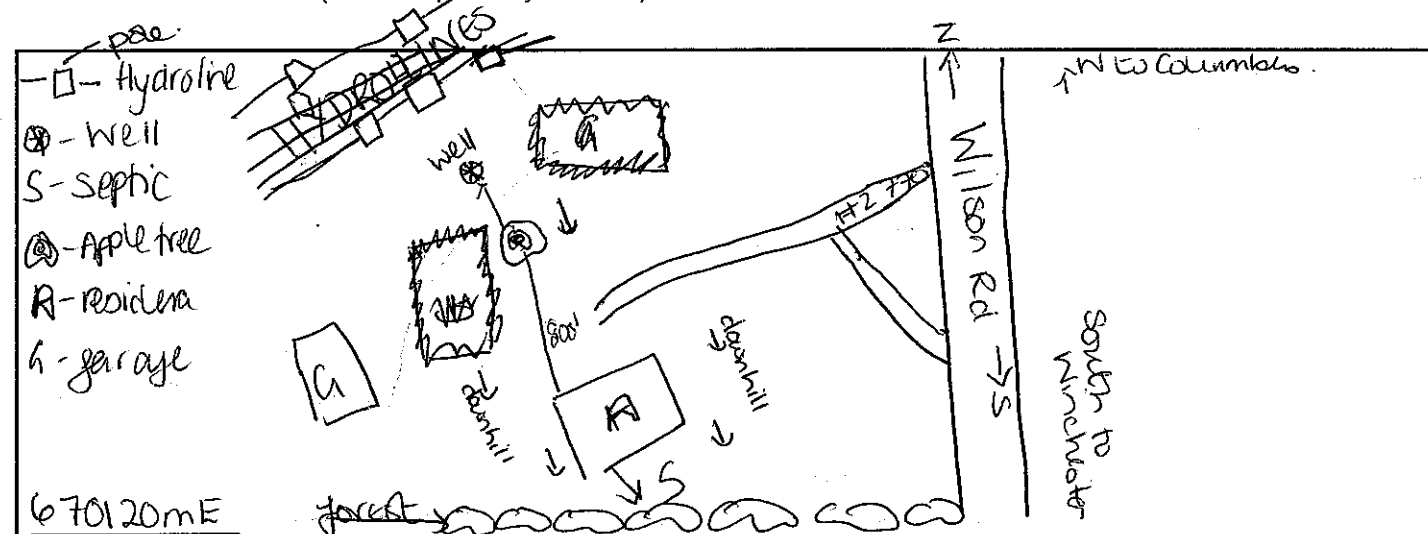
**Does homeowner grant permission to obtain a water quality sample?**

Yes ☒ No ☐

**Signature:**

Don Smith

**Location Sketch:** (to be completed by GLL staff)



4071347  
**Field Visit:** (to be completed by GLL staff)

Note looking W from well Hydes pit is on right  
well between

**Well Condition:**

above ground's stick-up, ~~defendant~~

**Is there a depression around the well?**



**Yes**



**No**

**Photo Number:**

1-6

# Water Well Survey

Send copies of  
map sheets 2 #4



1201 Wilson Avenue, Building D, 3<sup>rd</sup> Floor, Downsview, ON M3M 1J8 1-866-840-5529

Well #: 2089

MOE #: \_\_\_\_\_



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

## Owner of Well:

Name: E. Lloyd Hanna Telephone (Bus.): (\_\_\_\_) \_\_\_\_\_  
Address: 575 Winchester Road (Home): (905) 579-3170  
Person Interviewed: Lloyd Residence: Yes  
Date: 03/19/2003 Time: 11:30am Interviewed By: CRC/HSA  
Name of Original Well Owner: (if different from above) No (Clarke?)

## 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) C2

## Well Construction Details:

Date Constructed: 1974 Use: Domestic Contractor: \_\_\_\_\_  
Type (drilled or dug): Drilled Diameter: 6" Well Depth: > 80'  
Is well accessible for direct sampling? yes (in pit) 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: N/A m  
Subsequent Water Level Measurements N/A  
(give depths in m and dates)

## Pumping Equipment:

Pump Type: Suction-lift: \_\_\_\_\_ or Positive-submergence ☒ Pumping Capacity: 3/4 hp power Age: 5 years  
How is your pump lubricated: \_\_\_\_\_  
Depth of Intake Setting: > 85' m (Original) \_\_\_\_\_ m (Present) Pumping Rate: \_\_\_\_\_ L/s  
Storage Tank: Type: Pressure (2) Capacity: 20 gal (+)  
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.) ☒ dishwashers  
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 1995

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

If so, when? NO

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? NO

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:

replaced pump 5 years ago.

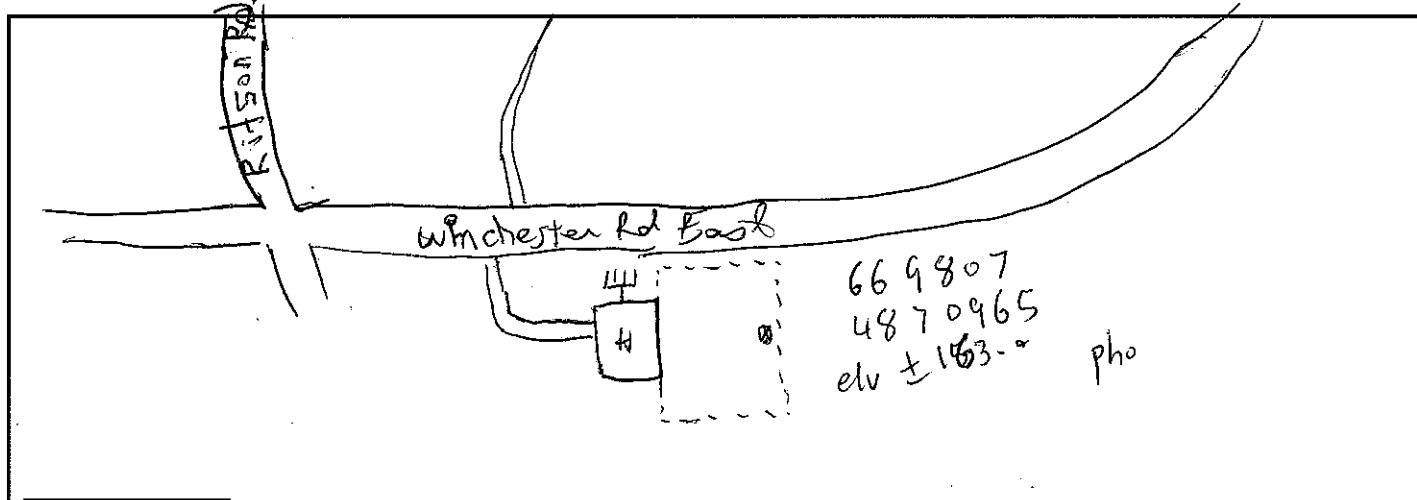
Does homeowner grant permission to obtain a water quality sample?

Yes ☒

No ☐

Signature: [Signature]

## Location Sketch: (to be completed by GLL staff)



## Field Visit: (to be completed by GLL staff)

Well Condition: good, cover by a wooden cover

Is there a depression around the well?



Yes



No

Photo Number: 415

# Water Well Reconnaissance Survey

Well #: 2045  
MOE #: \_\_\_\_\_

## Owner of Well:

Name: Frank Scott  
Address: 2765 Wilson Rd  
Person Interviewed: \_\_\_\_\_  
Date: May 13/08 Time: 12:00  
Telephone (Bus.): ( ) \_\_\_\_\_  
(Home): ( ) \_\_\_\_\_  
Residence: \_\_\_\_\_  
Interviewed By: \_\_\_\_\_

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

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

## Well Location:

Lot: \_\_\_\_\_ Concession: \_\_\_\_\_ Township: \_\_\_\_\_

## Well Construction Details:

Date Constructed: 1988 Use: domestic Contractor: \_\_\_\_\_  
Type (drilled or dug): dug Diameter: 36" Well Depth: 28'  
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: 20 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, etc.): none

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? \_\_\_\_\_

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? x \_\_\_\_\_

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

Sample Taken: \_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_

Sample Number: \_\_\_\_\_

Number of Bottles: \_\_\_\_\_

Field Analysis:

Hardness: \_\_\_\_\_

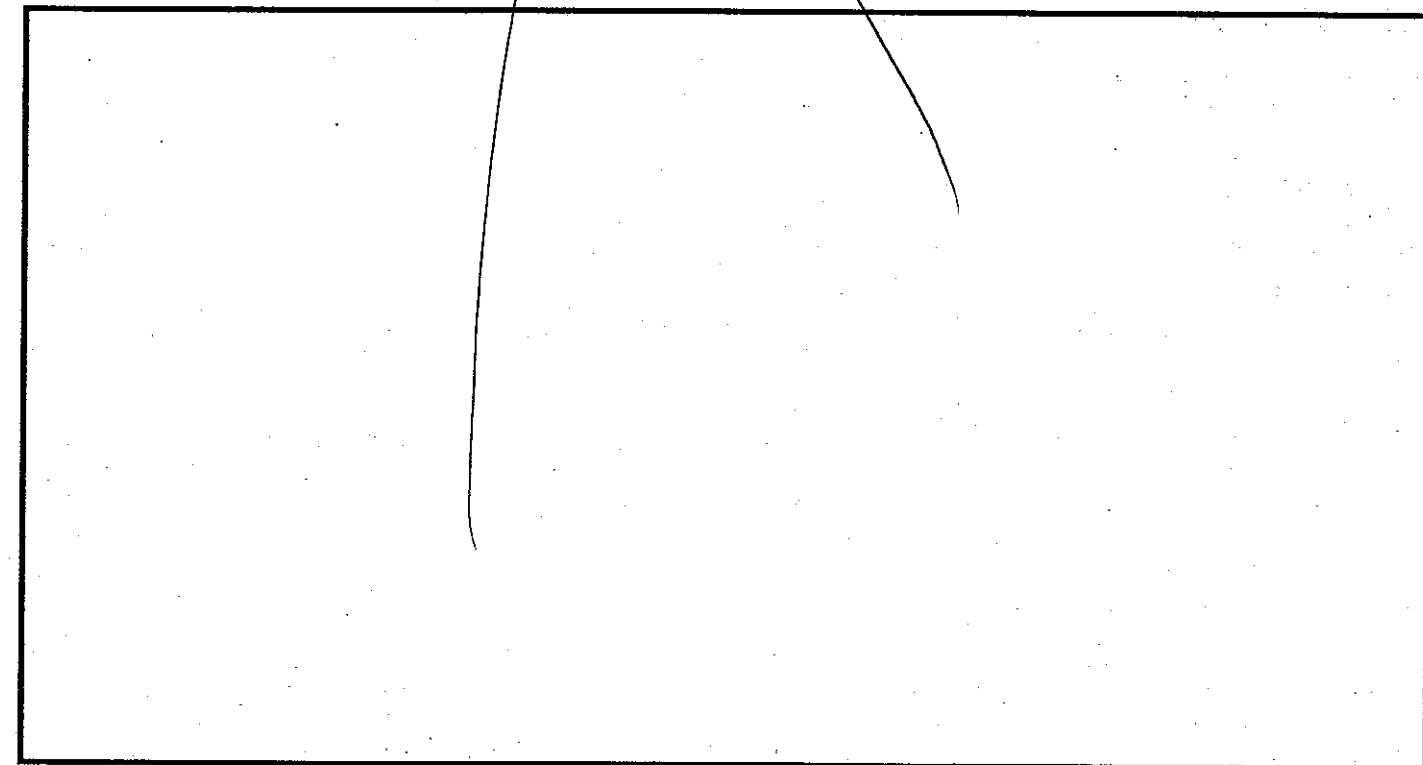
Temperature: \_\_\_\_\_

Iron: \_\_\_\_\_

Conductivity: \_\_\_\_\_

pH: \_\_\_\_\_

## Location Sketch:



## 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? None, good flow

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? none

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.

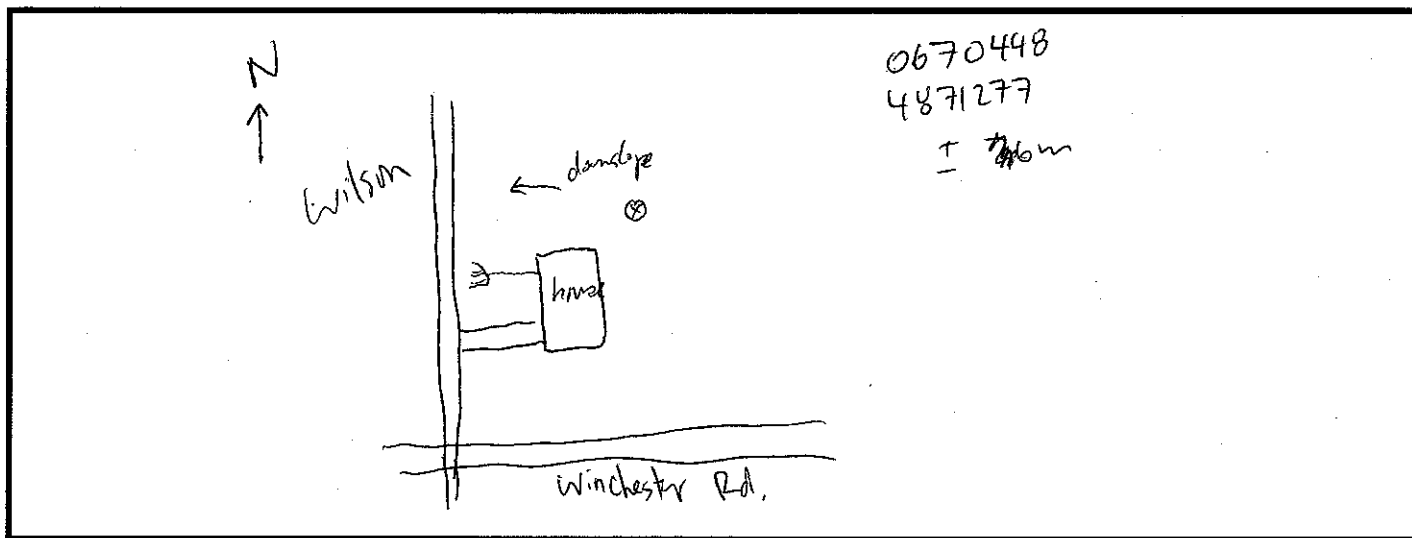
Does homeowner grant permission to obtain a water quality sample?

Yes ☒

No ☐

Signature: Frank Scott

## 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: 26





# Water Well Survey



1201 Wilson Avenue, Building D, 3<sup>rd</sup> 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 #: 2046

MOE #: \_\_\_\_\_

## Owner of Well:

Name: Tom + Nancy Jakabffy

Telephone (Bus.): (\_\_\_\_) \_\_\_\_\_

Address: 660 GIVENS RD.

(Home): (905) 725 7298

Person Interviewed: \_\_\_\_\_

Residence: \_\_\_\_\_

Date: MAR. 11 2008 Time: 3:10 pm

Interviewed By: RBC/HSA

Name of Original Well Owner: (if different from above) MR & MRS

BAGG

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

Name: \_\_\_\_\_

Telephone (Bus.): (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

(Home): (\_\_\_\_) \_\_\_\_\_

Well Location: - Owner mentioned another dug well on property, no info given, topped as which is not used topped as 2<sup>nd</sup> well MOE ID # 460429.

Lot: PT 8

Concession: 6

Township: Oshawa

GLL Map Sheet: (to be completed by GLL Staff) C4

## Well Construction Details:

Constructed: ~ 1974

Use: Residential

Contractor: N/A

Type (drilled or dug): Dug

Diameter: 30"

Well Depth: 25'

Is well accessible for direct sampling? Yes

or buried: No

Screen: Yes No / No no

If Yes, length: no m

Depth of top of screen: no m

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

Original Water Level Depth: \_\_\_\_\_ m

Subsequent Water Level Measurements 15' of water.  
(give depths in m and dates)

## Pumping Equipment:

Pump Type: Suction-lift: Jet pump

or Positive-submergence \_\_\_\_\_

Pumping Capacity: n/a

Age: 5 yrs.

How is your pump lubricated: n/a

Depth of Intake Setting: n/a m (Original) n/a m (Present)

Pumping Rate: n/a L/s

Storage Tank: Type: Pressure tank

Capacity: 5 gallons

Do you have a:

Chlorinator: No

Water Softener: Yes

Water Filter: No

Filter Type: \_\_\_\_\_

Water Use:

Domestic: No: \_\_\_\_\_ Yes: X

No. of persons using water from well: 3

Livestock: No: X Yes: \_\_\_\_\_

No. of livestock watered from well: No

Lawn Watering: No: X Yes: \_\_\_\_\_

Other: \_\_\_\_\_ Amount: \_\_\_\_\_

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

regular (all energy efficient)

Private Waste and Water Disposal:

Type (septic tank, etc.): Septic tank

Distance to Well: ~25m

Well is:

1) Uphill X

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?

At Rare occasions (accidental)

What was the cause of the previous problem?

Drought: \_\_\_\_\_

Pump Failure: \_\_\_\_\_

Plugging: \_\_\_\_\_

Increased Usage X

Interference: \_\_\_\_\_

Contamination: \_\_\_\_\_

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

No

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

Slight iron + hard water

What action was taken to overcome this problem?

Monitor the use of water

What were the effects of this problem?

Didn't have water, refilled overnight.

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:

Pump replacement and pipe replacements due to regular wear and tear.

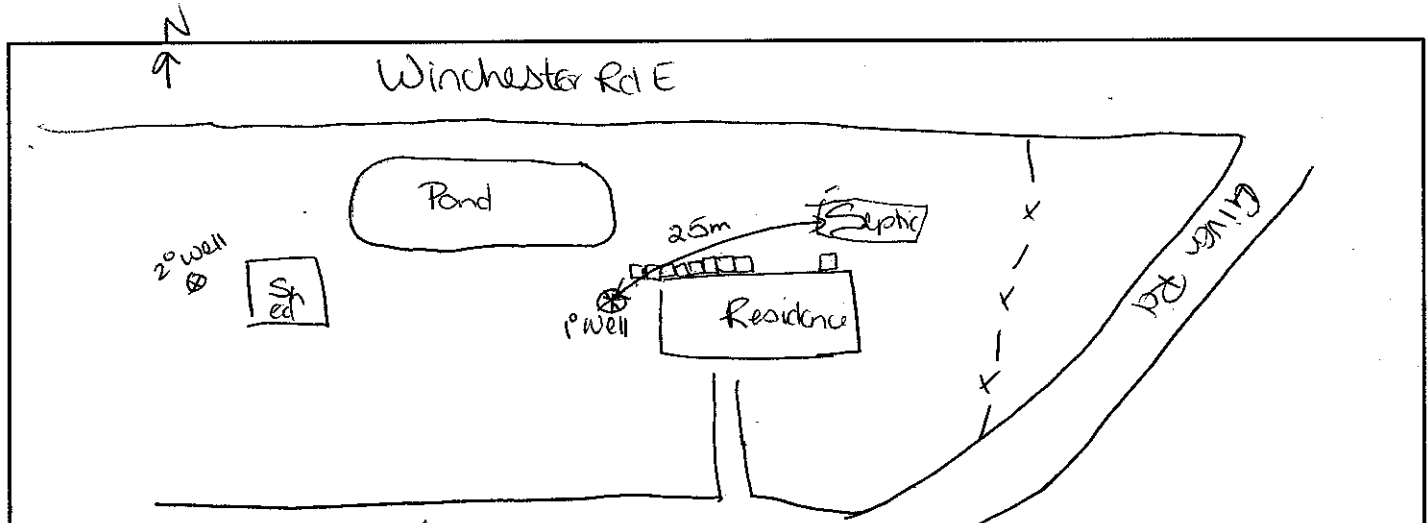
Does homeowner grant permission to obtain a water quality sample?

Yes X

No \_\_\_\_\_

Signature: X [Signature]

## Location Sketch: (to be completed by GLL staff)



\* Pond on property is fed by groundwater. Owner questioned whether well had  
**Field Visit:** (to be completed by GLL staff) Sampling done pond as it's groundwater fed.

Well Condition:

Dry well; buried under snow, lid replaced 5 yrs ago  
Seal not checked

Is there a depression around the well?



Yes



No - can not tell.  
under snow

Photo Number:

6-12

# Water Well Survey

map sheet  
257

Well #: 2048

MOE #: \_\_\_\_\_



1201 Wilson Avenue, Building D, 3<sup>rd</sup> 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: Ron Werry Telephone (Bus.): (\_\_\_\_) \_\_\_\_\_  
Address: 2735 Ritten Rd. South (Home): (905) 576-6658  
Person Interviewed: Ron Residence: yes  
Date: 03/19/2008 Time: 12:00pm Interviewed By: CRE/HSA  
Name of Original Well Owner: (if different from above) yes

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

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

## Well Location:

Lot: 8 Concession: 5 Township: Oshawa  
GLL Map Sheet: (to be completed by GLL Staff) C2

## Well Construction Details:

Date Constructed: 1989 Use: Domestic/Livestock Contractor: Faullner  
Type (drilled or dug): Drilled Diameter: 15 cm Well Depth: 45'  
Is well accessible for direct sampling? yes or buried: \_\_\_\_\_  
Screen: Yes ☒ No \_\_\_\_\_ If Yes, length: N/A m Depth of top of screen: N/A m

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

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

## Pumping Equipment:

Pump Type: Suction-lift: \_\_\_\_\_ or Positive-submergence ☒ Pumping Capacity: 3/4 horse power Age: 1989  
How is your pump lubricated: \_\_\_\_\_  
Depth of Intake Setting: N/A m (Original) N/A m (Present) Pumping Rate: N/A L/s  
Storage Tank: Type: Pressure Capacity: 20 gal  
Do you have a: Chlorinator: ☒ Water Softener: \_\_\_\_\_ Water Filter: ☒ Filter Type: charcoal  
Water Use: Domestic: No: \_\_\_\_\_ Yes: ☒ No. of persons using water from well: 2  
Livestock: No: \_\_\_\_\_ Yes: ☒ No. of livestock watered from well: 3  
Lawn Watering: No: ☒ Yes: \_\_\_\_\_ Other: \_\_\_\_\_ Amount: \_\_\_\_\_  
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) Hot tube (not used in 5 years)  
ground source heat pump  
Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: 130m  
Well is: 1) Uphill \_\_\_\_\_ 2) Downhill: \_\_\_\_\_ 3) Same Grade ☒

## Previous Problems:

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

since 1989

Have you ever experienced any previous problems with your well?

NO

If so, when?

NO

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?

NO

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:

NO

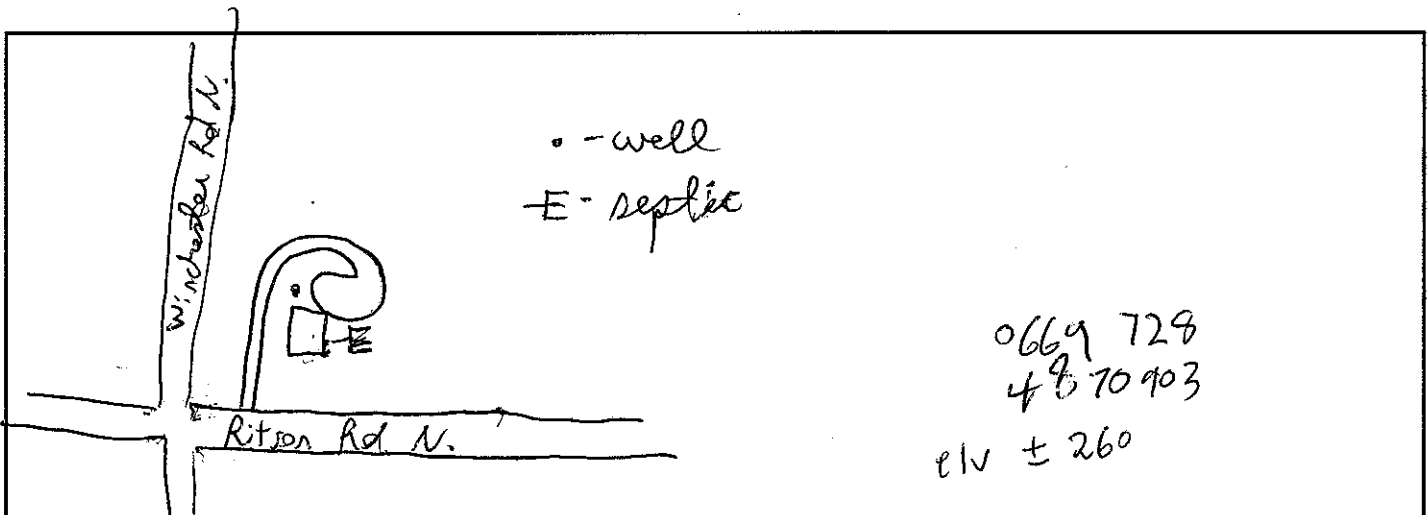
Does homeowner grant permission to obtain a water quality sample?

Yes ☒

No ☐

Signature: Ronald Wilson

## 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



1201 Wilson Avenue, Building D, 3<sup>rd</sup> 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 #: 2051  
MOE #: N/A

## Owner of Well:

Name: Evelyn Cory Telephone (Bus.): ( )  
Address: 2660 Ritter Road N. (Home): (905) 576-6989  
Person Interviewed: Evelyn Residence: renter  
Date: 03/19/2008 Time: 12:15 pm Interviewed By: CRC/HSA  
Name of Original Well Owner: (if different from above) Dr. ~~BEVA~~ DeKany

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

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

## Well Location:

Lot: \_\_\_\_\_ Concession: 5 Township: \_\_\_\_\_  
GLL Map Sheet: (to be completed by GLL Staff) C3

## Well Construction Details:

Date Constructed: N/A Use: Domestic Contractor: N/A  
Type (drilled or dug): ~~Drilled~~ Dug Diameter: 30" # 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: N/A m  
Subsequent Water Level Measurements N/A  
(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: Pressure Capacity: 10-20 gal  
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.)

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?

45 years in the family (17 years <sup>current</sup>)

Have you ever experienced any previous problems with your well?

~~NO~~

If so, when?

~~NO~~

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)

NO

What action was taken to overcome this problem?

NO

What were the effects of this problem?

NO

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

If so, why?

NO

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

pump repairs done by renter.

Does homeowner grant permission to obtain a water quality sample?

Yes

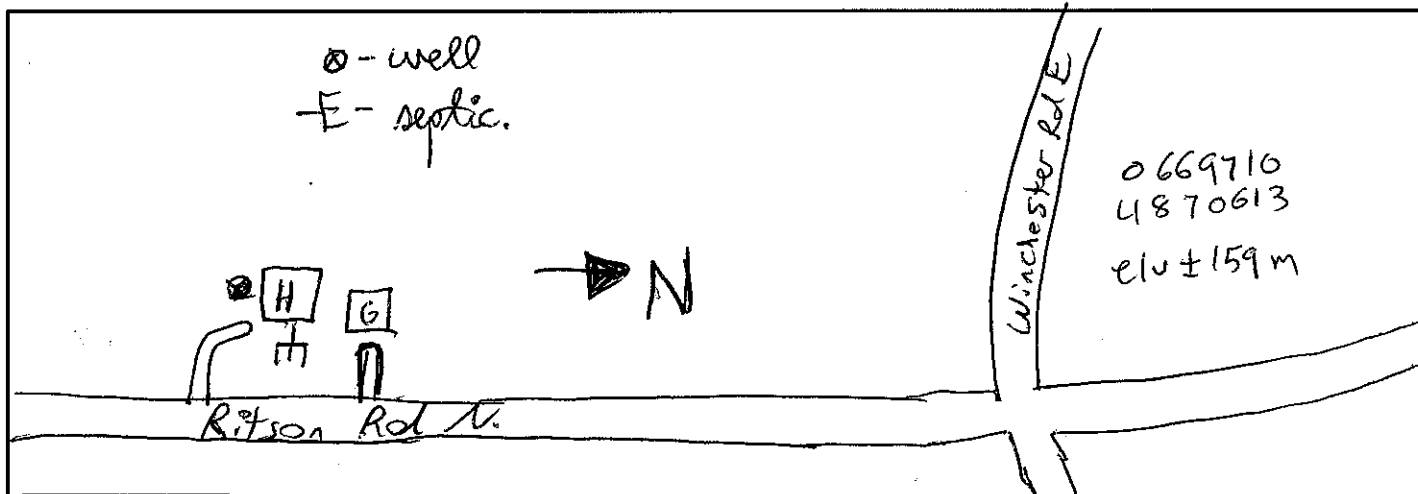
No

Signature: Evelyn Perry

Renter permission

landlord will contact us permission.

**Location Sketch:** (to be completed by GLL staff)



**Field Visit:** (to be completed by GLL staff)

Well Condition:

hole clipped, no chaulding around hole or hatch

Is there a depression around the well?



Yes



No

Photo Number: \_\_\_\_\_

# Water Well Survey

Well #: 2054

MOE #: \_\_\_\_\_

1201 Wilson Avenue, Building D, 3<sup>rd</sup> 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: Doug McCormack Telephone (Bus.): (\_\_\_\_) \_\_\_\_\_  
Address: 1054 Winchester Rd. E. (Home): (905) 723-0660  
Person Interviewed: Doug Residence: \_\_\_\_\_  
Date: 03/19/2008 Time: 2:20 pm Interviewed By: HSA/CRC  
Name of Original Well Owner: (if different from above) yes

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

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

## Well Location:

Lot: 5 Concession: 6 Township: Orlana  
GLL Map Sheet: (to be completed by GLL Staff) \_\_\_\_\_

## Well Construction Details:

Date Constructed: 70 years ago Use: Domestic Contractor: N/A  
Type (drilled or dug): Dug Diameter: 36" Well Depth: ~25'  
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: N/A m  
Subsequent Water Level Measurements N/A  
(give depths in m and dates) \_\_\_\_\_

## Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence \_\_\_\_\_ Pumping Capacity: 1/2 horse power Age: 3 years  
How is your pump lubricated: \_\_\_\_\_  
Depth of Intake Setting: 25' m (Original) \_\_\_\_\_ m (Present) Pumping Rate: \_\_\_\_\_ L/s  
Storage Tank: Type: Pressure Capacity: 15-20 gal.  
Do you have a: Chlorinator: \_\_\_\_\_ Water Softener: \_\_\_\_\_ Water Filter: ☒ Filter Type: Charcoal  
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.) washing machine, shower  
Private Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well: 70'  
Well is: 1) Uphill ☒ 2) Downhill: \_\_\_\_\_ 3) Same Grade \_\_\_\_\_

## Previous Problems:

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

15 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?

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?

NO

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:

Replace pump 3 years ago due to wear + tear.

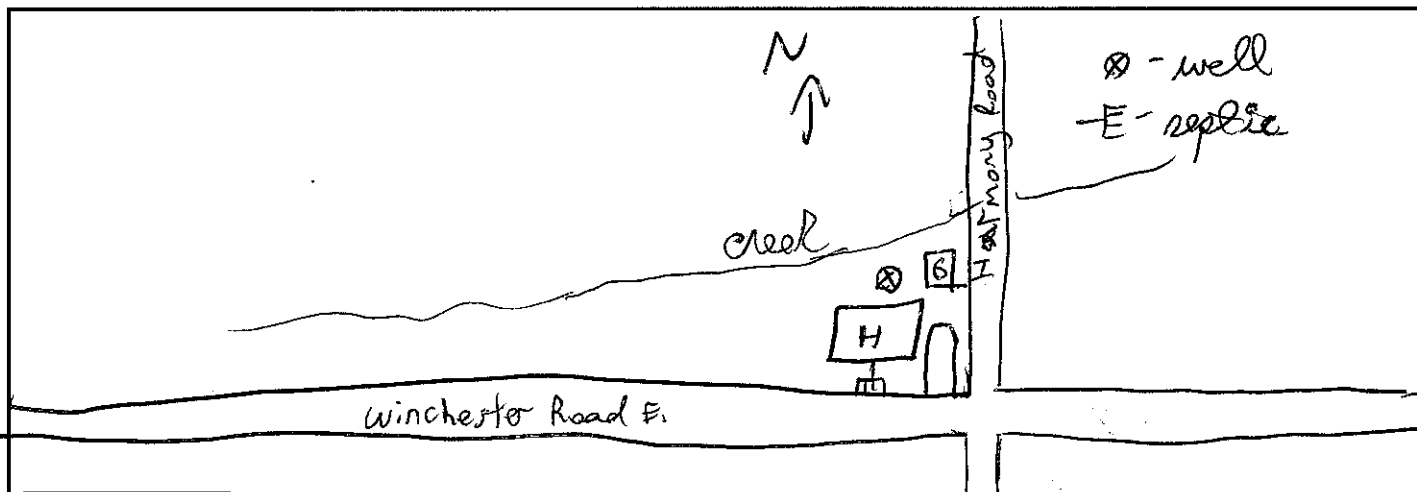
Does homeowner grant permission to obtain a water quality sample?

Yes \_\_\_\_\_

No \_\_\_\_\_

Signature: \_\_\_\_\_

## Location Sketch: (to be completed by GLL staff)



## Field Visit: (to be completed by GLL staff)

GP1: 671109  
4871469 also 214

Well Condition:

not good, cracks + no seal with plastic jammed in it

Is there a depression around the well?



Yes



No

Photo Number:

17, 18, 19



Central  
waited in

✓

# Water Well Survey

Ⓢ Ontario 1201 Wilson Avenue, Building D, 3<sup>rd</sup> 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 #: 2057

MOE #: \_\_\_\_\_

## Owner of Well:

Name: THOMAS + RODRIGUE WIEZAND

Telephone (Bus.): (905) 243 0033

Address: 3154 HARMONY RD N.

(Home): (905) 655 4683

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: 5

Concession: 6

Township: CITY OF OSHANA  
FORMERLY TOWN OF EARTHWORTHY

GLL Map Sheet: (to be completed by GLL Staff) \_\_\_\_\_

Central 4

## Well Construction Details:

Date Constructed: 1961

Use: \_\_\_\_\_

Contractor: FUCKER

Type (drilled or dug): DRILLED

Diameter: 6"

Well Depth: 10' 11"

Is well accessible for direct sampling? IN WELL PIT UNDER DECK 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: (40') 12.2 m

Subsequent Water Level Measurements \_\_\_\_\_

(give depths in m and dates)

## Pumping Equipment:

Pump Type: Suction-lift: \_\_\_\_\_ or Positive-submergence ✓

Pumping Capacity: 600 - 1200 GPH Age: 35 yrs

How is your pump lubricated: \_\_\_\_\_

Depth of Intake Setting: 30 m (Original) 30 m (Present)

Pumping Rate: (5 GAL/M) 0.36 L/s

Storage Tank: \_\_\_\_\_

Type: WELL-RITE ONLINE

Capacity: 20 GAL WITH PLATTER

Do you have a: \_\_\_\_\_

Chlorinator: NO

Water Softener: NO

Water Filter: YES

Filter Type: BIG BOY, UV

Water Use: \_\_\_\_\_

Domestic: No: \_\_\_\_\_ Yes: ✓

No. of persons using water from well: 3-5

Livestock: No: \_\_\_\_\_ Yes: SOME

No. of livestock watered from well: 12

Lawn Watering: No: \_\_\_\_\_ Yes: ✓

Other: \_\_\_\_\_ Amount: \_\_\_\_\_

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

3 SHOWERS, 2 WC, POOL, AUTOMATIC WASHER, DISHWASHER, (RAIN IS DISCONNECTED)

Private Waste and Water Disposal: \_\_\_\_\_

Type (septic tank, etc.): YES

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?

1986

Have you ever experienced any previous problems with your well?

YES

If so, when?

14 2001

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)

- APPARENTLY DUE TO SLUDGE AND WASTE DUMPING IN EXCESS BY ONTARIO DISPOSAL ON THE EDGES

What action was taken to overcome this problem?

FRESHING WITH JAVEX, AND INSTALLATION OF PARTICLE FILTER AND UV LAMP

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: [Signature]

**Location Sketch:** (to be completed by GLL staff)

GPS SC  
4872605  
670771

**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 #: 2060

MOE #: \_\_\_\_\_

Ontario 1201 Wilson Avenue, Building D, 3<sup>rd</sup> 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: Katherine Pankiw Telephone (Bus.): (\_\_\_\_) \_\_\_\_\_Address: 3217 Harmony Rd (Home): (905) 655-5644Person Interviewed: Katherine Residence: yes and small carDate: May 12/08 Time: 4:00 Interviewed By: CK/JS *repair business*

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) Central 4

## Well Construction Details:

Date Constructed: 1971 Use: domestic Contractor: \_\_\_\_\_Type (drilled or dug): drilled Diameter: 6" Well Depth: 95'Is well accessible for direct sampling? yes or buried: \_\_\_\_\_Screen: Yes X 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: 2 years

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: 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.) nonePrivate Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well: 30 mWell is: 1) Uphill X 2) Downhill: \_\_\_\_\_ 3) Same Grade: \_\_\_\_\_



## Previous Problems:

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

1992 16 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?

none

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:

replaced pump 2 years ago

Does homeowner grant permission to obtain a water quality sample?

Yes

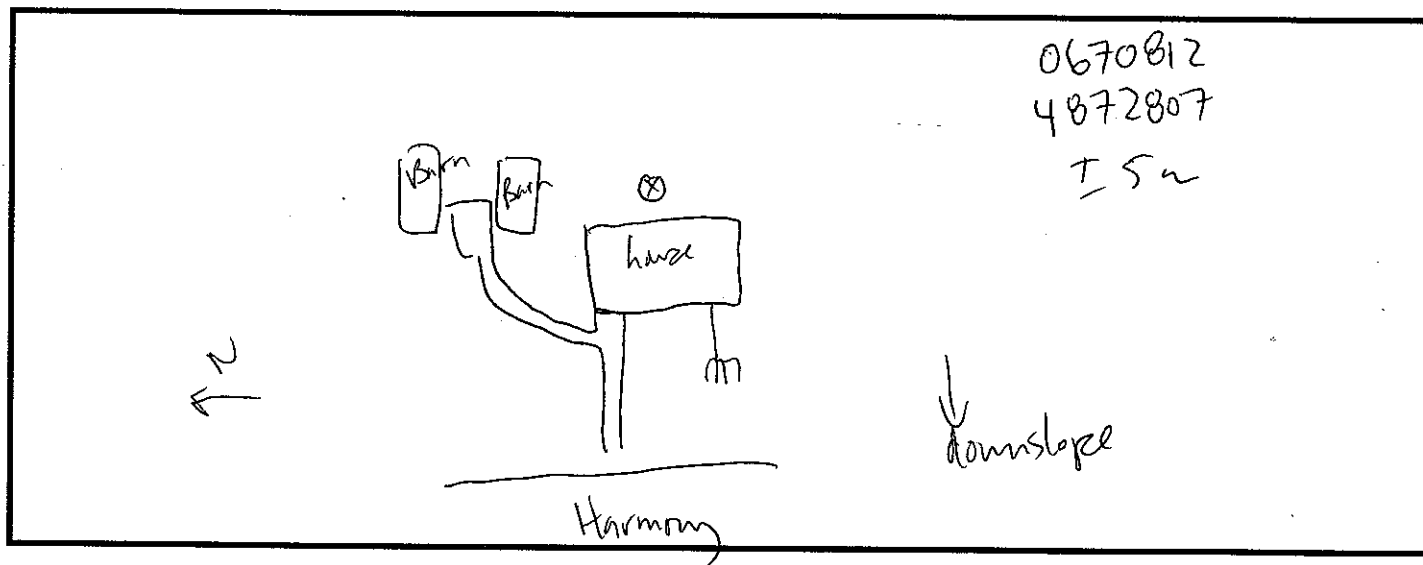


No

Signature:

*[Signature]*

## Location Sketch: (to be completed by GLL staff)



## Field Visit: (to be completed by GLL staff)

Well Condition:

Good

- Barns in the back used to store/fix old cars for repair.

Is there a depression around the well?



Yes



No

Photo Number:

23



# Water Well Survey

Ontario 1201 Wilson Avenue, Building D, 3<sup>rd</sup> 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 #: 2061

MOE #: \_\_\_\_\_

## Owner of Well:

Name: Rick Pellerin Telephone (Bus.): (\_\_\_\_) \_\_\_\_\_

Address: 3340 Grandview Rd. W (Home): (\_\_\_\_) \_\_\_\_\_

Person Interviewed: Rick Residence: yes

Date: May 12/08 Time: 4:25 Interviewed By: CC/SL

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) Central 4

## Well Construction Details:

Date Constructed: unknown Use: domestic Contractor: \_\_\_\_\_

Type (drilled or dug): dug Diameter: 36" Well Depth: 60'

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: 1 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: ✓ Water Filter: \_\_\_\_\_ Filter Type: \_\_\_\_\_

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.) none

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

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





## Previous Problems:

How long have you owned, operated or lived on this property? 8 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? None.

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? \_\_\_\_\_

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

replaced pump last year

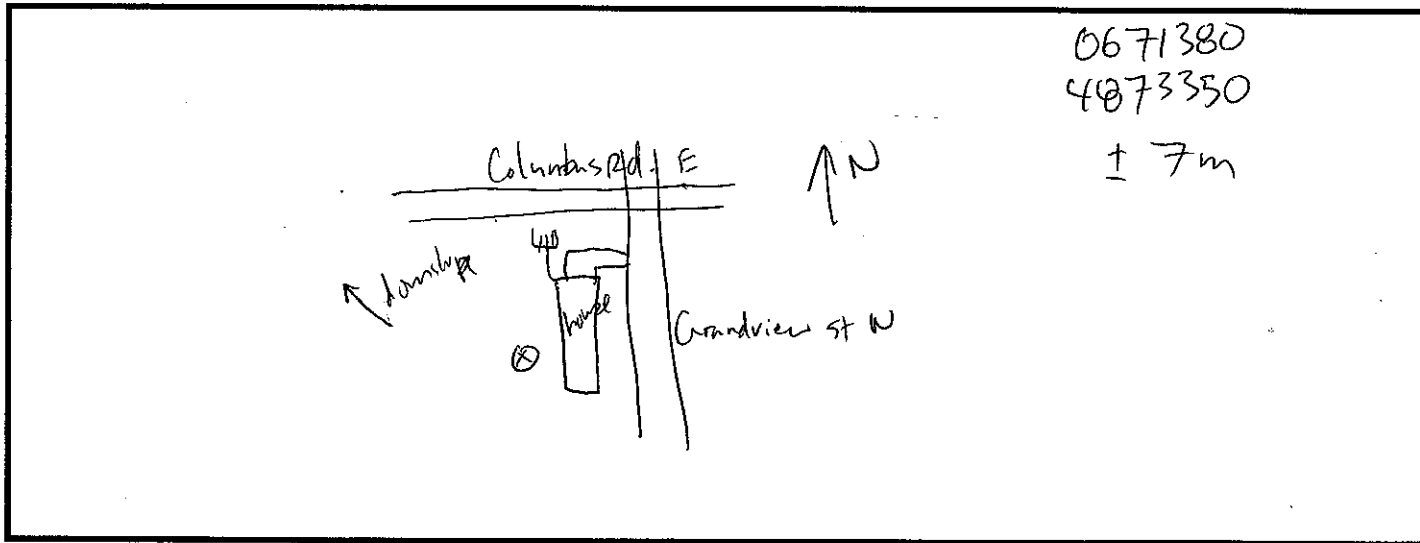
Does homeowner grant permission to obtain a water quality sample?

Yes \_\_\_\_\_

No X

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: 24



# Water Well Survey

Ontario 1201 Wilson Avenue, Building D, 3<sup>rd</sup> 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 #: 2063

MOE #: \_\_\_\_\_

## Owner of Well:

Name: Morty Ferwilliger Telephone (Bus.): ( )  
Address: 3300 Grandview Rd. W (Home): ( )  
Person Interviewed: Morty Residence: yes  
Date: May 12/08 Time: 4:30 Interviewed By: CC/IC  
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: Central 4  
GLL Map Sheet: (to be completed by GLL Staff) \_\_\_\_\_

## Well Construction Details:

Date Constructed: 1880 Use: domestic Contractor: \_\_\_\_\_  
Type (drilled or dug): dug Diameter: 36" Well Depth: 26'  
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: 10  
How is your pump lubricated: \_\_\_\_\_

Depth of Intake Setting: \_\_\_\_\_ m (Original) \_\_\_\_\_ m (Present) Pumping Rate: \_\_\_\_\_ L/s  
Storage Tank: Type: cistern Capacity: 15,000 gallons  
Do you have a: Chlorinator: \_\_\_\_\_ Water Softener: \_\_\_\_\_ Water Filter: \_\_\_\_\_ Filter Type: \_\_\_\_\_  
Water Use: Domestic: No: \_\_\_\_\_ Yes: ✓ No. of persons using water from well: 0  
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: 30 m  
Well is: 1) Uphill \_\_\_\_\_ 2) Downhill: \_\_\_\_\_ 3) Same Grade: X



## Previous Problems:

How long have you owned, operated or lived on this property? 1930

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? none

What were the effects of this problem? \_\_\_\_\_

Did you ever have your well deepened X in 1950, or cleaned \_\_\_\_\_, or a new well constructed \_\_\_\_\_?

If so, why? \_\_\_\_\_

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

replaced pump 10 years ago

Does homeowner grant permission to obtain a water quality sample?

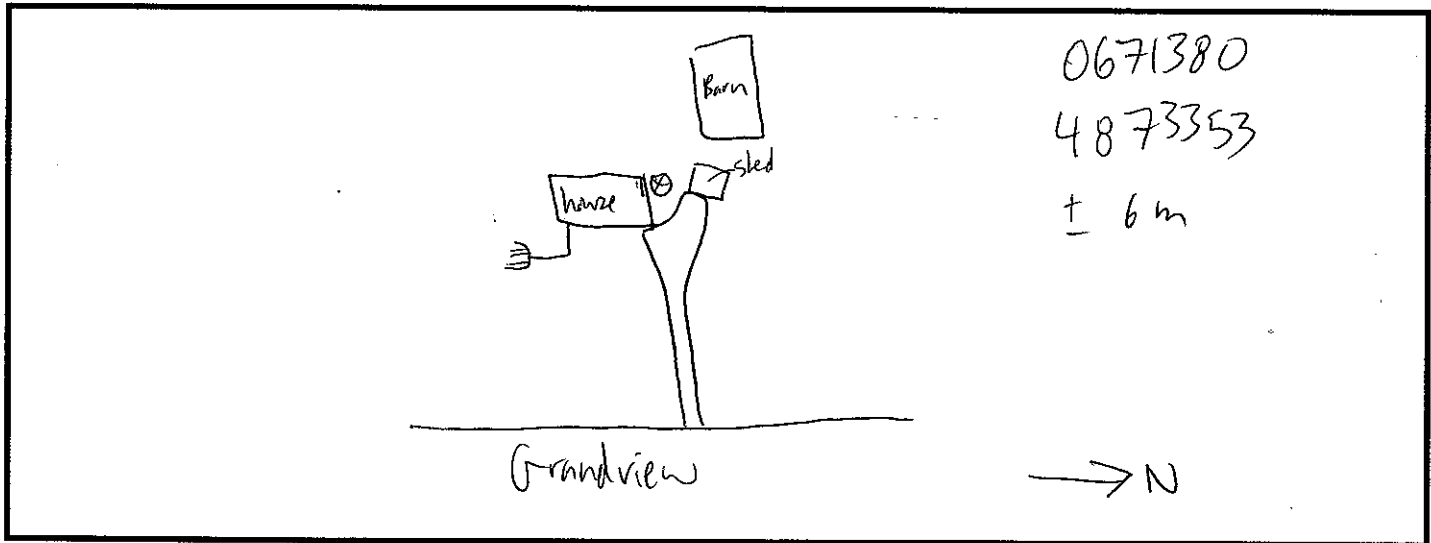
Yes \_\_\_\_\_

No \_\_\_\_\_

Signature: \_\_\_\_\_

Location Sketch: (to be completed by GLL staff)

- no one lives here  
- someone moving in soon



Field Visit: (to be completed by GLL staff)

Well Condition: Good

used to be used for lots of cattle (∴ likely has a good flow rate)

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

Photo Number: 22



# Water Well Survey



1201 Wilson Avenue, Building D, 3<sup>rd</sup> 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 #: 2064

MOE #: \_\_\_\_\_

## Owner of Well:

Name: Charles D Love Telephone (Bus.): (\_\_\_\_) \_\_\_\_\_  
Address: 1194 Winchester Road East Oshawa (Home): (905) 725-5024  
Person Interviewed: Charles Residence: \_\_\_\_\_  
Date: 03/19/2008 Time: 4:45 Interviewed By: CRC/HSA  
Name of Original Well Owner: (if different from above) yes

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

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

## Well Location:

Lot: 4 Concession: 5 Township: Oshawa  
GLL Map Sheet: (to be completed by GLL Staff) \_\_\_\_\_

## Well Construction Details:

Date Constructed: 1973 Use: Domestic Contractor: Sonserson?  
Type (drilled or dug): Drilled Diameter: 15cm Well Depth: 35'  
Is well accessible for direct sampling? yes in concrete pit or buried: \_\_\_\_\_  
Screen: Yes ☒ No \_\_\_\_\_ If Yes, length: N/A m Depth of top of screen: N/A m

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

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

## Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence \_\_\_\_\_ Pumping Capacity: 1/2 Horse Age: 1973 rebuild

How is your pump lubricated: \_\_\_\_\_

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

Storage Tank: Type: Pressure Capacity: 30 gal

Do you have a: Chlorinator: \_\_\_\_\_ Water Softener: ☒ Water Filter: ☒ Filter Type: charcoal

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.) dishwasher/washer machine

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

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

## Previous Problems:

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

since 1973

Have you ever experienced any previous problems with your well?

NO

If so, when?

N/A

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)

N/A

What action was taken to overcome this problem?

N/A

What were the effects of this problem?

N/A

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:

rebuilt the pump ~ 12 years ago  
- very high flow well no problems with supply.

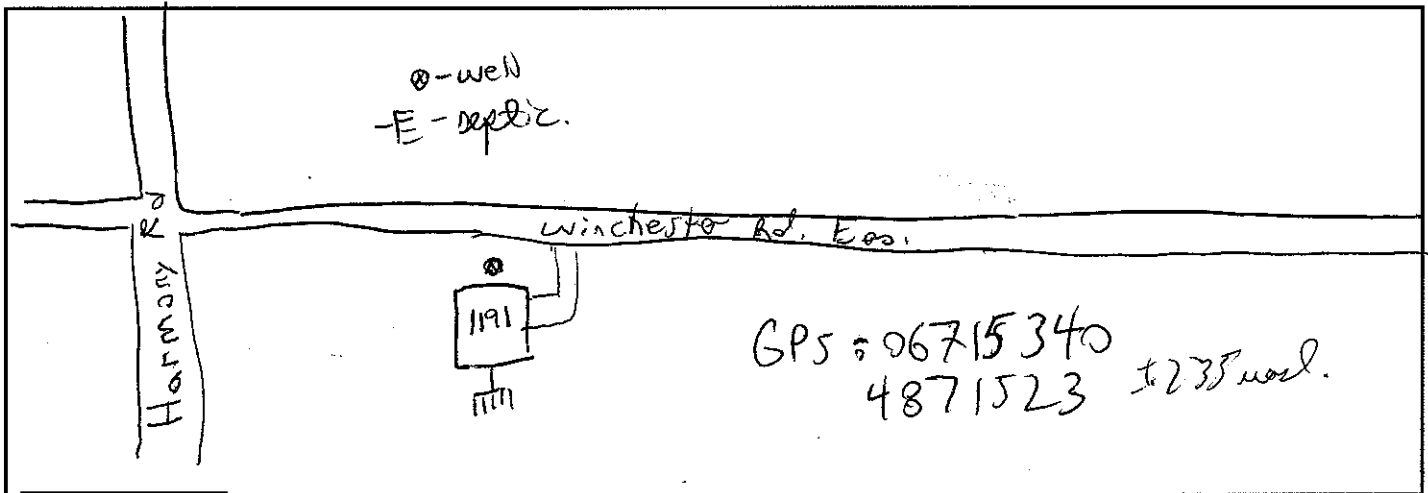
Does homeowner grant permission to obtain a water quality sample?

Yes ☒ No ☐

Signature:

Charles D. Lowe

## Location Sketch: (to be completed by GLL staff)



## Field Visit: (to be completed by GLL staff)

Well Condition:

NOT VISIBLE

Is there a depression around the well?



Yes



No

Photo Number:

NONE



# Water Well Survey



1201 Wilson Avenue, Building D, 3<sup>rd</sup> 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 #: 2068

MOE #: N/A

## Owner of Well:

Name: Robert Flett & Violet Flett Telephone (Bus.): ( )  
Address: 1260 Winchester Road E. (Home): (905) 723-0780  
Person Interviewed: Robert & Violet Residence: \_\_\_\_\_  
Date: 03/19/2008 Time: 4:30 Interviewed By: CRC/HSA  
Name of Original Well Owner: (if different from above) yes

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

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

## Well Location:

Lot: \_\_\_\_\_ Concession: C4 Township: \_\_\_\_\_  
GLL Map Sheet: (to be completed by GLL Staff)

## Well Construction Details:

Date Constructed: 1934 then drilled? Use: Domestic Contractor: \_\_\_\_\_  
Type (drilled or dug): Dug/drilled Diameter: 36" / 6" Well Depth: 72'  
Is well accessible for direct sampling? yes or buried: \_\_\_\_\_  
Screen: Yes / No \_\_\_\_\_ If Yes, length: N/A 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: N/A m  
Subsequent Water Level Measurements N/A (Pump down & 9' then stabilizes)  
(give depths in m and dates)

## Pumping Equipment:

Pump Type: Suction-lift: \_\_\_\_\_ or Positive-submergence / Pumping Capacity: 3/4 horse power Age: 25 years  
How is your pump lubricated: \_\_\_\_\_  
Depth of Intake Setting: N/A m (Original) N/A m (Present) Pumping Rate: \_\_\_\_\_ L/s  
Storage Tank: Type: Pressure Capacity: 10-20 gal  
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, pool, sauna, etc.) dishwasher & wash machine  
Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: 100'  
Well is: 1) Uphill \_\_\_\_\_ 2) Downhill: \_\_\_\_\_ 3) Same Grade X

## Previous Problems:

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

since 1934

Have you ever experienced any previous problems with your well?

no (strong producing well)

If so, when?

N/A

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?

N/A

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

What action was taken to overcome this problem?

N/A

What were the effects of this problem?

N/A

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

If so, why?

N/A

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

pump replaced approximately 5 years ago.

Does homeowner grant permission to obtain a water quality sample?

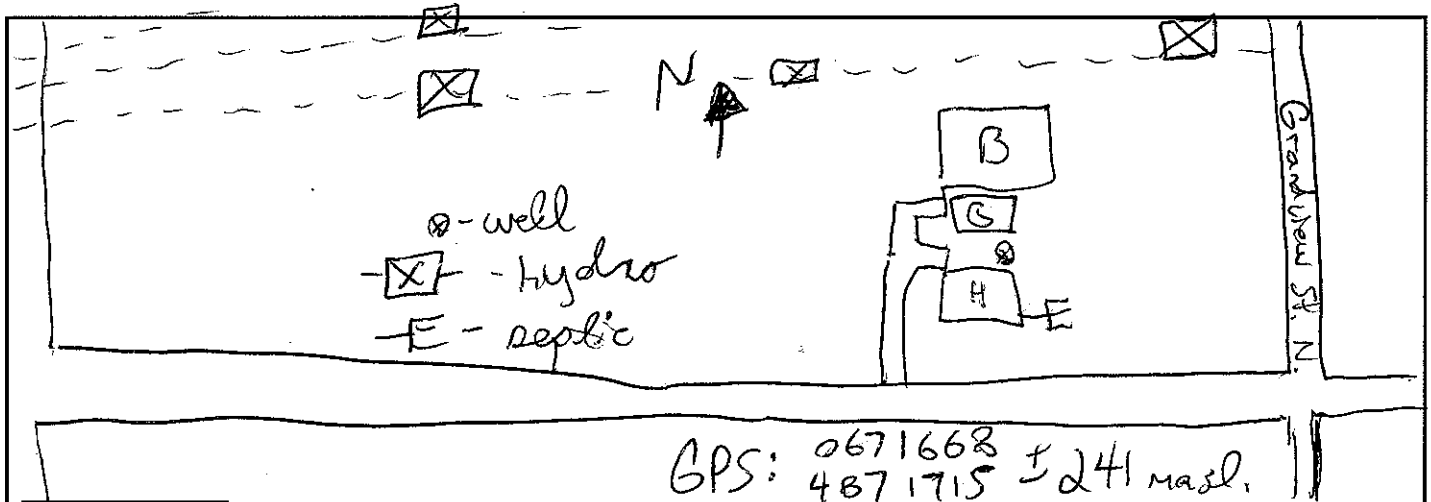
Yes \_\_\_\_\_

No \_\_\_\_\_



Signature: \_\_\_\_\_

## Location Sketch: (to be completed by GLL staff)



## Field Visit: (to be completed by GLL staff)

Well Condition:

not visible inside of shed

Is there a depression around the well?



Yes



No

Photo Number:

20/21

# Water Well Survey

Ontario 1201 Wilson Avenue, Building D, 3<sup>rd</sup> 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 #: 2072

MOE #: ~~1160745~~  
2071 207

## Owner of Well:

Name: Suzanne Harney Telephone (Bus.): ( )  
Address: 1285 Winchester Rd (Home): (905) 571-0686  
Person Interviewed: Suzanne Residence: yes  
Date: May 12/08 Time: 3:45 Interviewed By: CC/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: Central 4 Township:  
GLL Map Sheet: (to be completed by GLL Staff)

## Well Construction Details:

Date Constructed: 1964 Use: domestic Contractor: -  
Type (drilled or dug): dug Diameter: 36" Well Depth: 30-35'  
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: - 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: -

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

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.) none

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

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



## Previous Problems:

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

1995 - 13 years

Have you ever experienced any previous problems with your well?

Coliform recently, low interlevel <sup>test</sup> ~~test~~

If so, when?

Fall 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?

- put Durex in well every 6 weeks  
- ~~put~~ <sup>pumped</sup> ~~water~~ into cell

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

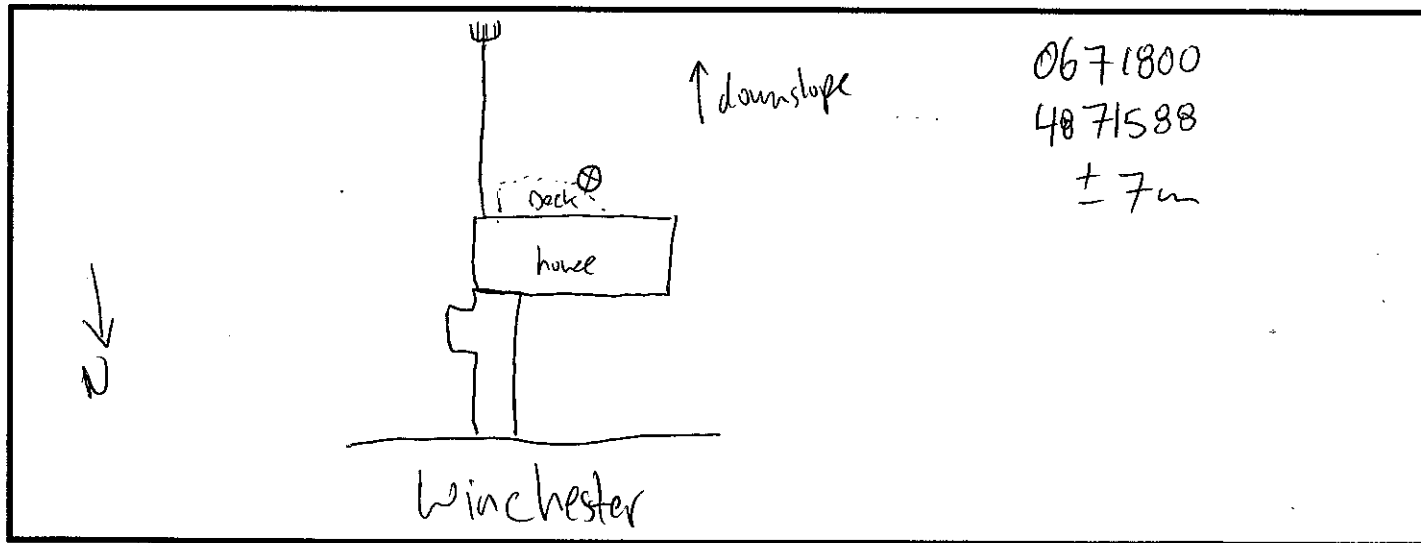
Does homeowner grant permission to obtain a water quality sample?

Yes ☒ No ☐

Signature:

Susanne Harney

## 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:

22



# Water Well Survey



1201 Wilson Avenue, Building D, 3<sup>rd</sup> Floor, Downsview, ON M3M 1J8 1-866-840-5529

Well #: 2076  
MOE #: N/A



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

## Owner of Well:

Name: Bill McKeough Telephone (Bus.): ( )  
Address: 1505 Winchester Rd. East (Home): 905 725-5110  
Person Interviewed: Bill (concession ?) Residence: yes  
Date: 03/20/2008 Time: 11:45 am. Interviewed By: MA/cec  
Name of Original Well Owner: (if different from above) no record though 1959

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

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

## Well Location:

Lot: \_\_\_\_\_ Concession: C4 Township: \_\_\_\_\_  
GLL Map Sheet: (to be completed by GLL Staff) \_\_\_\_\_

## Well Construction Details:

Date Constructed: 1950 Use: Domestic Contractor: \_\_\_\_\_  
Type (drilled or dug): Dug Diameter: 36" Well Depth: ± 30'  
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: N/A Age: 10 year  
How is your pump lubricated: \_\_\_\_\_  
Depth of Intake Setting: \_\_\_\_\_ m (Original) \_\_\_\_\_ m (Present) Pumping Rate: \_\_\_\_\_ L/s  
Storage Tank: Type: Pressure Capacity: 10-20 gal  
Do you have a: Chlorinator: \_\_\_\_\_ Water Softener: \_\_\_\_\_ Water Filter: X Filter Type: 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: pool  
Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) \_\_\_\_\_

Private Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well: 80'  
Well is: 1) Uphill X 2) Downhill: \_\_\_\_\_ 3) Same Grade \_\_\_\_\_

## Previous Problems:

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

1959

Have you ever experienced any previous problems with your well?

Nitrates, Fecal

If so, when?

last ~~summer~~ summer

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)

Borell / last

What action was taken to overcome this problem?

Installed filter

What were the effects of this problem?

NO

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:

NO

Does homeowner grant permission to obtain a water quality sample?

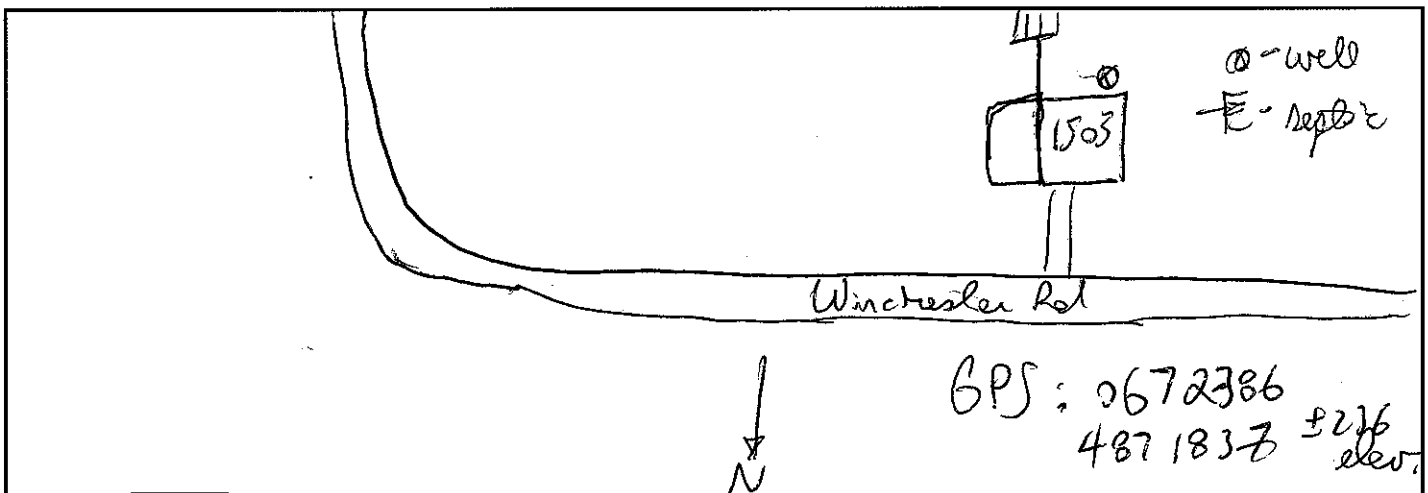
Yes

☒ No

Signature:

W. M. A. H.

## Location Sketch: (to be completed by GLL staff)



## Field Visit: (to be completed by GLL staff)

Well Condition:

NOT VISIBLE

Is there a depression around the well?

☐

Yes

☐

No

Photo Number:

N/A



# Water Well Survey



1201 Wilson Avenue, Building D, 3<sup>rd</sup> Floor, Downsview, ON M3M 1J8 1-866-840-5529

Well #: 2079/2078

MOE #: \_\_\_\_\_



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

## Owner of Well:

Name: Ron Geisberger Telephone (Bus.): (\_\_\_\_) \_\_\_\_\_  
Address: 1515 Winchester Road East (Home): (905) 261-5469  
Person Interviewed: Andy (Concession?) Residence: yes  
Date: 03/20/2008 Time: 12:00 pm Interviewed By: CRC/HSA  
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: C4 Township: \_\_\_\_\_  
GLL Map Sheet: (to be completed by GLL Staff) \_\_\_\_\_

## Well Construction Details:

Date Constructed: \_\_\_\_\_ Use: Domestic Contractor: \_\_\_\_\_  
Type (drilled or dug): drilled / dug Diameter: 4" / 36 Well Depth: ? / 30'  
Is well accessible for direct sampling? open / open 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: N/A m  
Subsequent Water Level Measurements N/A  
(give depths in m and dates) \_\_\_\_\_

## Pumping Equipment:

Pump Type: Suction-lift: \_\_\_\_\_ or Positive-submergence ✓ Pumping Capacity: 3/4 Horse power Age: 2 years  
How is your pump lubricated: \_\_\_\_\_  
Depth of Intake Setting: 25' m (Original) \_\_\_\_\_ m (Present) Pumping Rate: \_\_\_\_\_ L/s  
Storage Tank: Type: Bladder tank in shop Capacity: 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: 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.) shut runs off of it, washes slugs, buckets & fills sprayer in summer  
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?

13 years

Have you ever experienced any previous problems with your well?

No

If so, when?

N/A

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?

N/A

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

What action was taken to overcome this problem?

N/A

What were the effects of this problem?

N/A

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

If so, why?

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

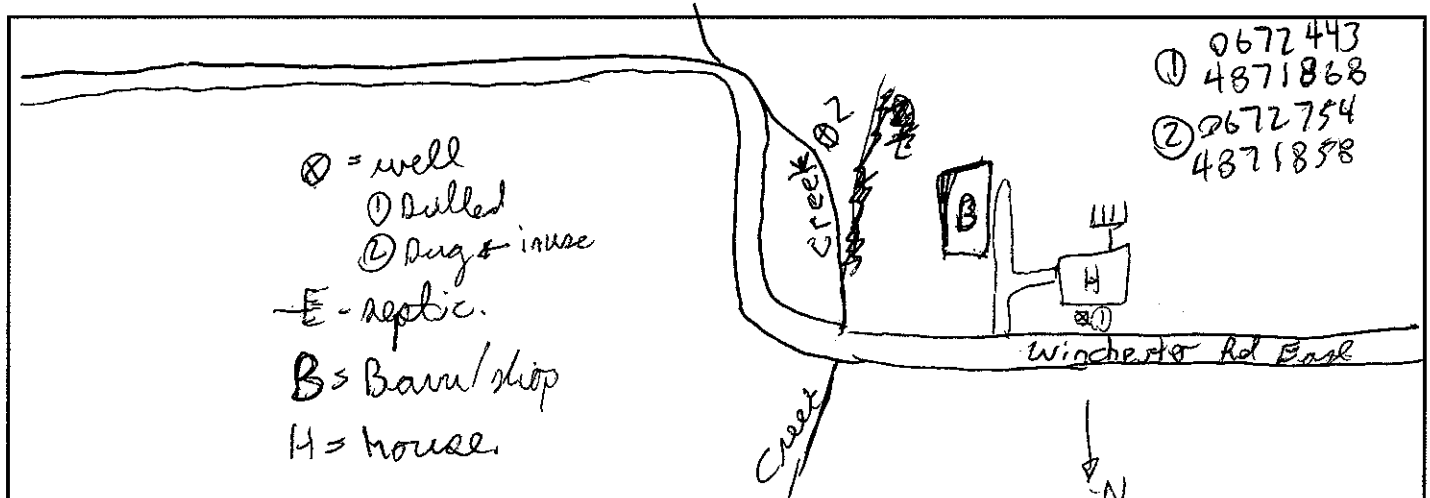
pump replaced 2 years ago (worn & fixed)

Does homeowner grant permission to obtain a water quality sample?

Yes ☒ No ☐

Signature: Andy Van D.

## Location Sketch: (to be completed by GLL staff)



## Field Visit: (to be completed by GLL staff)

Well Condition:

Dilled well buried & ~~that~~ abandoned  
Dug well along creek in field south east of house

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

Photo Number: \_\_\_\_\_

# Water Well Survey



1201 Wilson Avenue, Building D, 3<sup>rd</sup> 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 #: 2079

MOE #: N/A

## Owner of Well:

Name: Helen Hancock Telephone (Bus.): ( )

Address: 1468 Concession Road 7 (Home): ( 905 ) 723-5844

Person Interviewed: Helen Residence: Tenant

Date: 03/20/2008 Time: 12:30 pm Interviewed By: HSA/CRC

Name of Original Well Owner: (if different from above) yes second owners (bought from Hydro)

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

Name: N/A Telephone (Bus.): ( )

Address: 1406 Concession Road 7 (Home): ( )

## Well Location:

Lot: Concession: Township: Clarington

GLL Map Sheet: (to be completed by GLL Staff) C4

## Well Construction Details:

Date Constructed: 2006 Use: Domestic Contractor: Herb Lang Well Drilling

Type (drilled or dug): Dug Diameter: 6" Well Depth: 161<sup>ft</sup> m

Is well accessible for direct sampling? yes or buried:

Screen: Yes ☒ No ☐ If Yes, length: 4' m Depth of top of screen: 157 m

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

Original Water Level Depth: 68'

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

## Pumping Equipment:

Pump Type: Suction-lift: ☐ or Positive-submergence ☒ Pumping Capacity: Age: 2 years

How is your pump lubricated: N/A

Depth of Intake Setting: m (Original) m (Present) Pumping Rate: 10 GPM L/s

Storage Tank: Type: Pressure Capacity: 10-20 gpm

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.) washing machines

Private 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?

late 1960 / early 1970

Have you ever experienced any previous problems with your well?

sulphur smell

If so, when?

last summer

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?

Colour

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

What action was taken to overcome this problem?

Nothing

What were the effects of this problem?

Nothing

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

If so, why?

drilled well is new and replaced old plug which was abandoned.

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

NIL

Does homeowner grant permission to obtain a water quality sample?

Yes

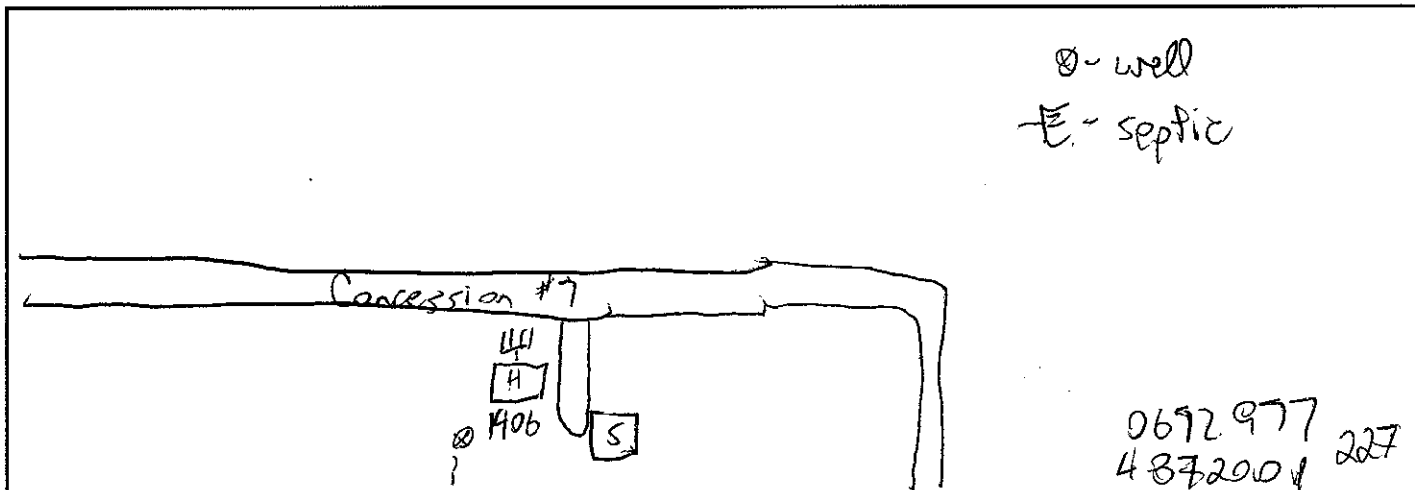


No

Signature:

Helen Johnson

## Location Sketch: (to be completed by GLL staff)



## Field Visit: (to be completed by GLL staff)

Well Condition:

great up to standard

Is there a depression around the well?



Yes



No

Photo Number: \_\_\_\_\_

# Water Well Survey

Well #: 2080

MOE #: N/A



1201 Wilson Avenue, Building D, 3<sup>rd</sup> 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: Arnold Geisberger Telephone (Bus.): (      )  
Address: 6497/6493 Leest Rd. (Home): ( 905 ) 261-5469  
Person Interviewed: Arnold (from house) Residence: yes  
Date: 03/20/2008 Time: 2:25 Interviewed By: HSA/CRC  
Name of Original Well Owner: (if different from above) yes same as above

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

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

## Well Location:

Lot: \_\_\_\_\_ Concession: \_\_\_\_\_ Township: Claxington  
GLL Map Sheet: (to be completed by GLL Staff) C6

## Well Construction Details:

Date Constructed: N/A Use: Domestic Contractor: \_\_\_\_\_  
Type (drilled or dug): Dug Diameter: 36" Well Depth: N/A  
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: N/A m  
Subsequent Water Level Measurements N/A  
(give depths in m and dates)

## Pumping Equipment:

Pump Type: Suction-lift: ✓ or Positive-submergence \_\_\_\_\_ Pumping Capacity: N/A Age: N/A  
How is your pump lubricated: N/A  
Depth of Intake Setting: \_\_\_\_\_ m (Original) \_\_\_\_\_ m (Present) Pumping Rate: \_\_\_\_\_ L/s  
Storage Tank: Type: Pressure 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: 12-20  
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: 100'  
Well is: 1) Uphill ✓ 2) Downhill: \_\_\_\_\_ 3) Same Grade: \_\_\_\_\_

## Previous Problems:

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

Have you ever experienced any previous problems with your well? N/A

If so, when? N/A

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? N/A

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

What action was taken to overcome this problem? N/A

What were the effects of this problem? N/A

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

If so, why? N/A

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

N/A

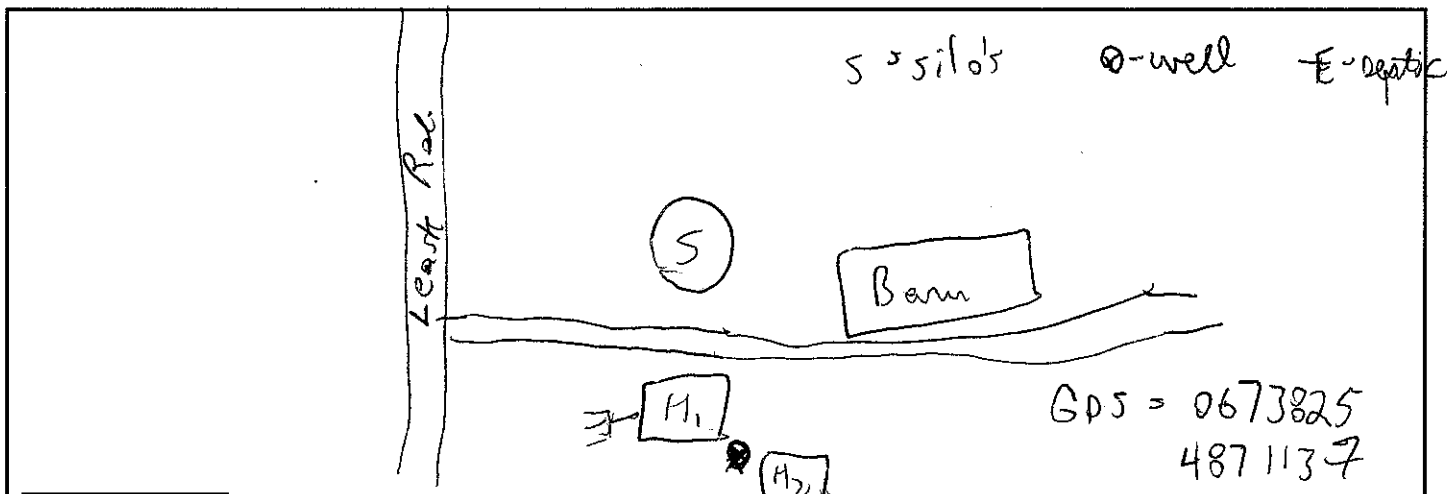
Does homeowner grant permission to obtain a water quality sample?

Yes \_\_\_\_\_

No \_\_\_\_\_

Signature: \_\_\_\_\_

## Location Sketch: (to be completed by GLL staff)



## Field Visit: (to be completed by GLL staff)

Well Condition:

NOT VISIBLE, well supplies both houses

Is there a depression around the well?



Yes



No

Photo Number: \_\_\_\_\_

# Water Well Survey

Well #: 2984

MOE #: \_\_\_\_\_

1201 Wilson Avenue, Building D, 3<sup>rd</sup> 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: Art Datt Telephone (Bus.): (\_\_\_\_) \_\_\_\_\_  
Address: 1596 Concession 6 (Home): (905) 725-5075  
Person Interviewed: Art Residence: \_\_\_\_\_  
Date: 03/20/2008 Time: 3:00 Interviewed By: \_\_\_\_\_  
Name of Original Well Owner: (if different from above) yes

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

Name: Shanon Dennis Telephone (Bus.): (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ (Home): (\_\_\_\_) \_\_\_\_\_

## Well Location:

Lot: \_\_\_\_\_ Concession: \_\_\_\_\_ Township: \_\_\_\_\_  
GLL Map Sheet: (to be completed by GLL Staff) C6

## Well Construction Details:

Date Constructed: 1953/55? Use: Domestic Contractor: Foullmer  
Type (drilled or dug): drilled Diameter: 6" Well Depth: ~ 67'  
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: N/A m  
Subsequent Water Level Measurements N/A  
(give depths in m and dates)

## Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence \_\_\_\_\_ Pumping Capacity: \_\_\_\_\_ Age: 10 years  
How is your pump lubricated: \_\_\_\_\_  
Depth of Intake Setting: N/A m (Original) N/A m (Present) Pumping Rate: High (water easily) L/s  
Storage Tank: Type: Pressure tank Capacity: 10-20 gal easily  
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.) regular summaries  
Private Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well: 33  
Well is: 1) Uphill ☒ 2) Downhill: \_\_\_\_\_ 3) Same Grade \_\_\_\_\_

## Previous Problems:

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

Sept 1953

Have you ever experienced any previous problems with your well?

NONE (A lot of water)

If so, when?

N/A

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?

N/A

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

What action was taken to overcome this problem?

N/A

What were the effects of this problem?

N/A

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

If so, why?

N/A

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

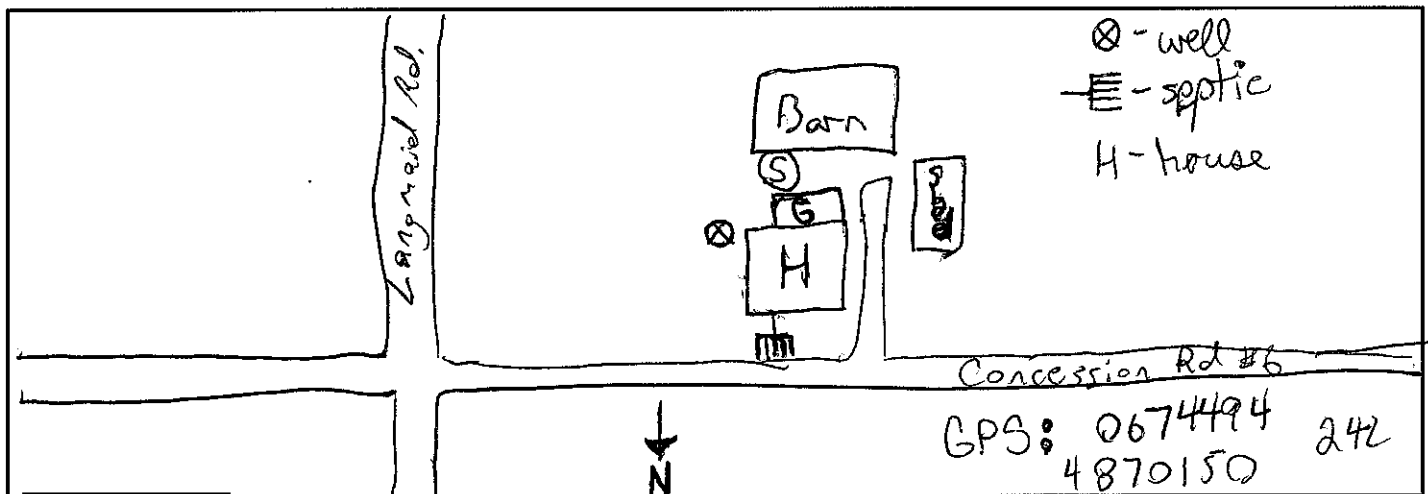
Replaced the pump 10 years ago due to wear tear

Does homeowner grant permission to obtain a water quality sample?

Yes / No \_\_\_\_\_

Signature: Arthur Daw

## Location Sketch: (to be completed by GLL staff)



## Field Visit: (to be completed by GLL staff)

Well Condition:

tile in good condition 4' above ground

Is there a depression around the well?



Yes



No

Photo Number:

29, 30



# Water Well Survey



1201 Wilson Avenue, Building D, 3<sup>rd</sup> Floor, Downsview, ON M3M 1J8 1-866-840-5529

Well #: 2087/2088

MOE #: N/A



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

## Owner of Well:

Name: August Gerberger Telephone (Bus.): (      )  
Address: 6545 (6683/6745) Langmaid Rd. N. (Home): ( 905 ) 725-6698  
Person Interviewed: August Residence: yes  
Date: 03/20/2008 Time: 3:30 pm Interviewed By: CRC/HSA  
Name of Original Well Owner: (if different from above) yes

## 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) C6

## Well Construction Details:

Date Constructed: 20 years ago Use: Domestic/Livestock Contractor: Sanderson  
Type (drilled or dug): Drilled 2 houses / barn spraying 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: N/A m  
Subsequent Water Level Measurements N/A  
(give depths in m and dates)

## Pumping Equipment:

Pump Type: Suction-lift: \_\_\_\_\_ or Positive-submergence ☒ Pumping Capacity: N/A Age: 12 yr  
How is your pump lubricated: N/A  
Depth of Intake Setting: N/A m (Original) N/A m (Present) Pumping Rate: N/A L/s  
Storage Tank: Type: Pressure Tank Capacity: \_\_\_\_\_  
Do you have a: Chlorinator: \_\_\_\_\_ Water Softener: \_\_\_\_\_ Water Filter: magnetic to take out iron Filter Type: \_\_\_\_\_  
Water Use: Domestic: No: \_\_\_\_\_ Yes: ☒ No. of persons using water from well: 2 + 5  
Livestock: No: ☒ Yes: \_\_\_\_\_ No. of livestock watered from well: \_\_\_\_\_  
Lawn Watering: No: ☒ Yes: \_\_\_\_\_ Other: Cup spraying Amount: \_\_\_\_\_  
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) pool, shower, washing machine, house supply.  
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? 26

Have you ever experienced any previous problems with your well? NONE

If so, when? N/A

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? N/A

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

What action was taken to overcome this problem? N/A

What were the effects of this problem? N/A

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

If so, why? N/A

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

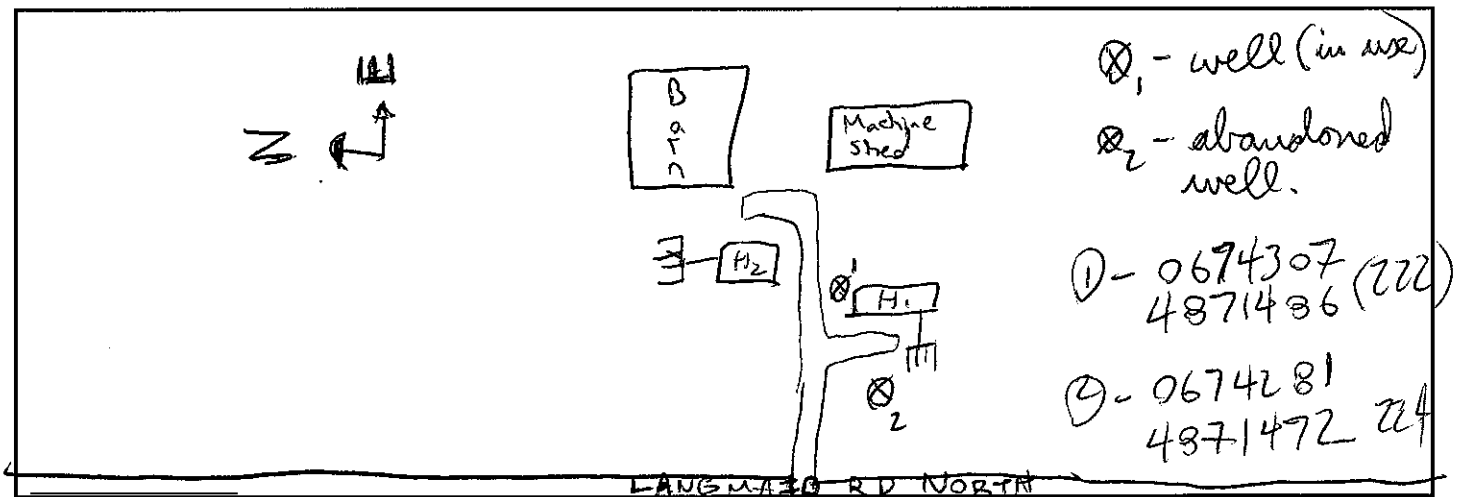
High water table caused pump to blow, replaced electrical lines/waterlines and pump.

(Does homeowner grant permission to obtain a water quality sample?)

Yes ☒ No ☐

Signature: Aug. Feinberger

## Location Sketch: (to be completed by GLL staff)



## Field Visit: (to be completed by GLL staff)

Well Condition: well looks in good condition, services both houses & barn adequately

Is there a depression around the well?



Yes



No

Photo Number: 32, 33

# Water Well Survey

Well #: 2070

MOE #: \_\_\_\_\_

1201 Wilson Avenue, Building D, 3<sup>rd</sup> 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: BERT VERNON Telephone (Bus.): 905  
Address: 1265 WINCHESTER BL. E. (Home): 905 571 0865  
Person Interviewed: \_\_\_\_\_ Residence: 571 0865  
Date: 20 / MARCH Time: 10:20 am 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: before 1978 Use: Domestic Contractor: \_\_\_\_\_  
Type (drilled or dug): (Drilled) Diameter: 4" Well Depth: 70'  
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 Age: 10  
How is your pump lubricated: \_\_\_\_\_  
Depth of Intake Setting: 20' (Original) \_\_\_\_\_ m (Present) Pumping Rate: \_\_\_\_\_ L/s  
Storage Tank: Type: Concrete Capacity: 1500 GALLONS  
Do you have a: Chlorinator: \_\_\_\_\_ Water Softener: ☒ Water Filter: ☒ Filter Type: UV/Seal.  
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. APPLIANCES

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? 30 years

Have you ever experienced any previous problems with your well? NONE

If so, when? N/A

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? N/A

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

What action was taken to overcome this problem? N/A

What were the effects of this problem? N/A

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

If so, why? Ran well dry and sediment came into well.

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

NONE

Does homeowner grant permission to obtain a water quality sample?

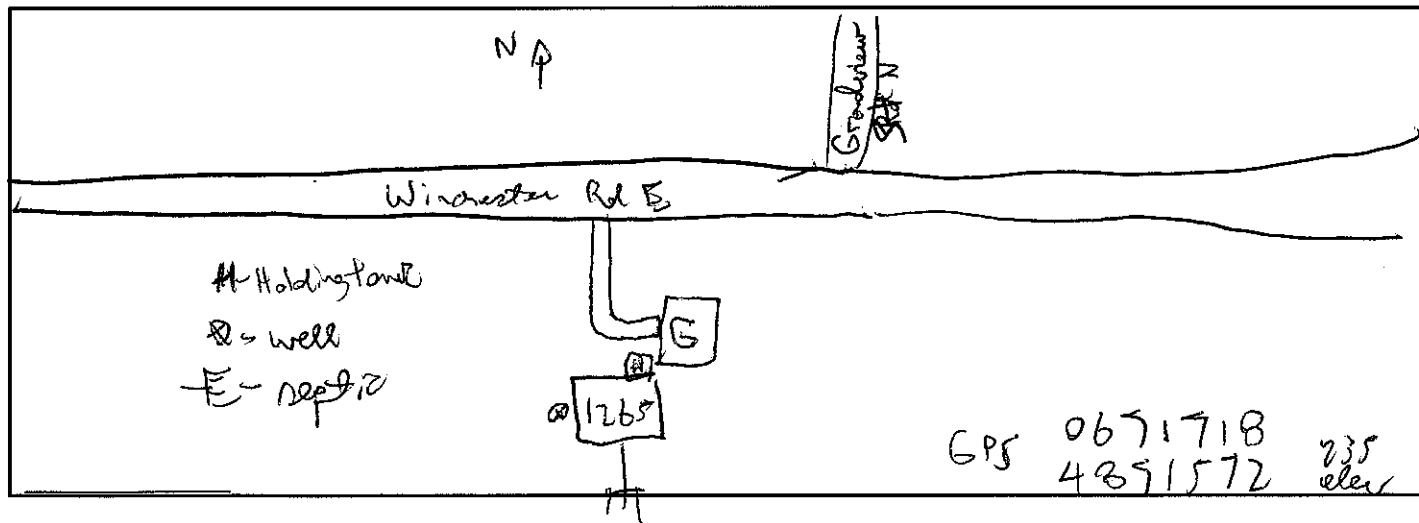
Yes \_\_\_\_\_

No \_\_\_\_\_

Signature: \_\_\_\_\_

Call owner when sampling to see if they would like to participate.

**Location Sketch:** (to be completed by GLL staff)



**Field Visit:** (to be completed by GLL staff)

Well Condition:

well great, vermin proof cap on top.  
Well is part of a tie-in system floor is 3' from  
to well

Is there a depression around the well?



Yes



No

Photo Number:

22, 24

# Water Well Survey



Ontario 1201 Wilson Avenue, Building D, 3<sup>rd</sup> 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 #: 2092

MOE #: \_\_\_\_\_

## Owner of Well:

Name: Robert and Stephanie Pasternak Telephone (Bus.): (\_\_\_\_) \_\_\_\_\_

Address: 6492 Enfield Rd. (Home): (905) 263-2253

Person Interviewed: \_\_\_\_\_ Residence: yes

Date: May 7/08 Time: 11:40 Interviewed By: ACC/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) Central 6

## Well Construction Details:

ate Constructed: 1983 Use: Domestic Contractor: \_\_\_\_\_

Type (drilled or dug): Drilled Diameter: 6" Well Depth: 150'

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: 25

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: None Water Softener: \_\_\_\_\_ Water Filter: \_\_\_\_\_ Filter Type: \_\_\_\_\_

Water Use: Domestic: No: \_\_\_\_\_ Yes: ☒ No. of persons using water from well: 2 or 3

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.) No pool (do not use well water to fill)

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

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

## Previous Problems:

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

~~1980~~ 1983

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?

None

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:

None

Does homeowner grant permission to obtain a water quality sample?

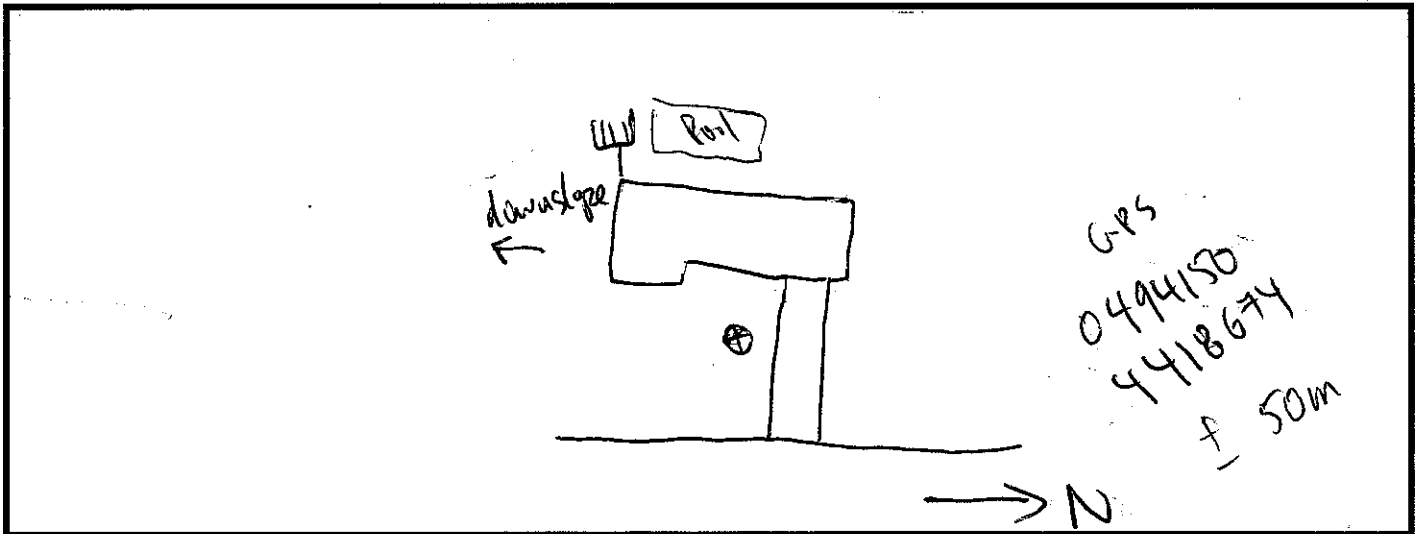
Yes ☒

No ☐

Signature: \_\_\_\_\_

*[Signature]*

## Location Sketch: (to be completed by GLL staff)



## Field Visit: (to be completed by GLL staff)

Well Condition: Good

Is there a depression around the well?



Yes



No

Photo Number: 3

~~not home~~

✓

# Water Well Survey



1201 Wilson Avenue, Building D, 3<sup>rd</sup> Floor, Downsview, ON M3M 1J8 1-866-840-5529

Well #: <u>2097</u>
MOE #: _____

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

## Owner of Well:

Name: Cindy Haines Telephone (Bus.): (\_\_\_\_) \_\_\_\_\_  
Address: 5622 Enfield Rd. (Home): (905) 263-4570  
Person Interviewed: Cindy Residence: yes  
Date: May 12/08 Time: 12:30 Interviewed By: CC / JC  
Name of Original Well Owner: (if different from above) Unknown

## 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) Central 7

## Well Construction Details:

Date Constructed: 2007 Use: Artesic Contractor: Boedway well drilling  
Type (drilled or dug): drilled Diameter: 6" Well Depth: \_\_\_\_\_  
Is well accessible for direct sampling? yes or buried: \_\_\_\_\_  
Screen: Yes X 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: 1yr  
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: ✓ ~~502~~ Water Softener: ✓ Water Filter: \_\_\_\_\_ Filter Type: \_\_\_\_\_  
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.) NO

Private Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well: 50 m  
Well is: 1) Uphill \_\_\_\_\_ 2) Downhill: \_\_\_\_\_ 3) Same Grade ✓

## Previous Problems:

How long have you owned, operated or lived on this property? 1 yr

Have you ever experienced any previous problems with your well? Sulphur odour

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? disinfected w cl (Savox)

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

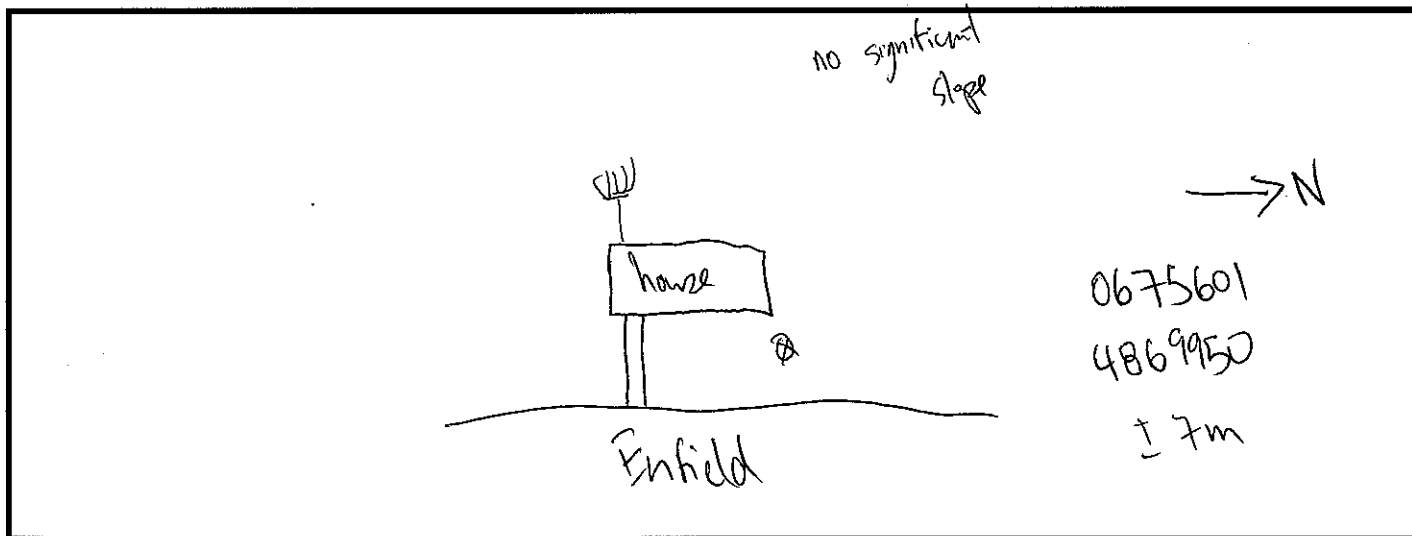
Does homeowner grant permission to obtain a water quality sample?

Yes ☒

No ☐

Signature: Randy Hane

## 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: 10



# Water Well Survey

Well #: 2098

MOE #: \_\_\_\_\_

Ontario 1201 Wilson Avenue, Building D, 3<sup>rd</sup> 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: Hojdus, Mike Telephone (Bus.): (\_\_\_\_) \_\_\_\_\_  
Address: 5570 Enfield (Home): 905 263-1825  
Person Interviewed: Mike Hojdus Residence: yes  
Date: May 7/08 Time: 2:30 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: Central 7 Township: \_\_\_\_\_  
GLL Map Sheet: (to be completed by GLL Staff) \_\_\_\_\_

## Well Construction Details:

Date Constructed: 1980? Use: domestic Contractor: \_\_\_\_\_  
Type (drilled or dug): dug Diameter: 36' Well Depth: 30'  
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: 9 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: none Water Softener: \_\_\_\_\_ Water Filter: \_\_\_\_\_ Filter Type: ✓  
Water Use: Domestic: No: \_\_\_\_\_ Yes: X No. of persons using water from well: 2  
Livestock: No: X Yes: \_\_\_\_\_ No. of livestock watered from well: \_\_\_\_\_  
Lawn Watering: No: X 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: 25m  
Well is: 1) Uphill \_\_\_\_\_ 2) Downhill: \_\_\_\_\_ 3) Same Grade: X 40m

## Previous Problems:

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

Have you ever experienced any previous problems with your well? no problems

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:

9 years ago replaced every thing

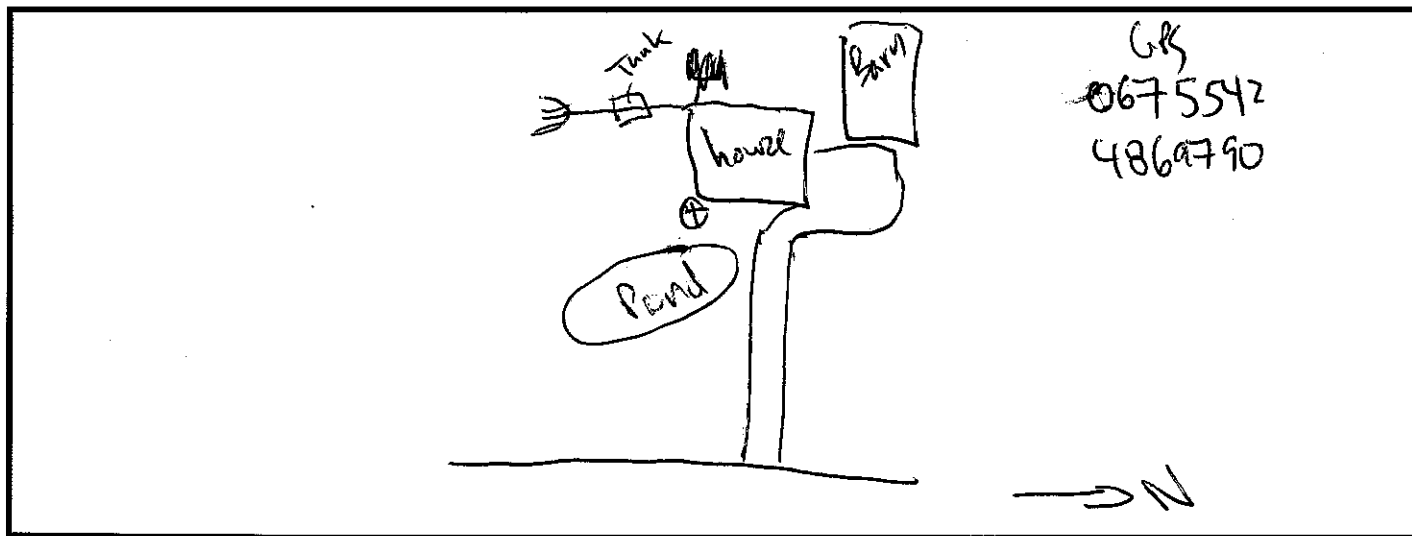
Does homeowner grant permission to obtain a water quality sample?

Yes

☒ No

Signature: \_\_\_\_\_

**Location Sketch:** (to be completed by GLL staff)



**Field Visit:** (to be completed by GLL staff)

Well Condition: \_\_\_\_\_

good - located very near pond  
- water in pond is ~ 4-5m below top of well casing

Is there a depression around the well?



Yes



No

Photo Number: \_\_\_\_\_

7/8

# Water Well Survey



Ontario

1201 Wilson Avenue, Building D, 3<sup>rd</sup> 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 #: 2106

MOE #: \_\_\_\_\_

## Owner of Well:

Name: ~~Kift~~ Philip Kift Telephone (Bus.): ( ) \_\_\_\_\_

Address: 5258 Langmaid Rd. (Home): ( ) \_\_\_\_\_

Person Interviewed: Philip Residence: yes

Date: May 12/08 Time: 12:30 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) Central 7

## Well Construction Details:

Date Constructed: 1978 Use: domestic Contractor: \_\_\_\_\_

Type (drilled or dug): drilled Diameter: 6" Well Depth: 50'

Is well accessible for direct sampling? Surrounded by a bush 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: 8 years

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: 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.) pool (truck water in)

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? 30 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:

replaced pump

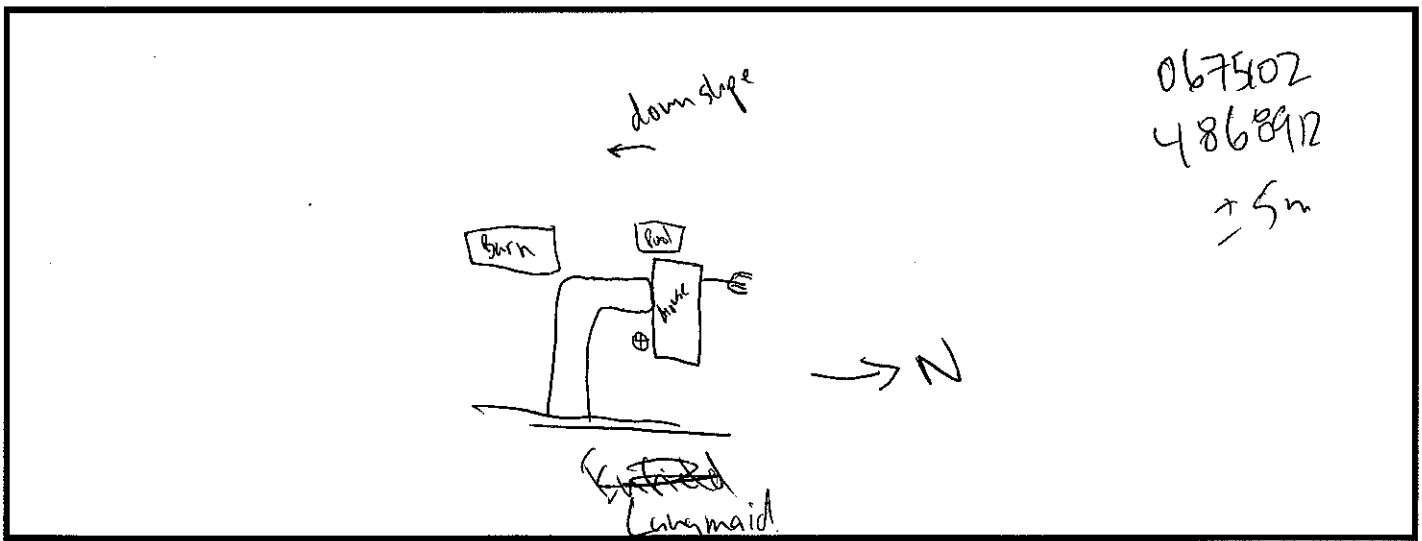
Does homeowner grant permission to obtain a water quality sample?

Yes \_\_\_\_\_

No X

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: no photo

# Water Well Survey

Well #: day-2101  
drilled-2102  
MOE #: \_\_\_\_\_

Ontario 1201 Wilson Avenue, Building D, 3<sup>rd</sup> 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: Enid Akhtar Telephone (Bus.): ( )  
Address: 5245 Langmaid Rd. (Home): ( )  
Person Interviewed: Enid Residence: yes  
Date: May 12/08 Time: 12:45 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: Central 7 Township: \_\_\_\_\_  
GLL Map Sheet: (to be completed by GLL Staff) \_\_\_\_\_

## Well Construction Details:

Date Constructed: don't know Use: domestic Contractor: \_\_\_\_\_  
Type (drilled or dug): drilled Diameter: 6" Well Depth: don't know  
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: \_\_\_\_\_  
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.) none

Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: 40 m  
Well is: 1) Uphill \_\_\_\_\_ 2) Downhill: X 3) Same Grade: off

## Previous Problems:

How long have you owned, operated or lived on this property? 4

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? none

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:

replaced pump in 2007

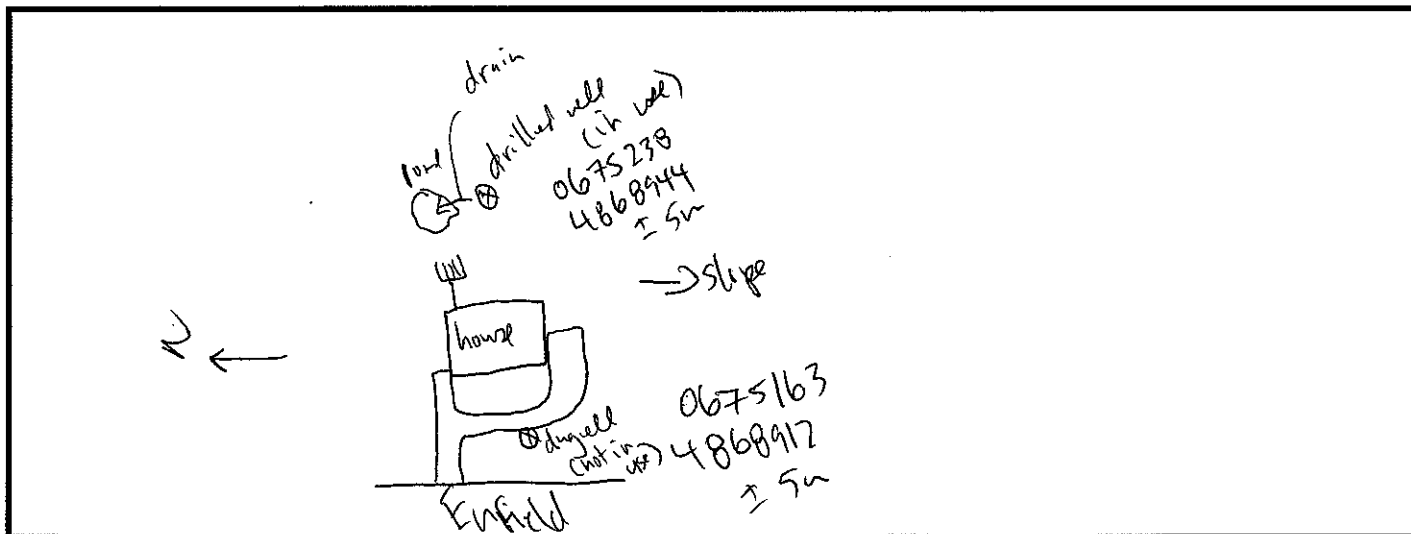
Does homeowner grant permission to obtain a water quality sample?

Yes \_\_\_\_\_

No X

Signature: \_\_\_\_\_

## Location Sketch: (to be completed by GLL staff)



## Field Visit: (to be completed by GLL staff)


Well Condition: \_\_\_\_\_


Flowing artesian (possibly)  
drains into pond

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

Photo Number: 14/15  
16/17

# Water Well Survey

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

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

PRL Follow-up

Well #:	2103
MOE #:	

## Owner of Well:

Name: Lucia and Joseph Flaines Telephone (Bus.): ( )  
Address: 2623 Bridle Rd S. (Home): (905) 725-9431  
Person Interviewed: Lucia and Joseph Residence: yes  
Date: July 21/08 Time: 10:15 am Interviewed By: SC/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: 4th 1960 Use: domestic Contractor: \_\_\_\_\_  
Type (drilled or dug): drilled Diameter: 6" Well Depth: 60'  
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: pressure Capacity: 30 gallons

Do you have a: Chlorinator: \_\_\_\_\_ Water Softener: \_\_\_\_\_ Water Filter: ☒ Filter Type: RO

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.) \_\_\_\_\_

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?

23 years

Have you ever experienced any previous problems with your well?

Iron, Sore Sulphur

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

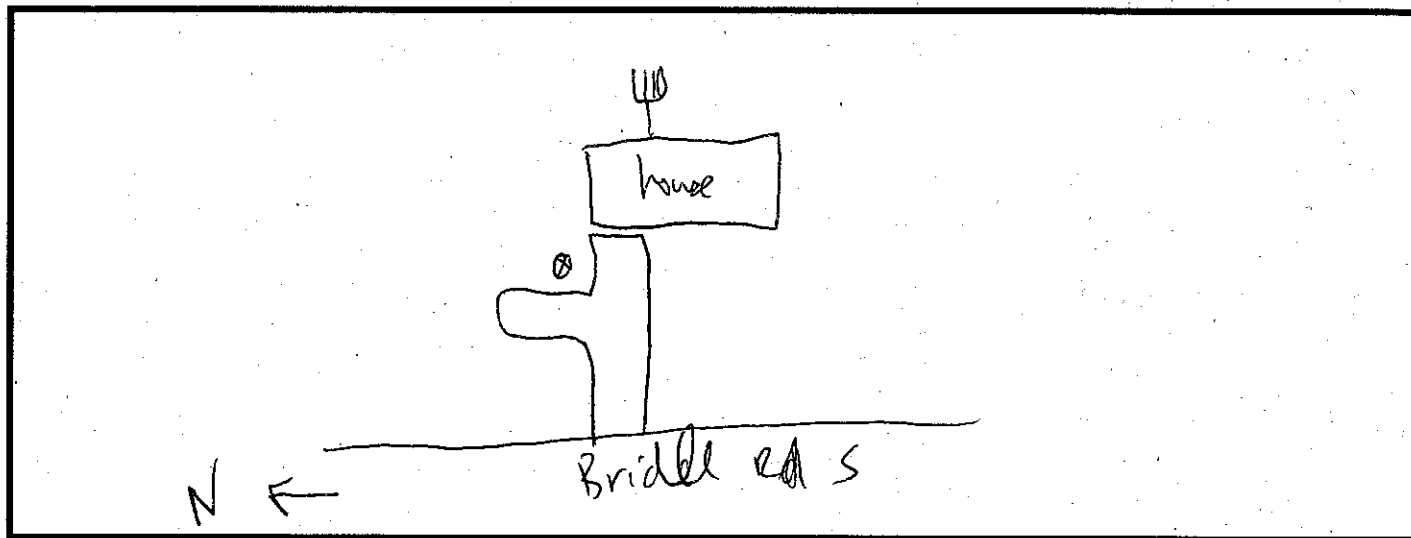
☒

No

Signature:

from PLC

## Location Sketch: (to be completed by GLL staff)



## Field Visit: (to be completed by GLL staff)

Well Condition:

well cap level to ground surface

great well - left top on all weekend and did not draw down much

Is there a depression around the well?



Yes




No

Photo Number:

no photo



# Water Well Survey

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

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

2104 ✓  
Well #: GLL #105

MOE #: \_\_\_\_\_

## Owner of Well:

Name: Burt and Margaret Vernoy Telephone (Bus.): (\_\_\_\_) \_\_\_\_\_  
Address: 1265 Winchester Rd. (Home): (\_\_\_\_) \_\_\_\_\_  
Person Interviewed: Burt & Residence: yes  
Date: July 21/08 Time: \_\_\_\_\_ Interviewed By: AD, 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: 3 Concession: 5 Township: East Whitby  
GLL Map Sheet: (to be completed by GLL Staff) \_\_\_\_\_

## Well Construction Details:

Date Constructed: May 7 1959 Use: domestic Contractor: Gerold Fueter  
Type (drilled or dug): Drilled Diameter: 4" Well Depth: 64 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: 20 ft. m

## Subsequent Water Level Measurements

(give depths in m and dates) \_\_\_\_\_

## Pumping Equipment:

Pump Type: Suction-lift: X <sup>in basement</sup> or Positive-submergence: X <sup>in well</sup> Pumping Capacity: 1 hp / 1/2 hp Age: 7/13 <sup>jet</sup>

How is your pump lubricated: \_\_\_\_\_

Depth of Intake Setting: 55 ft m (Original) \_\_\_\_\_ m (Present) Pumping Rate: 2.5 g/min <sup>after cleaning</sup> <sub>LS</sub>

Storage Tank: Type: Concrete holding tank <sup>Brooklyn</sup> Capacity: 1500 gal <sub>Concrete</sub>

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: 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.) \_\_\_\_\_

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

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

## Previous Problems:

How long have you owned, operated or lived on this property? 30

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? In 1995 - had ~~deepened~~ and cleaned to remove

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

silt & get water flow improve-  
ment

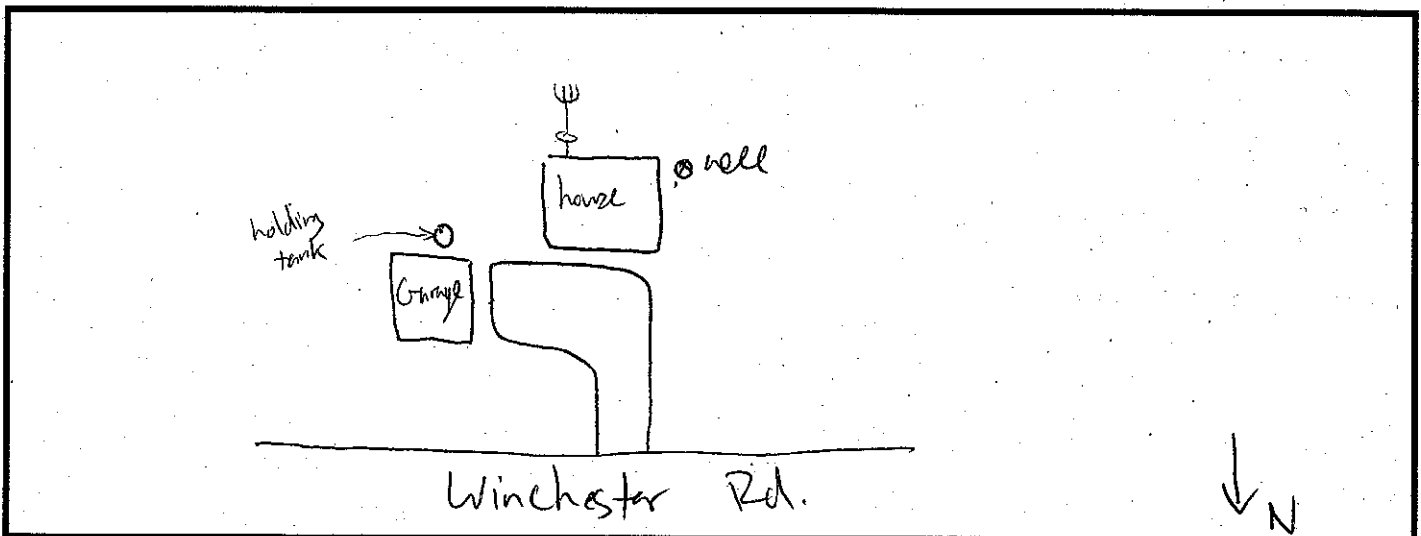
Does homeowner grant permission to obtain a water quality sample?

Yes ☒

No ☐

Signature: \_\_\_\_\_

## Location Sketch: (to be completed by GLL staff)



## Field Visit: (to be completed by GLL staff)

Well Condition:

Well in Excellent Condition

-vermin proof lid, sealed.

- 4" stick up

Note \*artesian well Harmony Between Columbus & Winchester Rd.

Is there a depression around the well?



Yes



No

going to filled in soon

Photo Number: \_\_\_\_\_

# Water Well Survey

Ontario 1201 Wilson Avenue, Building D, 3<sup>rd</sup> 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: John and Linda Krummenacher Telephone (Bus.): ( )  
Address: 1235 Winchester Rd. (Home): (905) 721-1713  
Person Interviewed: John Residence: yes  
Date: July 22/08 Time: 6:00 pm Interviewed By: JE/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: Central 4 Township:  
GLL Map Sheet: (to be completed by GLL Staff)

## Well Construction Details:

Date Constructed: 1987 Use: domestic Contractor: Falkner  
Type (drilled or dug): drilled Diameter: 6" Well Depth: 152 ft  
Is well accessible for direct sampling? yes or buried:  
Screen: Yes X 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: check water level Record. (www)

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

## Pumping Equipment:

Pump Type: Suction-lift or Positive-submergence X Sand Screen  
Pumping Capacity: Age: 15 yrs.  
How is your pump lubricated:

Depth of Intake Setting: www m (Original) m (Present) Pumping Rate: 22 gpm L/s  
Storage Tank: Type: pressure 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: 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.) pool

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

## Previous Problems:

How long have you owned, operated or lived on this property? 21

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: \_\_\_\_\_

Previous Issues

After drilling well in 1987, neighbour's wells went dry. Water here has since recovered? GLL has identified this area as sensitive to changes to the water table.

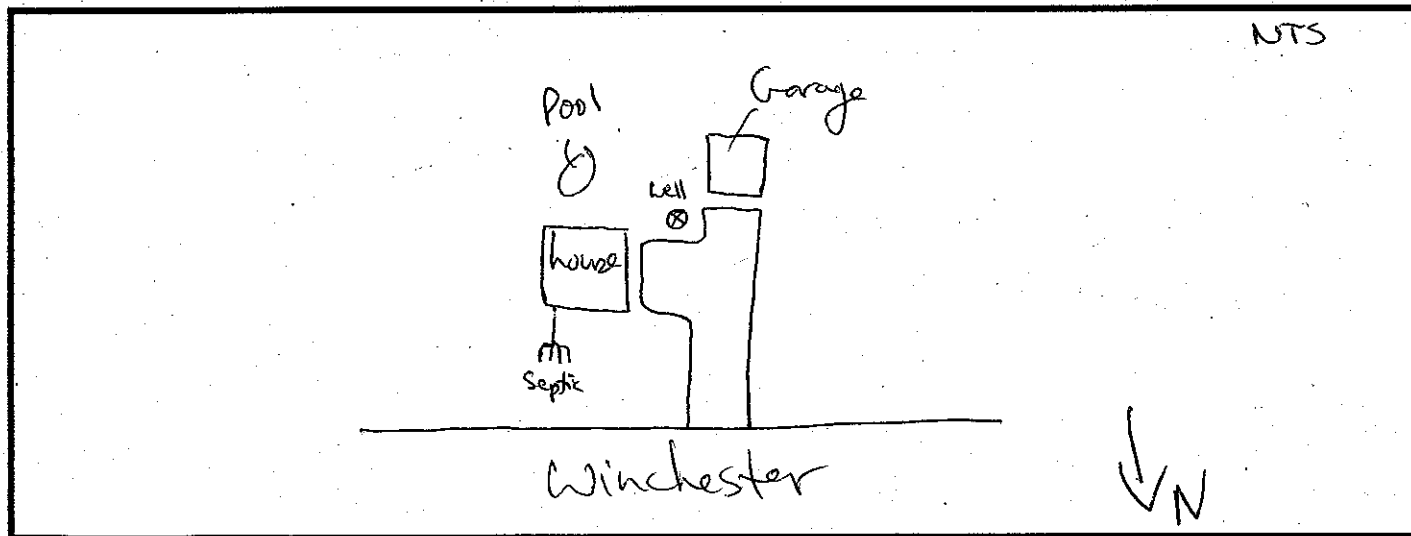
Does homeowner grant permission to obtain a water quality sample?

Yes X No \_\_\_\_\_

Signature: \_\_\_\_\_

Follow-up visit from PIC

## Location Sketch: (to be completed by GLL staff)



## Field Visit: (to be completed by GLL staff)

Well Condition:

Well in good condition. ~1 ft stick-up. Cement in good condition. Old dry well on property. 80-90 ft. Decommissioned.

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

Photo Number: no photo

# Water Well Survey

Ontario 1201 Wilson Avenue, Building D, 3<sup>rd</sup> 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 #: 2106

MOE #: 2106

## Owner of Well:

Name: Michael Cavallari Telephone (Bus.): (905) 655-3588  
Address: 5840 Garrard Rd. (Home): (905) 655-3588  
Person Interviewed: Michael and Mrs Cavallari Residence: yes  
Date: July 23/08 Time: 1:00 Interviewed By: JSC/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: Central 1 Township: \_\_\_\_\_  
GLL Map Sheet: (to be completed by GLL Staff) \_\_\_\_\_

## Well Construction Details:

Date Constructed: ~1973 Use: domestic Contractor: \_\_\_\_\_  
Type (drilled or dug): dug Diameter: 36" Well Depth: 64 ft  
Is well accessible for direct sampling? yes. or buried: \_\_\_\_\_  
Screen: Yes \_\_\_\_\_ No X 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: 35 ft m  
Subsequent Water Level Measurements \_\_\_\_\_  
(give depths in m and dates) \_\_\_\_\_

## Pumping Equipment:

Pump Type: Suction-lift: ✓ or Positive-submergence \_\_\_\_\_ Pumping Capacity: 1/3 hp Age: 8 yrs.  
How is your pump lubricated: \_\_\_\_\_  
Depth of Intake Setting: \_\_\_\_\_ m (Original) \_\_\_\_\_ m (Present) Pumping Rate: \_\_\_\_\_ L/s  
Storage Tank: Type: pressure Capacity: 20 gallon  
Do you have a: Chlorinator: \_\_\_\_\_ Water Softener: ✓ Water Filter: ✓ Filter Type: 20  
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.) regular equipment.  
Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: 100 ft  
Well is: 1) Uphill X 2) Downhill: X 3) Same Grade \_\_\_\_\_

## Previous Problems:

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

33 yrs

Have you ever experienced any previous problems with your well?

Slightly cloudy in spring but

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?

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:

from PIC

## 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: