



















3007

# Water Well Survey

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

Well #:

MOE #:



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

Owner of Well:

★Golder ASS Whittby 891-8105-1★

Name:

Scv-Tech Solvent

Telephone (Bus.):

905-438-7955

Address:

80 Cigas rd. L1E 2S9  
Courtice

(Home):

Person Interviewed:

Residence:

Date:

Feb. 29/08

Time:

2:20 p.m.

Interviewed By:

AD/CC

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

Dorm Backle

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

Name:

D

Telephone (Bus.):

Address:

(Home):

## Well Location:

Lot:

Concession:

East 5

Township:

Clarington

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

## Well Construction Details:

Date Constructed:

1989 Oct. 10

Use:

MOE record 44124

Contractor:

Tate Well

Type (drilled or dug):

Drilled

Diameter:

6"

Well Depth:

30.5m

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:

42 ft

Subsequent Water Level Measurements

(give depths in m and dates)

## Pumping Equipment:

Nov. 2/89 - Pumping test records

Pump Type: Suction-lift:

X

or Positive-submergence

X

Pumping Capacity:

Age:

How is your pump lubricated:

Depth of Intake Setting:

m (Original)

m (Present)

Pumping Rate:

L/s

Storage Tank:

Type:

Holding tank

Capacity:

500 gal. (?)

Do you have a:

Chlorinator:

Water Softener:

Water Filter:

Filter Type:

Water Use:

Domestic:

No:

Yes:

X

No. of persons using water from well:

Don't Drink

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.)

regular equip

Private Waste and Water Disposal:

Type (septic tank, etc.):

Septic

Distance to Well:

100 ft

Well is:

1) Uphill

X

2) Downhill:

3) Same Grade



## Previous Problems:

How long have you owned, operated or lived on this property? 8 yrs. Robinson before

Have you ever experienced any previous problems with your well? Methane gas - well H<sub>2</sub>O goes to  
if so, when? storage house & dilutes (?) methane.

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? Dilute or releases methane before  
entering building

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

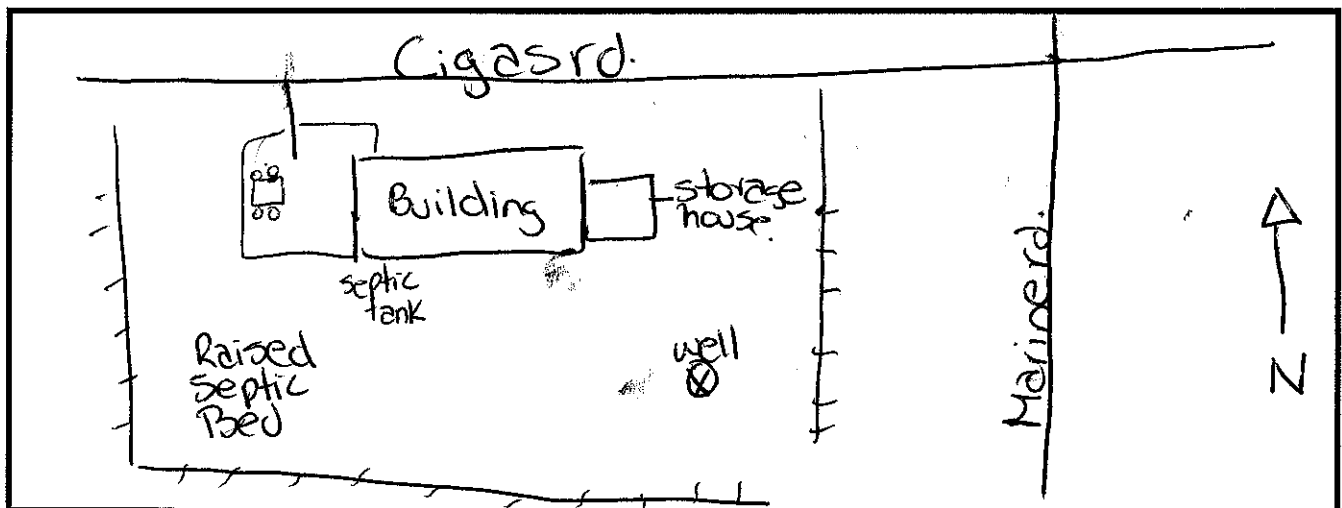
Did you ever have your well deepened N/A, or cleaned N/A, or a new well constructed \_\_\_\_\_?

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

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

Does homeowner grant permission to obtain a water quality sample? Yes ☒ No \_\_\_\_\_ Signature: [Signature]

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



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

GPS 4861041  
0679039

Well Condition: Drilled well inside pug well tile

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

Photo Number: 66



\* Didn't want to give too much information

# 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 #:	3009
MOE #:	N/A

## Owner of Well:

Name: South End Motive Telephone (Bus.): 905 439-1320  
Address: 1682 Baseline rd Courtice (Home): ( )  
Person Interviewed: Residence:  
Date: Feb. 29/08 Time: 12:30 Interviewed By: A.D. / C.C.  
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: East 5 Township: Clarington  
GLL Map Sheet: (to be completed by GLL Staff)

## Well Construction Details:

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

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

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

## Pumping Equipment:

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

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

Storage Tank: Type: Capacity:

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

Water Use: Domestic: No: Yes: No. of persons using water from well: Don't Drink water  
Livestock: No: Yes: No. of livestock watered from well:  
Lawn Watering: No: Yes: Other: Amount:

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

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

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



## Previous Problems:

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

Have you ever experienced any previous problems with your well? \_\_\_\_\_

Went dry when local industry had a fire

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

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 #: 30B

MOE #: N/A

## Owner of Well:

Name: ~~Amelia Hays~~ Amelia McGill Telephone (Bus.): ( )  
Address: 511 Trull Rd. Courtice. (Home): (905) 433-9643  
Person Interviewed: Tenant Residence:  
Date: 02/29/2008 Time: 1:00 pm Interviewed By: AD/CC  
Name of Original Well Owner: (if different from above) Different

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

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

## Well Location:

Lot: N/A Concession: ES Township: N/A  
GLL Map Sheet: (to be completed by GLL Staff)

## Well Construction Details:

Date Constructed: N/A Use: N/A Contractor: N/A  
Type (drilled or dug): Drilled/Dug Diameter: 6" / 28" Well Depth:  
Is well accessible for direct sampling? N/A or buried:  
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 N/A  
(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: N/A m (Original) N/A m (Present) Pumping Rate: L/s  
Storage Tank: Type: Capacity:  
Do you have a: Chlorinator: Water Softener: Water Filter: Filter Type:  
Water Use: Domestic: No: ☒ Yes: No. of persons using water from well: 3  
Livestock: No: Yes: ☒ No. of livestock watered from well: Don't drink (told by land lord)  
Lawn Watering: No: ☒ Yes: Other: Amount:  
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) shower, washer  
Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well:  
Well is: 1) Uphill 2) Downhill: 3) Same Grade X



## Previous Problems:

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

21 yr

Have you ever experienced any previous problems with your well?

Drought in summer

If so, when?

What was the cause of the previous problem?

Drought: X

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

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

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

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

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

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

open dry in summer

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

What action was taken to overcome this problem?

fill with supplied 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 NA?

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?

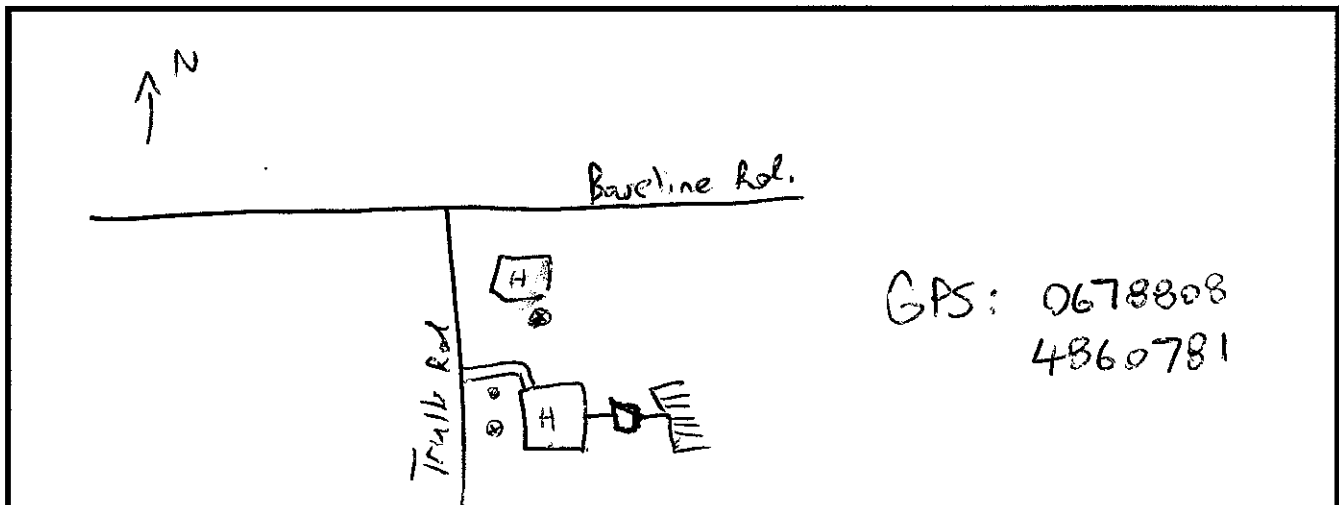
Yes

No

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

Handwritten water

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



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

Well Condition: well tile very old, 6" skilled well not in use.

Is there a depression around the well?



Yes



No

Photo Number: 60161



# 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 #: 3015

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

## Owner of Well:

Name: Lloyd Down Telephone (Bus.): (\_\_\_\_) \_\_\_\_\_  
Address: 1687 Baseline Rd Courtice (Home): (905) 436-2355  
Person Interviewed: Lloyd Residence: \_\_\_\_\_  
Date: Feb 29/08 Time: 1:30 Interviewed By: AD/CC  
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: East 5 Township: Clarington  
GLL Map Sheet: (to be completed by GLL Staff) \_\_\_\_\_

## Well Construction Details:

Date Constructed: 1952 Use: Domestic Contractor: Hoskins  
Type (drilled or dug): Dug Diameter: 28" Well Depth: 23ft  
Is well accessible for direct sampling? NO-sealed 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: 11 ft  
Subsequent Water Level Measurements \_\_\_\_\_  
(give depths in m and dates)

## Pumping Equipment:

Pump Type: Suction-lift: X or Positive-submergence \_\_\_\_\_ Pumping Capacity: \_\_\_\_\_ Age: 4 yr old  
How is your pump lubricated: \_\_\_\_\_  
Depth of Intake Setting: 22 ft (Original) \_\_\_\_\_ m (Present) Pumping Rate: \_\_\_\_\_ L/s  
Storage Tank: Type: NO Capacity: \_\_\_\_\_  
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: 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.) regular equipment  
Private Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well: 100 ft  
Well is: 1) Uphill X 2) Downhill: \_\_\_\_\_ 3) Same Grade: \_\_\_\_\_ 30m



## Previous Problems:

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

'53

Have you ever experienced any previous problems with your well?

—; only failed test (micro.)

If so, when?

~ 4 yrs 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?

Advised not to drink water

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

What action was taken to overcome this problem?

Put in Javex + pumped out, then  
got it cleaned out

What were the effects of this problem?

nothing, kept using it

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

If so, why?

high levels of chlorine

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

Pumping equipment changed ~ 3X in 55 yrs.

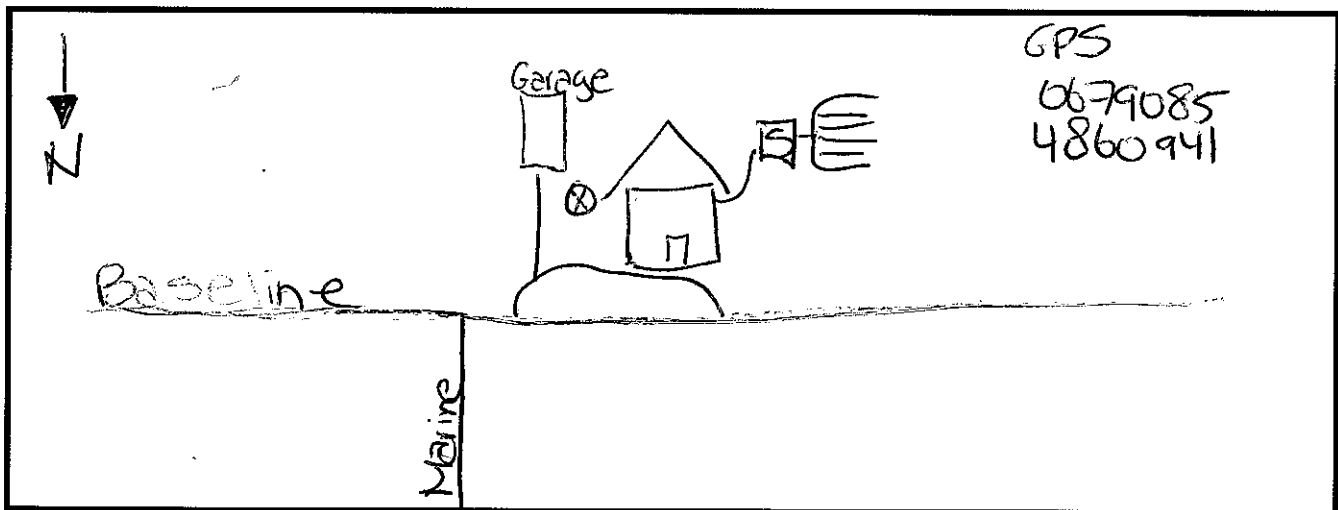
Does homeowner grant permission to  
obtain a water quality sample?

Yes \_\_\_\_\_

No ☒

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

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



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

Well Condition:

sealed, cemented all the way around  
Same level as driveway

Is there a depression around the well?

☐

Yes

☐

No

Photo Number:

62





# 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 #: 3016

MOE #: N/A

## Owner of Well:

Name: John Foster Telephone (Bus.): ( )  
Address: 1691 Baseline Rd. Cawthra (Home): (905) 435-5877  
Person Interviewed: John Residence: \_\_\_\_\_  
Date: 02/29/2008 Time: 2:00 pm Interviewed By: AD/CC  
Name of Original Well Owner: (if different from above) N/A

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

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

## Well Location:

Lot: N/A Concession: N/A Township: N/A  
GLL Map Sheet: (to be completed by GLL Staff) E5

## Well Construction Details:

Date Constructed: 1958 Use: Domestic Contractor: \_\_\_\_\_  
Type (drilled or dug): Dug Diameter: 28" Well Depth: 30'  
Is well accessible for direct sampling? No 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: X or Positive-submergence \_\_\_\_\_ Pumping Capacity: 7gpm Age: 1958  
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: sediment 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.) shower, dishwasher.

Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: 120ft

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



## Previous Problems:

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

1980?

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

If so, why?

N/A

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

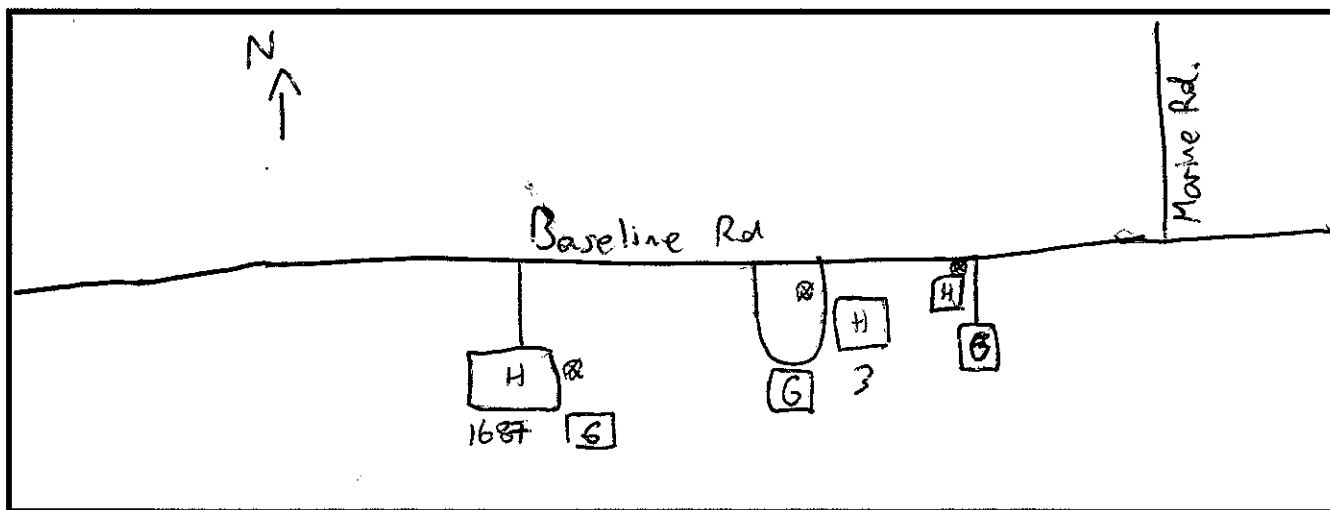
Does homeowner grant permission to obtain a water quality sample?

Yes

No

Signature:

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



Field Visit: (to be completed by GLL staff)

GPS: 0679112 +/- 10m  
4960954

Well Condition:

well sealed in concrete, lip chips but not sealed

Is there a depression around the well?

☐

Yes

☒

No

Photo Number:

63



# 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 #: 3017

MOE #: N/A

## Owner of Well:

Name: John Foster Telephone (Bus.): ( )  
Address: 1695 Baseline Rd, Courtice. (Home): (905) 435-5877  
Person Interviewed: John Residence: \_\_\_\_\_  
Date: 02/28/2008 Time: 2:00 pm Interviewed By: AP/CC  
Name of Original Well Owner: (if different from above) N/A

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

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

## Well Location:

Lot: N/A Concession: N/A Township: N/A  
GLL Map Sheet: (to be completed by GLL Staff) E5

## Well Construction Details:

Date Constructed: 1959 Use: Domestic Contractor: \_\_\_\_\_  
Type (drilled or dug): Dug Diameter: 28" Well Depth: 30'  
Is well accessible for direct sampling? No 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: 7 gpm Age: 1959  
How is your pump lubricated: \_\_\_\_\_  
Depth of Intake Setting: N/A m (Original) \_\_\_\_\_ m (Present) Pumping Rate: \_\_\_\_\_ L/s  
Storage Tank: Type: \_\_\_\_\_ Capacity: \_\_\_\_\_  
Do you have a: Chlorinator: \_\_\_\_\_ Water Softener: \_\_\_\_\_ Water Filter: sediment 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.) shower, dishwasher  
Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: 100 ft  
Well is: 1) Uphill X 2) Downhill: \_\_\_\_\_ 3) Same Grade \_\_\_\_\_



## Previous Problems:

How long have you owned, operated or lived on this property? 1980?

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

What action was taken to overcome this problem? NA

What were the effects of this problem? NA

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:

N/A

Does homeowner grant permission to obtain a water quality sample? Yes ☒ No \_\_\_\_\_ Signature: 

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

see map sheet for well # 3016

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

GPS: 0679132 ±7m  
4860959

Well Condition: well sealed in concrete, inside wishing well.

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

Photo Number: 64/65





# Water Well Survey

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

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

MOE #: 3018

## Owner of Well:

Name: Graham Webb Steve Guizette Telephone (Bus.): (905) 431-0066

Address: 339 Courtice rd South (Home): ( ) \_\_\_\_\_

Person Interviewed: Graham Webb Residence: \_\_\_\_\_

Date: Mar. 04/08 Time: 10:50 a.m. Interviewed By: Andrea Part

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

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

Name: Steve Guizette Graham Webb Telephone (Bus.): (905) 431-0066

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

## Well Location:

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

GLL Map Sheet: (to be completed by GLL Staff) East 5

## Well Construction Details:

Date Constructed: \_\_\_\_\_ Use: \_\_\_\_\_ Contractor: \_\_\_\_\_

Type (drilled or dug): Dug well Diameter: 28" Well Depth: \_\_\_\_\_

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: \_\_\_\_\_ m

Subsequent Water Level Measurements 2.5m - couple weeks ago by Durham region  
(give depths in m and dates)

## Pumping Equipment:

Pump Type: Suction-lift: X or Positive-submergence: --- Pumping Capacity: \_\_\_\_\_ Age: 21 yr

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

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

Storage Tank: Type: N/A Capacity: \_\_\_\_\_

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

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

Livestock: No: X Yes: \_\_\_\_\_ No. of livestock watered from well: \_\_\_\_\_

Lawn Watering: No: X Yes: \_\_\_\_\_ Other: Don't Drink 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: \_\_\_\_\_ 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 smell

If so, when? always

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?

Don't drink water

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?

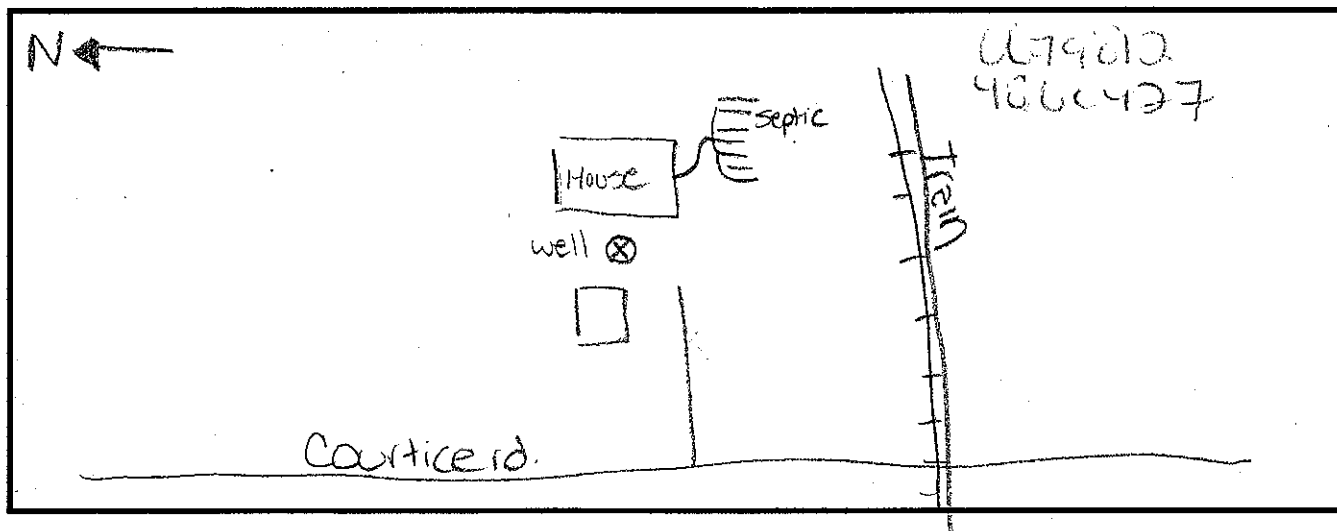
Yes

No

Signature:

Renter will check with Landlord - left card

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



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

Well Condition:

Cemented over w vent pipe (?) coming out of it  
Tile looks in good condition

Is there a depression around the well?

☐

Yes

☒

No

same grade

Photo Number:

54

# Water Well Survey

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

Well #:	3019
MOE #:	

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

## Owner of Well:

Name: Region of Durham Telephone (Bus.): 905 429-2233  
Address: 180 Courtice rd (Home): ( )  
Person Interviewed: Greig Cooke Residence:  
Date: Mar. 4 / 08 Time: 11:00 Interviewed By: Andrea Dart  
Name of Original Well Owner: (if different from above)

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

Name: Stantec & other region departments Telephone (Bus.): 905 429-2233  
Address: (Home): ( )

## Well Location:

Lot: Concession: East 5 Township: Clarington  
GLL Map Sheet: (to be completed by GLL Staff)

## Well Construction Details:

Date Constructed: Use: Contractor:  
Type (drilled or dug): Dug Diameter: 28" Well Depth: -  
Is well accessible for direct sampling? No 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: m  
Subsequent Water Level Measurements  
(give depths in m and dates)

## Pumping Equipment:

Pump Type: Suction-lift: X or Positive-submergence: X Pumping Capacity: Age: > 24yr  
How is your pump lubricated:  
Depth of Intake Setting: m (Original) m (Present) Pumping Rate: L/s  
Storage Tank: Type: NO Capacity:  
Do you have a: Chlorinator: Water Softener: Water Filter: Filter Type:  
Water Use: Domestic: No: X Yes: X No. of persons using water from well: random ~ 2 per day  
Livestock: No: X Yes: No. of livestock watered from well:  
Lawn Watering: No: X Yes: Other: Don't Drink Amount:  
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) reg. equipment  
Private Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well: 100 ft  
Well is: 1) Uphill X 2) Downhill: 3) Same Grade

## Previous Problems:

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

2 yrs

Have you ever experienced any previous problems with your well?

No

just don't drink it as a

precautionary

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?

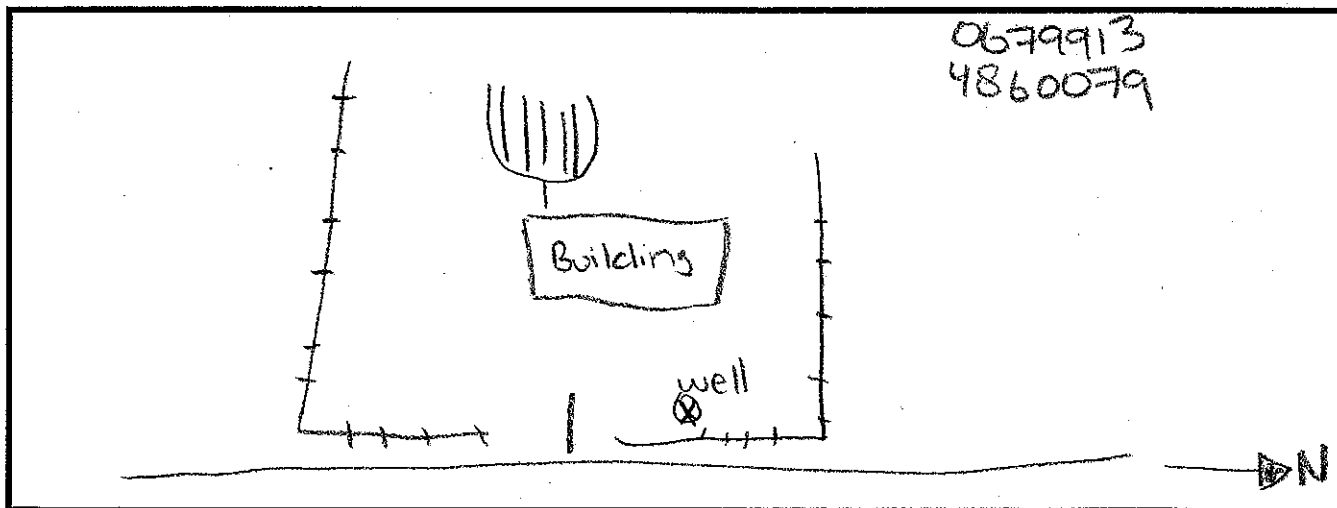
Yes

No

Signature:

Have to talk to Durham

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



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

Well Condition:

looked well. Tile in good condition

Is there a depression around the well?



Yes



No

on east side

Photo Number:

55

# Water Well Survey

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

Well #:	3020
MOE #:	

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

## Owner of Well:

Name: Cars Training Network Telephone (Bus.): 905 429-2466  
Address: 81 Osbourne Rd. (Home): ( )  
Person Interviewed: Ryan Ridgway Residence: \_\_\_\_\_  
Date: Mar 4/08 Time: 11:30 am Interviewed By: A.D.  
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: East 5 Township: Clarington  
GLL Map Sheet: (to be completed by GLL Staff) \_\_\_\_\_

## Well Construction Details:

Date Constructed: ~5 yrs Use: \_\_\_\_\_ Contractor: \_\_\_\_\_  
Type (drilled or dug): Dug Diameter: 28" Well Depth: \_\_\_\_\_  
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: \_\_\_\_\_ m  
Subsequent Water Level Measurements: \_\_\_\_\_  
(give depths in m and dates)

## Pumping Equipment:

Pump Type: Suction-lift: X or Positive-submergence \_\_\_\_\_ Pumping Capacity: \_\_\_\_\_ Age: ~5 yrs  
How is your pump lubricated: \_\_\_\_\_  
Depth of Intake Setting: \_\_\_\_\_ m (Original) \_\_\_\_\_ m (Present) Pumping Rate: \_\_\_\_\_ L/s  
Storage Tank: Type: \_\_\_\_\_ Capacity: \_\_\_\_\_  
Do you have a: Chlorinator: \_\_\_\_\_ Water Softener: ✓ Water Filter: \_\_\_\_\_ Filter Type: UV light  
Water Use: Domestic: No: X Yes: \_\_\_\_\_ No. of persons using water from well: ~15 people  
Livestock: No: X Yes: \_\_\_\_\_ No. of livestock watered from well: \_\_\_\_\_  
Lawn Watering: No: X Yes: \_\_\_\_\_ Other: Don't drink Amount: \_\_\_\_\_  
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) reg. equipment  
Private Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well: 200 ft  
Well is: 1) Uphill \_\_\_\_\_ 2) Downhill: \_\_\_\_\_ 3) Same Grade: ✓

## Previous Problems:

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

+ 5yrs

Have you ever experienced any previous problems with your well?

NO

If so, when?

What was the cause of the previous problem?

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

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

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

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

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

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

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

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

What action was taken to overcome this problem?

What were the effects of this problem?

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

If so, why?

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

Does homeowner grant permission to obtain a water quality sample?

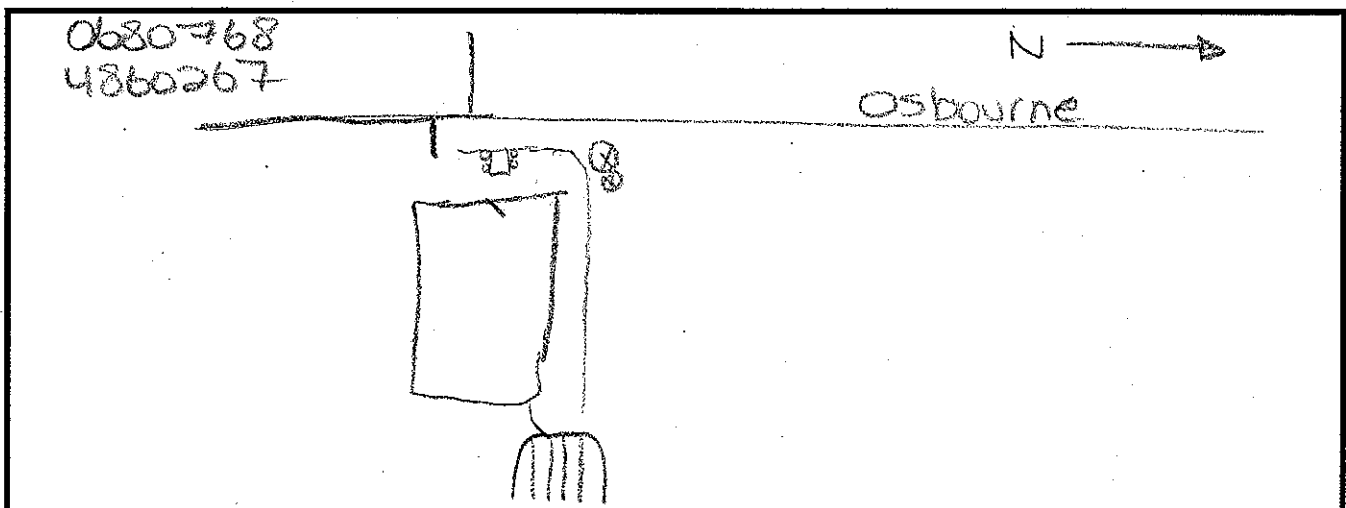
Yes

No

Signature

Don't know if any tap doesn't run through U.V.

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



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

Well Condition:

Tile good, one well ~2m high, other well near ground level.

Is there a depression around the well?



Yes



No

Photo Number:

56557

# 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 #: <u>3021</u>
MOE #: _____

## Owner of Well:

Name: Copart Auto Auctions Telephone (Bus.): (\_\_\_\_) \_\_\_\_\_  
Address: 85? Osbourne (Home): (\_\_\_\_) \_\_\_\_\_  
Person Interviewed: Gerry Garton Residence: \_\_\_\_\_  
Date: Mar 4/08 Time: 12:00p.m. Interviewed By: A.T.  
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: East 5 Township: Clarington  
GLL Map Sheet: (to be completed by GLL Staff) \_\_\_\_\_

## Well Construction Details:

Date Constructed: 5 yrs ago (2003) Use: \_\_\_\_\_ Contractor: \_\_\_\_\_  
Type (drilled or dug): Dug Diameter: 28" Well Depth: \_\_\_\_\_  
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: \_\_\_\_\_ m  
Subsequent Water Level Measurements \_\_\_\_\_  
(give depths in m and dates) \_\_\_\_\_

## Pumping Equipment:

Pump Type: Suction-lift: X or Positive-submergence \_\_\_\_\_ Pumping Capacity: \_\_\_\_\_ Age: 5 yrs  
How is your pump lubricated: \_\_\_\_\_  
Depth of Intake Setting: \_\_\_\_\_ m (Original) \_\_\_\_\_ m (Present) Pumping Rate: \_\_\_\_\_ L/s  
Storage Tank: Type: NO Capacity: \_\_\_\_\_  
Do you have a: Chlorinator: \_\_\_\_\_ Water Softener: ✓ Water Filter: \_\_\_\_\_ Filter Type: \_\_\_\_\_  
Water Use: Domestic: No: X Yes: ✓ No. of persons using water from well: ~20  
Livestock: No: X Yes: \_\_\_\_\_ No. of livestock watered from well: \_\_\_\_\_  
Lawn Watering: No: X Yes: \_\_\_\_\_ Other: Don't Drink Amount: \_\_\_\_\_

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

reg. equipment + washing lots of cars

Private Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well: 300ft  
Well is: 1) Uphill ✓ 2) Downhill: \_\_\_\_\_ 3) Same Grade: \_\_\_\_\_

## 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; Flooding in building sometimes

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:

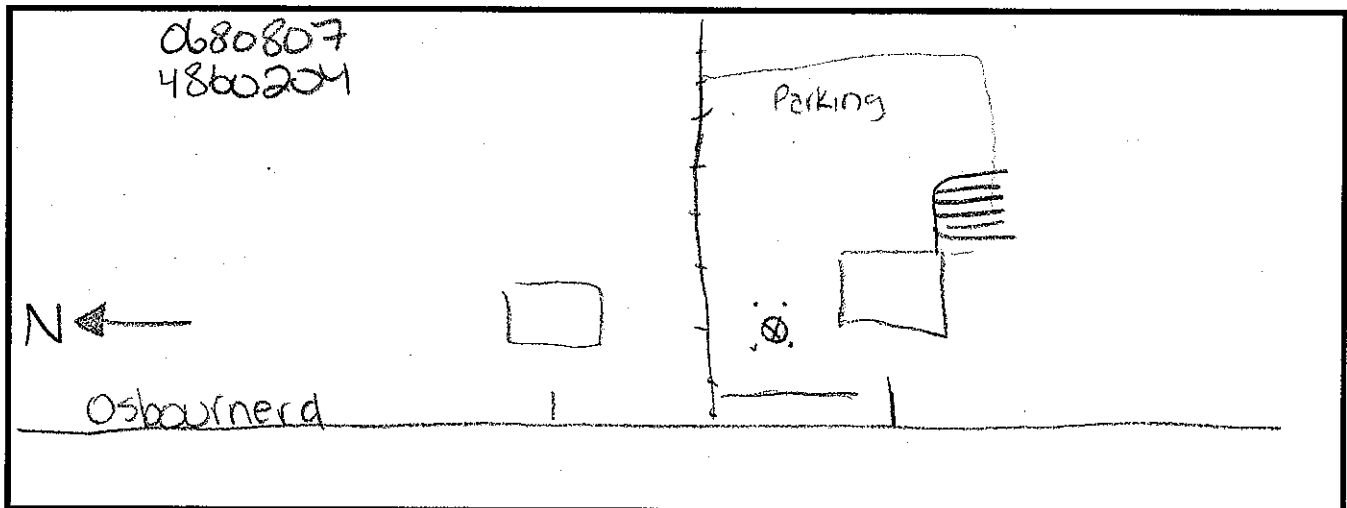
Does homeowner grant permission to obtain a water quality sample?

Yes

No

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

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



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

Well Condition: well in parking lot painted yellow. ~ 1m high  
Tile looks good

Is there a depression around the well?



Yes



No


Photo Number:


58+59

but guard post (2) have been  
hit + bent so asphalt broken up  
around them



# 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 #: 3080

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

## Owner of Well:

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

Address: 648 Courtice Rd. (Home): ( ) \_\_\_\_\_

Person Interviewed: Mrs. Fice Residence: \_\_\_\_\_

Date: Mar. 4/08 Time: 12:30 Interviewed By: ATD

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: East 5 Township: \_\_\_\_\_

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

## Well Construction Details:

Date Constructed: ~1955 Use: \_\_\_\_\_ Contractor: \_\_\_\_\_

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 X Pumping Capacity: \_\_\_\_\_ Age: 125 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: X No. of persons using water from well: 3

Livestock: No: X Yes: \_\_\_\_\_ No. of livestock watered from well: \_\_\_\_\_

Lawn Watering: No: X Yes: \_\_\_\_\_ Other: Don't Drink Amount: \_\_\_\_\_

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

Private Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well: 80ft

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

## Previous Problems:

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

25 yrs. Grandfather's property  
High Bact.

Have you ever experienced any previous problems with your well?

If so, when? couple years ago

What was the cause of the previous problem?

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

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

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

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

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

Contamination: X

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

No longer high Bact.

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

What action was taken to overcome this problem?

Javex

What were the effects of this problem?

Came up in reg. testing

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:

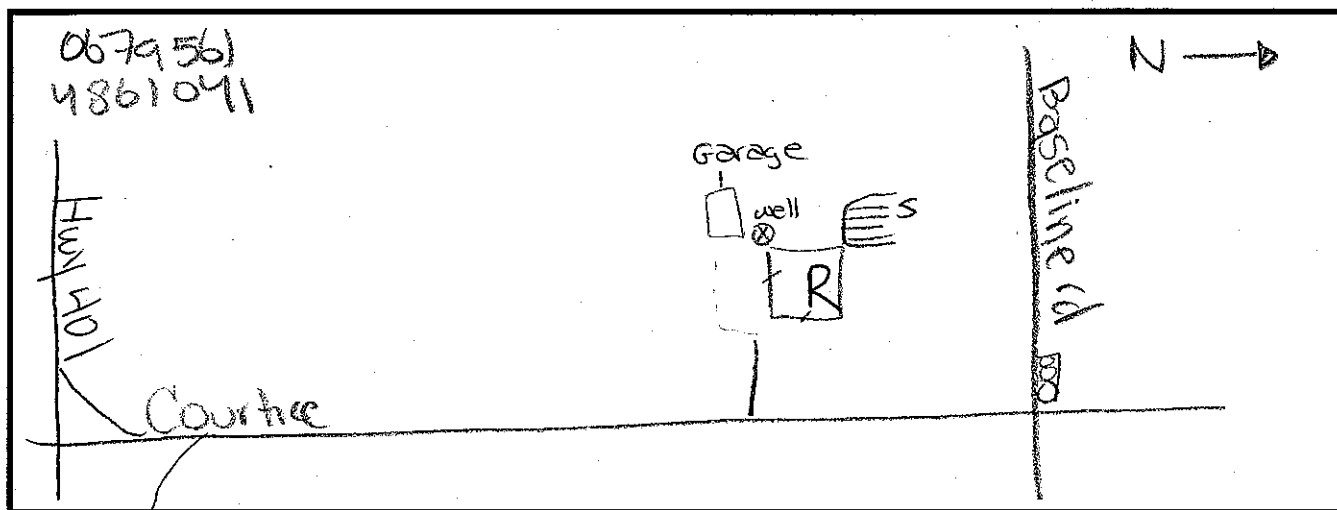
Does homeowner grant permission to obtain a water quality sample?

Yes \_\_\_\_\_

No X

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

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



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

Well Condition:

Drilled. Looks fine, however old + rusty/  
1.5 ft off ground

Is there a depression around the well?



Yes



No

Photo Number:

60

# 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 #: 3023

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

## Owner of Well:

Name: Mike Mothersill Telephone (Bus.): 416 436-2198  
Address: 1737 Baseline Rd West (Home): ( ) \_\_\_\_\_  
Person Interviewed: Mike Residence: \_\_\_\_\_  
Date: Mar. 4/08 Time: 1:00 Interviewed By: A.D.  
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: East 5 Township: Clarington  
GLL Map Sheet: (to be completed by GLL Staff) \_\_\_\_\_

## Well Construction Details:

Date Constructed: > 28 yrs ago Use: \_\_\_\_\_ Contractor: \_\_\_\_\_  
Type (drilled or dug): Dug Diameter: 28" Well Depth: 2845  
Is well accessible for direct sampling? yes or buried: > 20-25 ft  
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: \_\_\_\_\_ m  
Subsequent Water Level Measurements  
(give depths in m and dates) \_\_\_\_\_

## Pumping Equipment:

Pump Type: Suction-lift: X or Positive-submergence X Pumping Capacity: \_\_\_\_\_ Age: > 28 yrs old  
How is your pump lubricated: \_\_\_\_\_  
Depth of Intake Setting: \_\_\_\_\_ m (Original) \_\_\_\_\_ m (Present) Pumping Rate: \_\_\_\_\_ L/s  
Storage Tank: Type: NO Capacity: \_\_\_\_\_  
Do you have a: Chlorinator: \_\_\_\_\_ Water Softener: X Water Filter: \_\_\_\_\_ Filter Type: U.V. Filtered  
Water Use: Domestic: No: \_\_\_\_\_ Yes: X No. of persons using water from well: 1  
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.) reg. equipment  
Private Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well: 80 ft  
Well is: 1) Uphill \_\_\_\_\_ 2) Downhill: X 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?

High BACT.

If so, when?

couple years ago

What was the cause of the previous problem?

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

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

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

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

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

Contamination: X

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

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

What action was taken to overcome this problem?

U.V. Filtration

What were the effects of this problem?

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

If so, why?

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

Does homeowner grant permission to obtain a water quality sample?

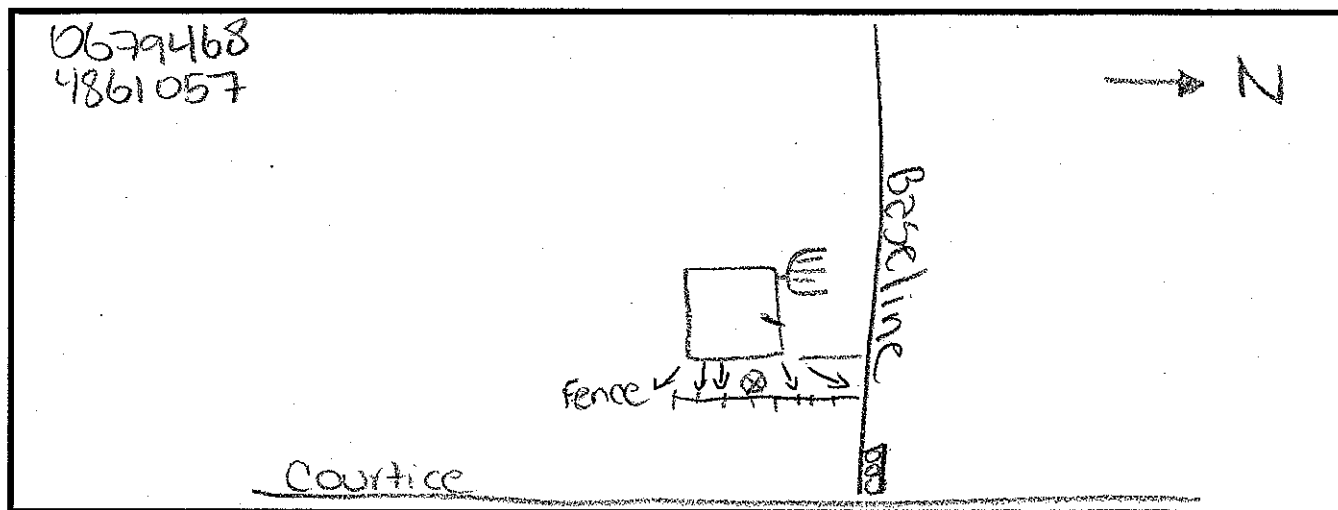
Yes X

No \_\_\_\_\_

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

[Signature]

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



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

Well Condition:

well had soil built up around it, but it was on a hill slope

Is there a depression around the well?



Yes



No

Photo Number:

61

# Water Well Survey

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

Well #:	3024
MOE #:	N/A

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

## Owner of Well:

Name: Crago, Keith Telephone (Bus.): ( )  
Address: 25 Osborne Rd. (Home): (905) 438-8542  
Person Interviewed: Keith Residence:  
Date: 03/04/2008 Time: Interviewed By:  
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: 25 Concession: BF E6 Township:  
GLL Map Sheet: (to be completed by GLL Staff)

## Well Construction Details:

Date Constructed: N/A/N/A Use: Domestic Contractor: N/A  
Type (drilled or dug): Dug/Dug Diameter: 28" Well Depth: 24'-28'  
Is well accessible for direct sampling? 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: N/A Age: 1950?  
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: N/A  
Do you have a: Chlorinator: N/A Water Softener: N/A Water Filter: N/A Filter Type: N/A  
Water Use: Domestic: No: Yes: ☒ No. of persons using water from well:  
Livestock: No: ☒ Yes: No. of livestock watered from well: Historically  
Lawn Watering: No: ☒ Yes: Other: N/A Amount: N/A  
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) Shower, dishwasher, fill Pool.  
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?

1950

Have you ever experienced any previous problems with your well?

No problem with the well other

If so, when?

when on windmill power for well

What was the cause of the previous problem?

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

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

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

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

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

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

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

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?

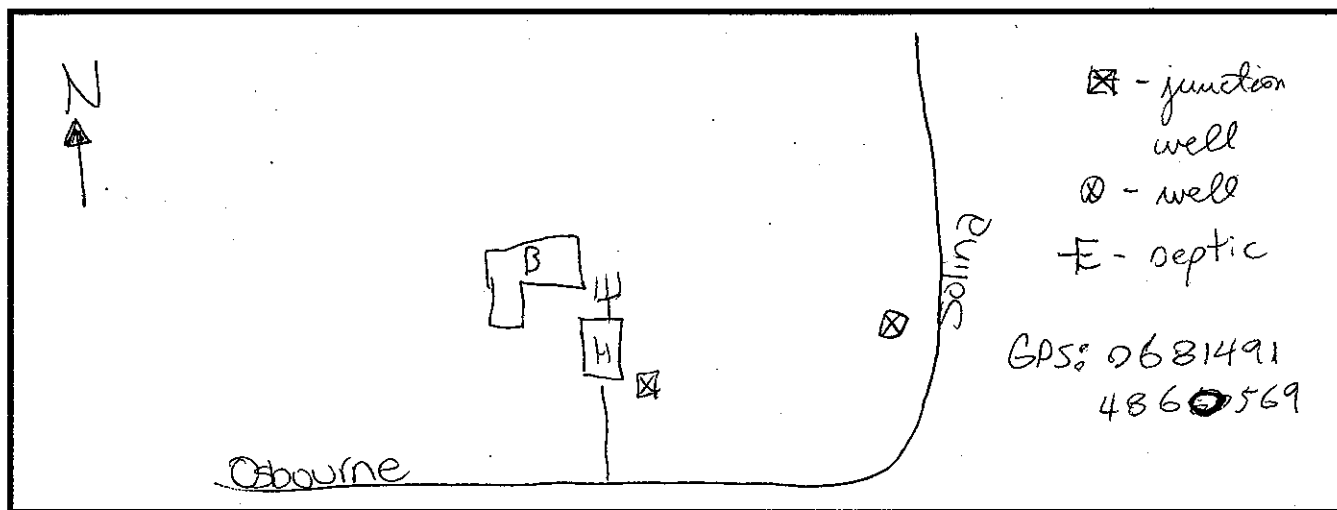
Yes 1

No

Signature: Keith Crago

sample by Darlington Nuclear every month

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



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

Well Condition:

well beside house serves as a junction point for well out in farm field. Well in farm field is covered by steel building (not pic inside locked).

Is there a depression around the well?



Yes





No

Photo Number:

62

# 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 #: 3028

MOE #: N/A

## Owner of Well:

Name: Shane Ventura  
Address: 2033 Baseline Rd.

Telephone (Bus.): 905, 697-8907  
(Home): ( )

Person Interviewed: Wife

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

Date: Mar 04/08 Time: 3:30 pm

Interviewed By: AO/CRC

Name of Original Well Owner: (if different from above) NO

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

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

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

## Well Location:

Lot: N/A Concession: N/A Township: N/A

GLL Map Sheet: (to be completed by GLL Staff) E6

## Well Construction Details:

Date Constructed: N/A Use: Domestic Contractor: N/A

Type (drilled or dug): Dug Diameter: 28" Well Depth: N/A

Is well accessible for direct sampling? yes or buried: NO

Screen: Yes ☐ No ☒ If Yes, length: \_\_\_\_\_ m Depth of top of screen: \_\_\_\_\_ m

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

Original Water Level Depth: 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: N/A m (Original) N/A m (Present) Pumping Rate: N/A 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: 7

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.

Private Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well: 100 ft

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?

Water Shortages, Sulfur smell

If so, when?

Summer 2007

What was the cause of the previous problem?

Drought: ☒

Pump Failure: ☐

Plugging: ☐

Increased Usage: ☐

Interference: ☐

Contamination: ☐

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

NO

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

What action was taken to overcome this problem?

Supplied water from hauler

What were the effects of this problem?

shortage of water

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

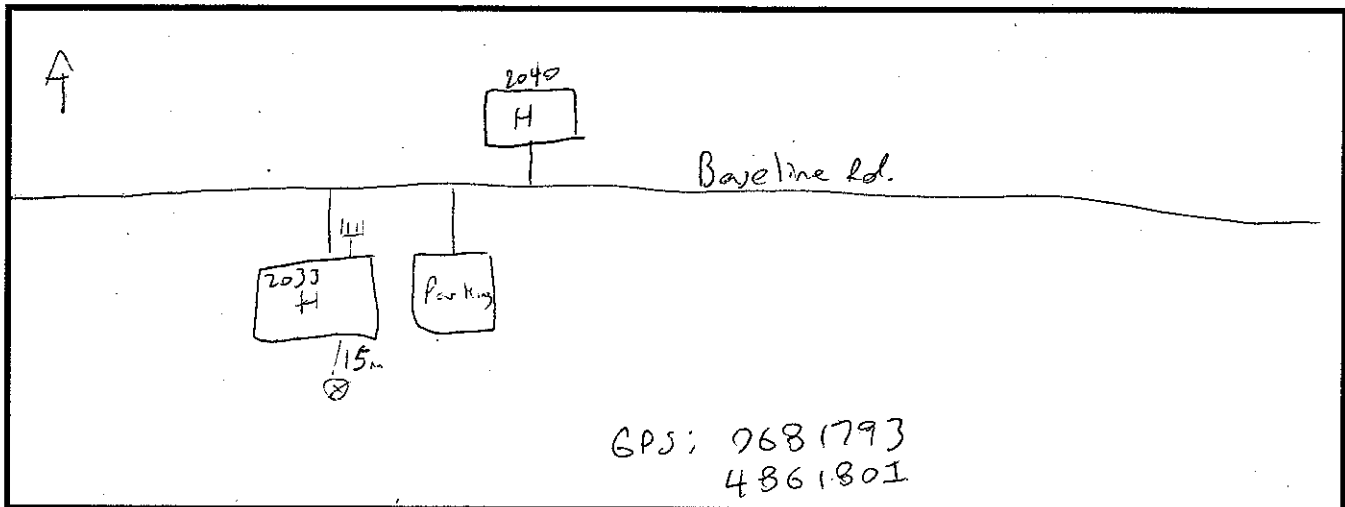
Does homeowner grant permission to obtain a water quality sample?

Yes ☒

No ☐

Signature: R. [Signature]

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



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

Well Condition:

well in good condition

Is there a depression around the well?

☐

Yes

☒

No

Photo Number:

65



# 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 #: 3025

MOE #: N/A

## Owner of Well:

Name: Rick Percy Telephone (Bus.): ( )  
Address: 531 Rundle Road. (Home): (905) 623-6183  
Person Interviewed: Rick Residence: \_\_\_\_\_  
Date: 03/04/2008 Time: \_\_\_\_\_ Interviewed By: \_\_\_\_\_  
Name of Original Well Owner: (if different from above) Second owner (Charles Hines)  
original

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

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

## Well Location:

Lot: N/A Concession: BF Township: \_\_\_\_\_  
GLL Map Sheet: (to be completed by GLL Staff) E6

## Well Construction Details:

Date Constructed: 1992-93 Use: Domestic Contractor: Wards Well Boring  
Type (drilled or dug): Dug well Diameter: N/A Well Depth: 40'  
Is well accessible for direct sampling? yes NO (sealed) 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: X or Positive-submergence \_\_\_\_\_ Pumping Capacity: 1/2 horse Age: 1995  
How is your pump lubricated: \_\_\_\_\_  
Depth of Intake Setting: 33' m (Original) 38' m (Present) Pumping Rate: N/A L/s  
Storage Tank: Type: Pressure tank Capacity: 3-4 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.) shower, dishwasher  
Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: 40m  
Well is: 1) Uphill \_\_\_\_\_ 2) Downhill: \_\_\_\_\_ 3) Same Grade X

-well used before was shared. Owner still uses for small vegetable garden

## Previous Problems:

How long have you owned, operated or lived on this property? 22-23 years

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? 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 repaired in 1995

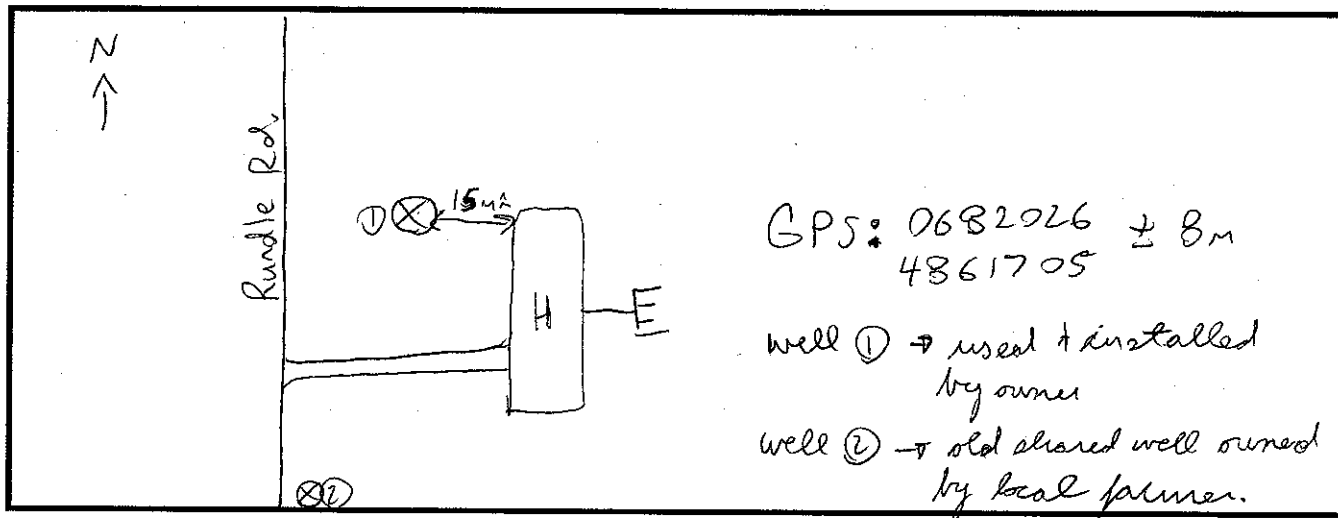
Does homeowner grant permission to obtain a water quality sample?

Yes ☒ No ☐

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

*[Handwritten Signature]*

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



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

Well Condition: well in good condition, dewatered

Is there a depression around the well?

☒ Yes ☐ No

↳ slight due to flower bed around well.

Photo Number: 64

# Water Well Survey

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

Well #: 3029

MOE #: N/A

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

## Owner of Well:

Name: Millwork Truss Centre Telephone (Bus.): 905, 623-9500  
Address: 2021 Baseline rd. (Home): ( )  
Person Interviewed: Fran Pugliese. Residence:  
Date: Mar. 04/08 Time: 3:40 pm. Interviewed By: A.D. / C.C.  
Name of Original Well Owner: (if different from above) Don't know

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

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

## Well Location:

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

## Well Construction Details:

Date Constructed: Use: Contractor:  
Type (drilled or dug): Drilled Diameter: 6" Well Depth:  
Is well accessible for direct sampling? yes or buried:  
Screen: Yes ☒ No If Yes, length: m Depth of top of screen: m

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

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

## Pumping Equipment:

Pump Type: Suction-lift: or Positive-submergence ☒ Pumping Capacity: Age:  
How is your pump lubricated:  
Depth of Intake Setting: m (Original) m (Present) Pumping Rate: L/s  
Storage Tank: Type: Capacity:  
Do you have a: Chlorinator: ☒ Water Softener: ☒ Water Filter: ☒ Filter Type: ☒  
Water Use: Domestic: No: ☒ Yes: ☒ No. of persons using water from well: 35  
Livestock: No: ☒ Yes: No. of livestock watered from well:  
Lawn Watering: No: ☒ Yes: Other: Don't Drink Amount:  
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) reg. Equip  
Private Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well:  
Well is: 1) Uphill 2) Downhill: 3) Same Grade ☒

## Previous Problems:

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

1994

Have you ever experienced any previous problems with your well?

NO

If so, when?

What was the cause of the previous problem?

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

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

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

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

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

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

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

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

What action was taken to overcome this problem?

What were the effects of this problem?

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

If so, why?

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

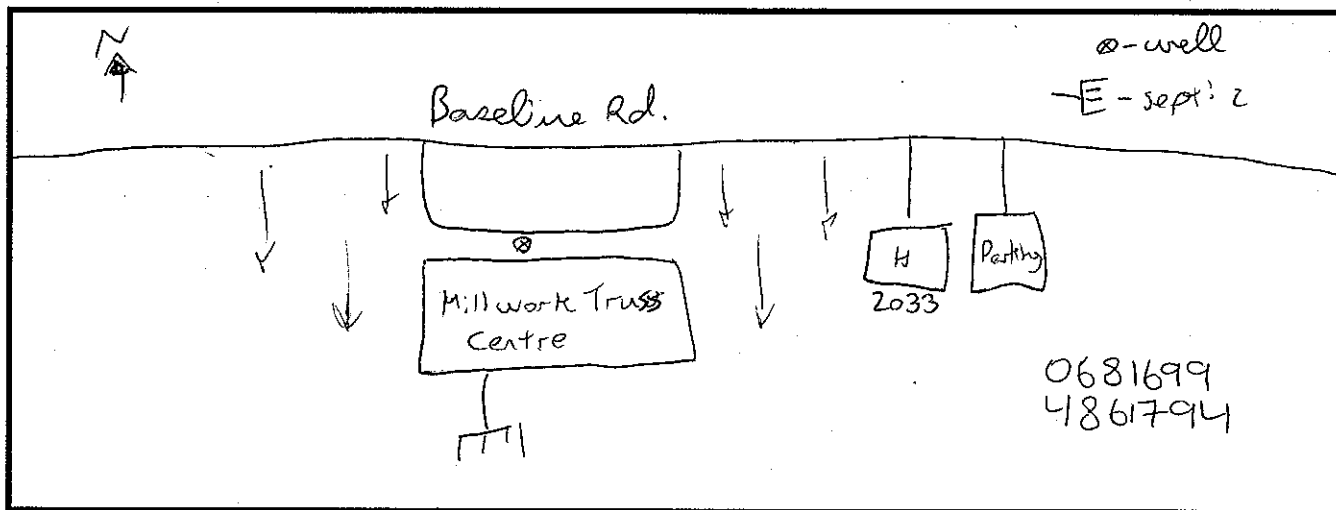
Does homeowner grant permission to obtain a water quality sample?

Yes

No

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

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



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

Well Condition: well in good condition, not vermin proof cap.

Is there a depression around the well?

☐

Yes

☒

No

Photo Number:

66

# Water Well Survey

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

Well #: 3031

MOE #: N/A

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

## Owner of Well:

Name: Harrison Feuls Telephone (Bus.): (905) 697-2300  
Address: 1987 Baseline Rd. (Home): ( )  
Person Interviewed: Marshal ~~Smith~~ Skleigh Residence:   
Date: Mar 04/08 Time: 4:20 pm. Interviewed By: AD/CC  
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: East 6 Township: Clarington  
GLL Map Sheet: (to be completed by GLL Staff) \_\_\_\_\_

## Well Construction Details:

Date Constructed: 70 or 80 yrs old Use: \_\_\_\_\_ Contractor: \_\_\_\_\_  
Type (drilled or dug): Dug Diameter: 28" Well Depth: 30-40 ft.  
Is well accessible for direct sampling? Yes in pump house 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: 3/4 HP Age: \_\_\_\_\_  
How is your pump lubricated: \_\_\_\_\_

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

Storage Tank: Type: Bladder Tank Capacity: 100 PSI

Do you have a: Chlorinator: \_\_\_\_\_ Water Softener: \_\_\_\_\_ Water Filter: \_\_\_\_\_ Filter Type: U.V.

Water Use: Domestic: No: \_\_\_\_\_ Yes: ☒ No. of persons using water from well: 2 + barn (6)

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

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

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

Private Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well: 100 ft.

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

## Previous Problems:

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

4 to 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 \_\_\_\_\_, 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?

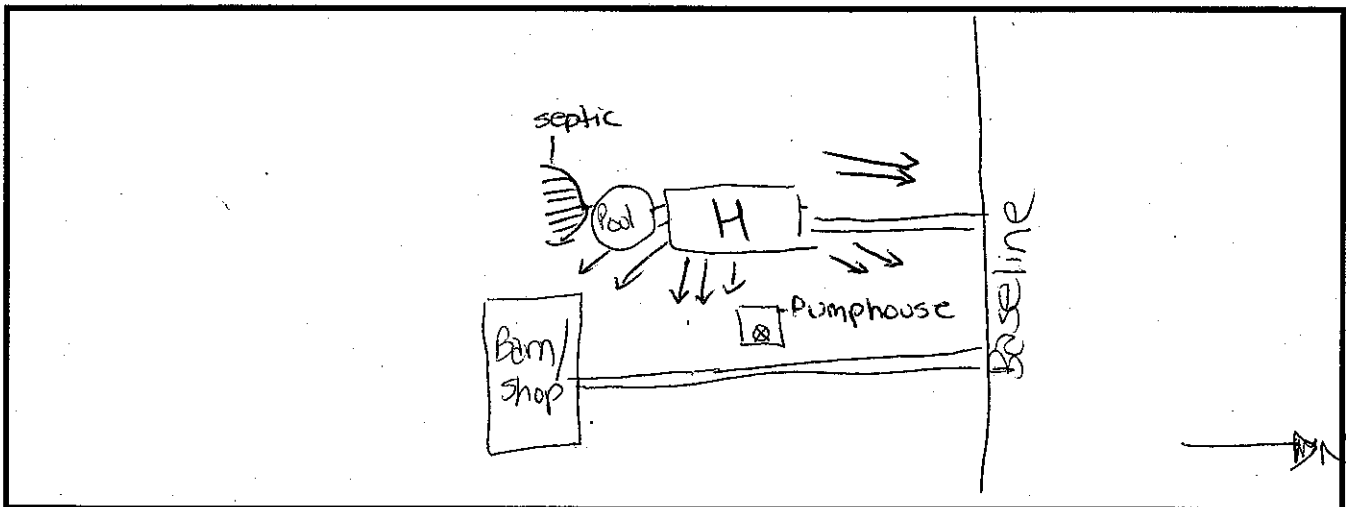
Yes

No

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

Left my card

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



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

Well Condition:

In Pumphouse. Not covered w lid, Covered w boards in pumphouse. Water level high.

Is there a depression around the well?



Yes



No

Photo Number:

67

# 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 #:	3033
MOE #:	N/A

## Owner of Well:

Name: N/A Residence very serial & angry about things in general Telephone (Bus.): ( )  
Address: (Home): (N/A) N/A  
Person Interviewed: Residence:  
Date: Mar 4/08 Time: 4:40 p.m Interviewed By: AD/CC  
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: N/A Concession: N/A Township: N/A  
GLL Map Sheet: (to be completed by GLL Staff) E6

## Well Construction Details:

Date Constructed: 40-50 years ago Use: Domestic Contractor: N/A  
Type (drilled or dug): Dug Diameter: 6" inside pit Well Depth: 150'  
Is well accessible for direct sampling? NO or buried: NO  
Screen: Yes ☒ 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: 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: 25-30 years  
How is your pump lubricated: N/A  
Depth of Intake Setting: 140' ± m (Original) N/A m (Present) Pumping Rate: N/A L/s  
Storage Tank: Type: Pressure Capacity: 10-25 gal  
Do you have a: Chlorinator: NO Water Softener: NO Water Filter: NO Filter Type: NO  
Water Use: Domestic: No: Yes: ☒ No. of persons using water from well: 1 (Don't drink)  
Livestock: No: ☒ Yes: No. of livestock watered from well: NO  
Lawn Watering: No: ☒ Yes: Other: Amount:  
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) shower  
Private Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well: 100ft  
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?

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? NO

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

NO

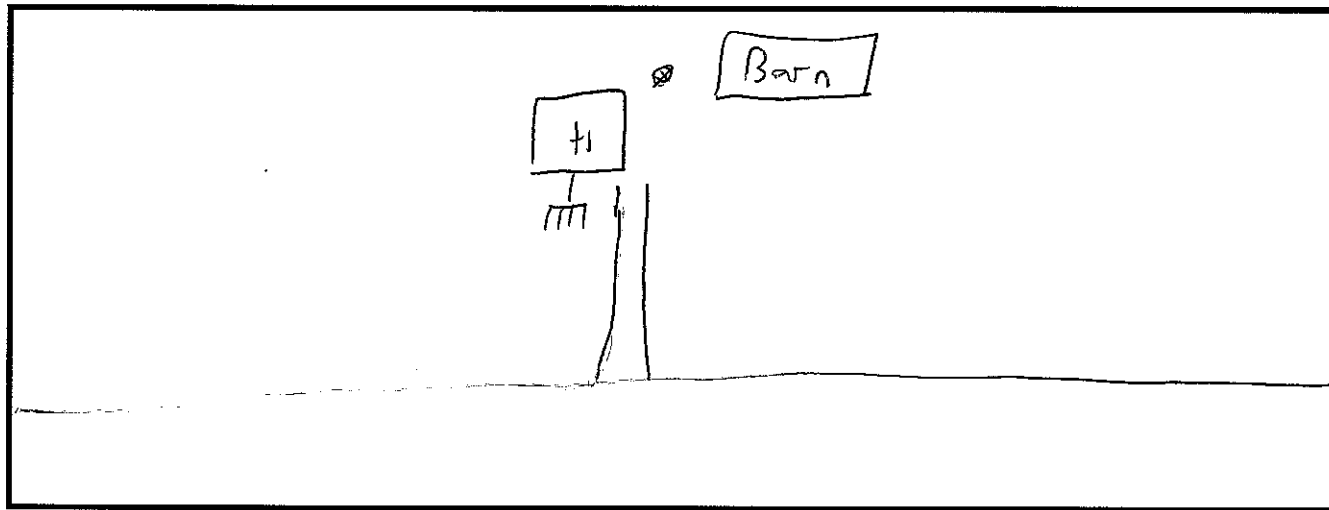
Does homeowner grant permission to obtain a water quality sample?

Yes \_\_\_\_\_

No \_\_\_\_\_

X 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

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 #: 3035

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

## Owner of Well:

Name: PY Tech Telephone (Bus.): (\_\_\_\_) \_\_\_\_\_  
Address: 1825 Baseline rd. (Home): (\_\_\_\_) \_\_\_\_\_  
Person Interviewed: Mike DeFreitas Residence: \_\_\_\_\_  
Date: Mar. 6/08 Time: 1:15 Interviewed By: AD / RC  
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: E5 Township: Clarington  
GLL Map Sheet: (to be completed by GLL Staff) \_\_\_\_\_

## Well Construction Details:

Date Constructed: ~ 1890's Use: \_\_\_\_\_ Contractor: \_\_\_\_\_  
Type (drilled or dug): Dug Diameter: 28" Well Depth: 28 ft.  
Is well accessible for direct sampling? \_\_\_\_\_ or buried: \_\_\_\_\_  
Screen: Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, length: \_\_\_\_\_ m Depth of top of screen: \_\_\_\_\_ m

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

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

## Pumping Equipment:

Pump Type: Suction-lift: X or Positive-submergence \_\_\_\_\_ Pumping Capacity: 1/2 HP. Age: 5 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: X Water Softener: X Water Filter: X Filter Type: U.V. light

Water Use: Domestic: No: \_\_\_\_\_ Yes: X No. of persons using water from well: 4

Livestock: No: X Yes: \_\_\_\_\_ No. of livestock watered from well: \_\_\_\_\_

Lawn Watering: No: X Yes: \_\_\_\_\_ Other: Don't drink, but potable - Health 2 yrs ago

Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) reg. equip - no laundry

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? 1991

Have you ever experienced any previous problems with your well? \_\_\_\_\_

If so, when? \_\_\_\_\_

What was the cause of the previous problem? Drought: X Pump Failure: X Plugging: X  
Increased Usage X Interference: X Contamination: X

If problem was contamination, what water quality changes were apparent? \_\_\_\_\_  
(Note any differences in taste, odour, colour or clarity) \_\_\_\_\_

What action was taken to overcome this problem? \_\_\_\_\_

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

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

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

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

Does homeowner grant permission to obtain a water quality sample? Yes ✓ No \_\_\_\_\_ Signature: [Signature]

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

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

Well Condition: too much snow to see

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

Well #: 3039

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

## Owner of Well:

Name: Darren Bressette / Eastern Soil Investigation Telephone (Bus.): ( 905 ) 434-6424

Address: 14 Curtee Cr (Home): ( ) \_\_\_\_\_

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

Date: March/6/2008 Time: 2:30 Interviewed By: \_\_\_\_\_

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

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

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

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

## Well Location:

Lot: \_\_\_\_\_ Concession: E5 Township: Clarington

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

## Well Construction Details:

Date Constructed: 15 yrs Use: N/A Contractor: N/A

Type (drilled or dug): dug Diameter: 28" Well Depth: 30'

Is well accessible for direct sampling? \_\_\_\_\_ or buried: \_\_\_\_\_

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

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

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

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

## Pumping Equipment:

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

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

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

Storage Tank: Type: Bladder Capacity: \_\_\_\_\_

Do you have a: Chlorinator: \_\_\_\_\_ Water Softener: \_\_\_\_\_ Water Filter: \_\_\_\_\_ Filter Type: NO

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

Livestock: No: ✓ Yes: \_\_\_\_\_ No. of livestock watered from well: \_\_\_\_\_

Lawn Watering: No: ✓ Yes: \_\_\_\_\_ Other: NO drinking 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: 300 ft

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

## Previous Problems:

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

7 yrs

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?

new pump 2 yrs ago

What were the effects of this problem?

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

If so, why?

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

Does homeowner grant permission to obtain a water quality sample?

Yes

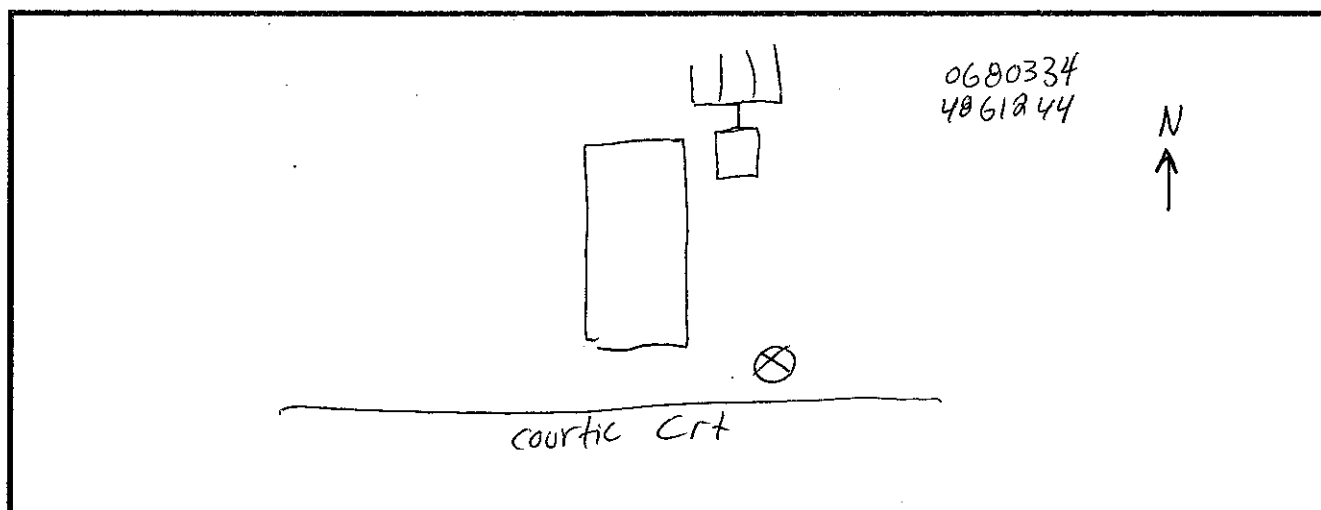
☒

No

Signature:



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



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

Well Condition: Lid doesn't fit properly, Tile is chipped, hose on top that might drain into the well.

Is there a depression around the well?



Yes




No


Photo Number:

72



# 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 #: 3040

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

## Owner of Well:

Name: WASTE MANAGEMENT Telephone (Bus.): (905) 433-5037  
Address: 1 MCKNIGHT RD (Home): ( ) \_\_\_\_\_  
Person Interviewed: JOHN COOPER Residence: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_ Interviewed By: \_\_\_\_\_  
Name of Original Well Owner: (if different from above) \_\_\_\_\_

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

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

## Well Location:

Lot: \_\_\_\_\_ Concession: E5 Township: Clarington  
GLL Map Sheet: (to be completed by GLL Staff) \_\_\_\_\_

## Well Construction Details:

Date Constructed: 1976 Use: Business Contractor: ✓  
Type (drilled or dug): drilled Diameter: 6" 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 X Pumping Capacity: ✓ Age: 1976  
How is your pump lubricated: \_\_\_\_\_

Depth of Intake Setting: \_\_\_\_\_ m (Original) \_\_\_\_\_ m (Present) Pumping Rate: \_\_\_\_\_ L/s  
Storage Tank: Type: N/A Capacity: \_\_\_\_\_  
Do you have a: Chlorinator: \_\_\_\_\_ Water Softener: \_\_\_\_\_ Water Filter: \_\_\_\_\_ Filter Type: NJO  
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.) power washer

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

## 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?

- yellow colour + white residue

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?

water - yellow

(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 ?

If so, why?

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

Does homeowner grant permission to obtain a water quality sample?

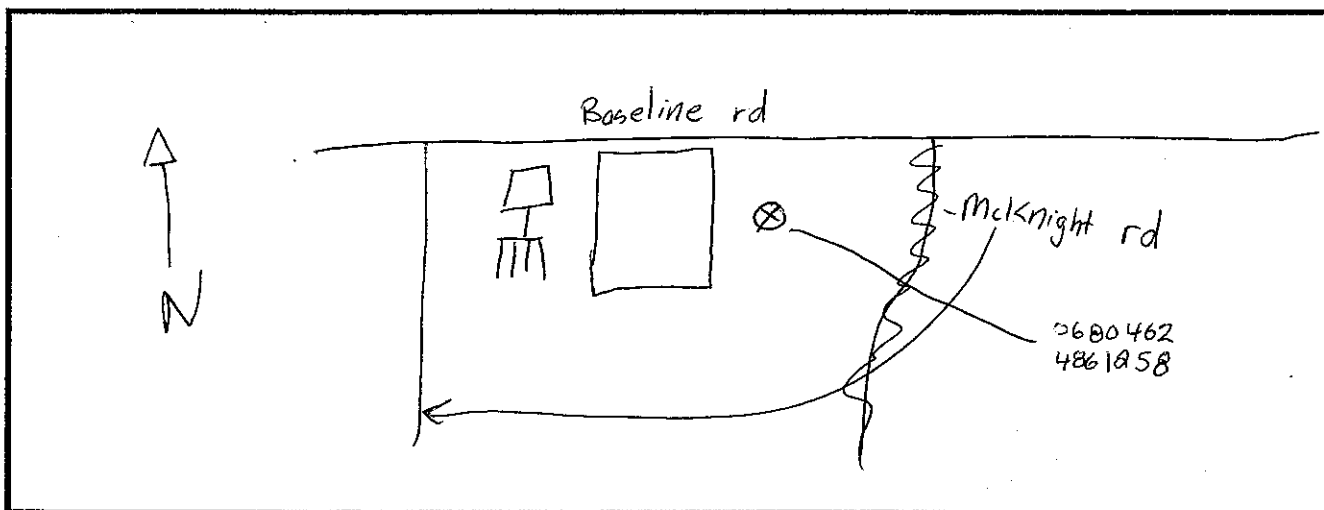
Yes

No

Signature:

*[Signature]*

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



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

Well Condition:

- looks like a dug well but has a large concrete slab over top

Is there a depression around the well?

☐

Yes

☐

No

couldn't see

Photo Number:

73

entered.

# Water Well Survey

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

Well #: 3042

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

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

## Owner of Well:

Name: John Muir Telephone (Bus.): ( ) \_\_\_\_\_  
Address: 1831 Hwy 2 (Home): 905 436-2346  
Person Interviewed: John Muir Residence: Yes  
Date: March 1st, 2008 Time: 9:30 Interviewed By: AD/RB  
Name of Original Well Owner: (if different from above) \_\_\_\_\_

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

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

## Well Location:

Lot: 27 Concession: 2 Township: Clarington  
GLL Map Sheet: (to be completed by GLL Staff) East #4

## Well Construction Details:

Date Constructed: ≈ 1990 Use: Residential + farm Contractor: Faulkner  
Type (drilled or dug): Drilled Diameter: 6" 15.2cm Well Depth: 80' = 24.384m  
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: capable 20.545 28gpm Age: 17  
How is your pump lubricated: \_\_\_\_\_  
Depth of Intake Setting: \_\_\_\_\_ m (Original) \_\_\_\_\_ m (Present) Pumping Rate: \_\_\_\_\_ L/s  
Storage Tank: Type: Nil Capacity: \_\_\_\_\_  
Do you have a: Chlorinator: \_\_\_\_\_ Water Softener: \_\_\_\_\_ Water Filter: \_\_\_\_\_ Filter Type: \_\_\_\_\_  
Water Use: Domestic: No: \_\_\_\_\_ Yes: X No. of persons using water from well: 2  
Livestock: No: \_\_\_\_\_ Yes: X No. of livestock watered from well: \_\_\_\_\_  
Lawn Watering: No: \_\_\_\_\_ Yes: \_\_\_\_\_ Other: field sprayer Amount: \_\_\_\_\_  
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) Regular appliances  
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? \_\_\_\_\_

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

If so, when? \_\_\_\_\_

What was the cause of the previous problem?

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

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

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

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

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

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

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What action was taken to overcome this problem?

\_\_\_\_\_  
\_\_\_\_\_

What were the effects of this problem?

\_\_\_\_\_

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

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does homeowner grant permission to obtain a water quality sample?

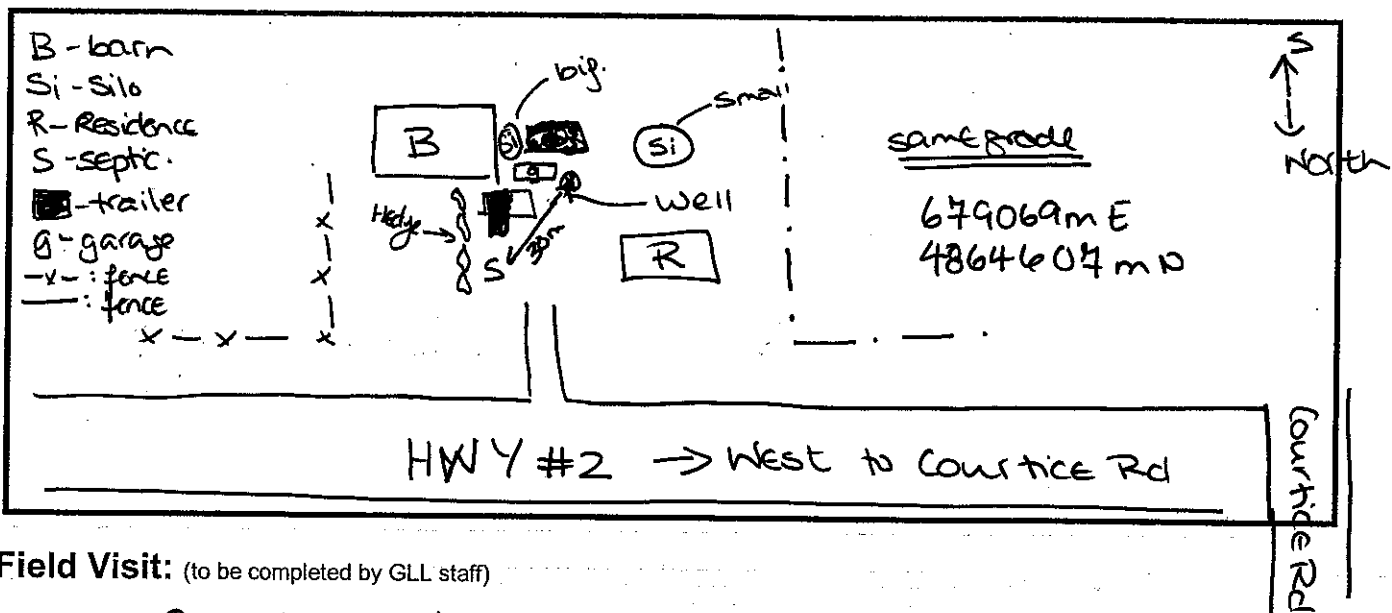
Yes

No

X

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

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



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

Well Condition: Drilled well, 6" diameter, above ground stick up ~ 12".  
term in poly cap, dog house within 1 ft of well

Is there a depression around the well?



Yes



No

Photo Number:

1

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

MOE #: 3094

## Owner of Well:

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

Address: 2464 Hancock Rd (Home): (905) 434-4568

Person Interviewed: Denise Doucet Residence: Yes (Rented)

Date: March 12, 2008 Time: 10:32 Interviewed By: RBC / 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: Dartington Clarington

GLL Map Sheet: (to be completed by GLL Staff) East 4

## Well Construction Details:

Date Constructed: 50's Use: Residential Contractor: \_\_\_\_\_

Type (drilled or dug): Dug Diameter: 28" = 71.1cm Well Depth: na

Is well accessible for direct sampling? \_\_\_\_\_ or buried: \_\_\_\_\_

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

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

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

Subsequent Water Level Measurements na  
(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: na Capacity: \_\_\_\_\_

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

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

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.) Regular appliances.

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

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

## Previous Problems:

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

5/6 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?

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

Clean well to Jaxox occasionally, Regular testing

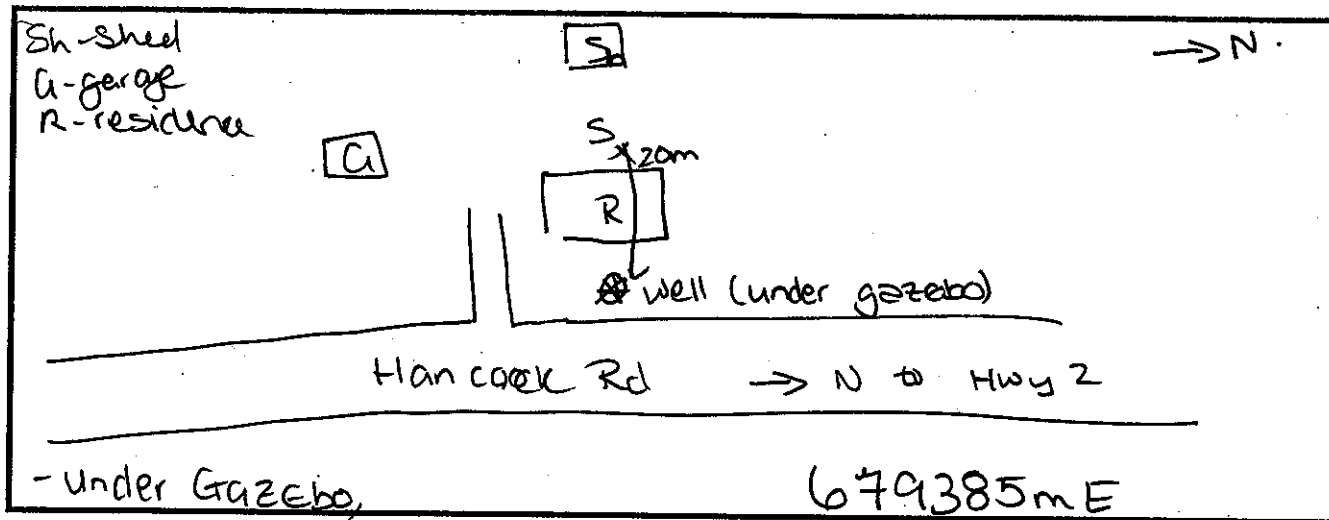
Does homeowner grant permission to obtain a water quality sample?

Yes

No

Signature: 

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



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

Well Condition:

Covered by a wooden gazebo

Is there a depression around the well?



Yes




No


Photo Number:

2

↳ could not tell.

# 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 #: 3049

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

## Owner of Well:

Name: Barb Daly Telephone (Bus.): (\_\_\_\_) \_\_\_\_\_  
Address: 2406 Hancock Rd (Home): (905) 433-2329  
Person Interviewed: Barb Residence: \_\_\_\_\_  
Date: March 12, 2008 Time: 11:03 Interviewed By: RBC/AD  
Name of Original Well Owner: (if different from above) Same

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

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

## Well Location:

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

## Well Construction Details: - Old dug well decommissioned

Date Constructed: 2004 Use: Residential Contractor: \_\_\_\_\_  
Type (drilled or dug): Drilled Diameter: 6" Well Depth: 180' = 54m  
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 X Pumping Capacity: n/a Age: 21 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: X No. of persons using water from well: 5  
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.) Regular  
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? 10 yrs

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

If so, when? Now

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? Cloudy, bubbles in water

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

What action was taken to overcome this problem? Will be installing a filtration system

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:

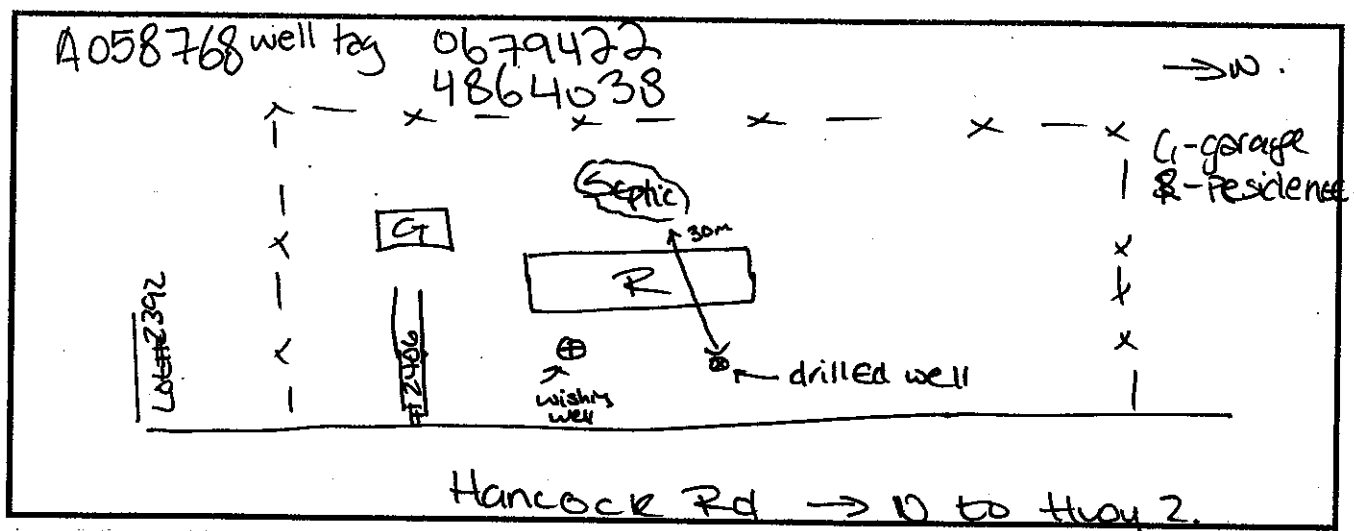
Does homeowner grant permission to obtain a water quality sample?

Yes ☒

No ☐

Signature: Burt Daly

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition: Vermir proof cap, 2 1/2 ft stick up.

Is there a depression around the well?



Yes



No

Photo Number: 3-6



# 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 #: 3051

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

## Owner of Well:

Name: Ray + Cathy Naklicki

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

Address: 2389 Hancock Rd.

(Home): (905) 436-2164

Person Interviewed: Ray + Cathy

Residence: Yes

Date: March 13, 2008 Time: 11:30

Interviewed By: AD/KBC

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: Clarington

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

East 4.

## Well Construction Details:

Date Constructed: 35 yrs ago ~ 1973 Use: Domestic

Contractor: n/a

Type (drilled or dug): Dug Diameter: 24-28"

Well Depth: At least > 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: n/a m

Subsequent Water Level Measurements: n/a

(give depths in m and dates)

## Pumping Equipment:

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

Pumping Capacity: 3/4 hp.

Age: 10 yrs.

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

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

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

Storage Tank: Type: Pressure tank.

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

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: 4

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

No. of livestock watered from well: \_\_\_\_\_

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

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

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

Pool, pond

Private Waste and Water Disposal:

Type (septic tank, etc.): Septic tank

Distance to Well: 30

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

well: - south side  
septic: front

## Previous Problems:

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

16 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?

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

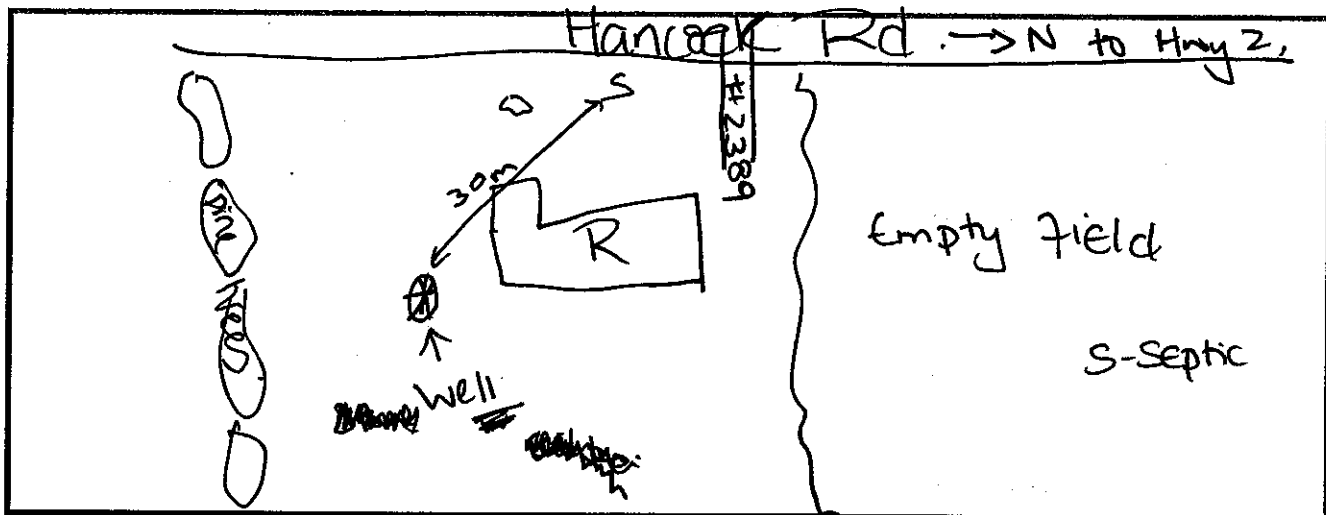
Yes, regular wear + tear, ~10 yrs

Does homeowner grant permission to obtain a water quality sample?

Yes ☒ No

Signature:

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



Note: 407 will take 0.9 acres of land east of house.

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

Well Condition:

Well head above ground finish.

Decorative stone well to reel on top surrounding it.

Lid was unsealed.


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 #: 3054

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

## Owner of Well:

Name: Mark Hanley Telephone (Bus.): (\_\_\_\_) \_\_\_\_\_  
Address: 2364 Hancock Rd (Home): 905 436-2123  
Person Interviewed: Mark Residence: Yes  
Date: March 12, 2008 Time: 13:13 Interviewed By: AD/RBC  
Name of Original Well Owner: (if different from above) Santos

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

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

## Well Location:

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

## Well Construction Details:

Date Constructed: 1989 Use: Residential Contractor: n/a  
Type (drilled or dug): Dug Diameter: 28" Well Depth: 45'  
Is well accessible for direct sampling? Yes or buried: n/a  
Screen: Yes - No - If Yes, length: \_\_\_\_\_ 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: X or Positive-submergence \_\_\_\_\_ Pumping Capacity: n/a Age: at least 10 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: 10-15 gallons = 45 L  
Do you have a: Chlorinator: - Water Softener: X Water Filter: X Filter Type: charcoal/ten  
Water Use: Domestic: No: \_\_\_\_\_ Yes: X No. of persons using water from well: 4 with  
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.): Septic tank Distance to Well: 40m  
Well is: 1) Uphill \_\_\_\_\_ 2) Downhill: \_\_\_\_\_ 3) Same Grade: X

## Previous Problems:

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

4 yrs  
yes

Have you ever experienced any previous problems with your well?

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?

(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

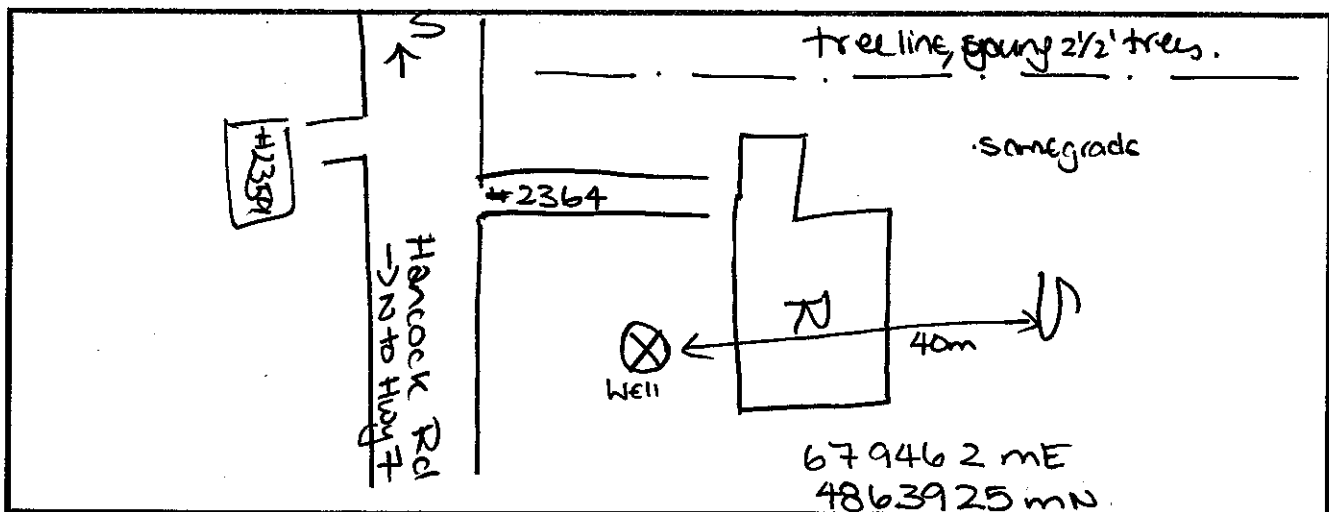
Does homeowner grant permission to obtain a water quality sample?

Yes ☒

No ☐

Signature: 

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



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

Well Condition: Well is surrounded by shrubs.

did not caulked, fair well condition overall

Is there a depression around the well?

☐

Yes

☐

No

Photo Number:

13, 14

↳ can't tell, too much snow

# 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 #: 3057

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

## Owner of Well:

Name: Mickey Bonnell Telephone (Bus.): (\_\_\_\_) \_\_\_\_\_  
Address: 2349 Hancock Rd (Home): (905) 436-2451  
Person Interviewed: Micky Bonnell Residence: Yes  
Date: March 12, 2008 Time: 12:26 Interviewed By: AD/RBC  
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: \_\_\_\_\_ Concession: East 4 Township: Perth  
GLL Map Sheet: (to be completed by GLL Staff) \_\_\_\_\_

## Well Construction Details:

Date Constructed: 1977 Use: Residential Contractor: \_\_\_\_\_  
Type (drilled or dug): Dug Diameter: 28" Well Depth: 17'  
Is well accessible for direct sampling? No or buried: No  
Screen: Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, length: \_\_\_\_\_ m Depth of top of screen: \_\_\_\_\_ m

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

Original Water Level Depth: \_\_\_\_\_ m  
Subsequent Water Level Measurements 12' - 14' of water  
(give depths in m and dates)

## Pumping Equipment:

Pump Type: Suction-lift: X or Positive-submergence \_\_\_\_\_ Pumping Capacity: n/a Age: 5 yrs  
How is your pump lubricated: \_\_\_\_\_  
Depth of Intake Setting: \_\_\_\_\_ m (Original) \_\_\_\_\_ m (Present) Pumping Rate: n/a L/s  
Storage Tank: Type: \_\_\_\_\_ Capacity: \_\_\_\_\_  
Do you have a: Chlorinator: -- Water Softener: X Water Filter: -- Filter Type: \_\_\_\_\_  
Water Use: Domestic: No: \_\_\_\_\_ Yes: X No. of persons using water from well: 5  
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.) Regular  
Private Waste and Water Disposal: Type (septic tank, etc.): Yes Distance to Well: 25m' or 15m  
Well is: 1) Uphill \_\_\_\_\_ 2) Downhill: \_\_\_\_\_ 3) Same Grade: X

## Previous Problems:

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

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

If so, when? Summer 2007

What was the cause of the previous problem? Drought: X 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? Dil,

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

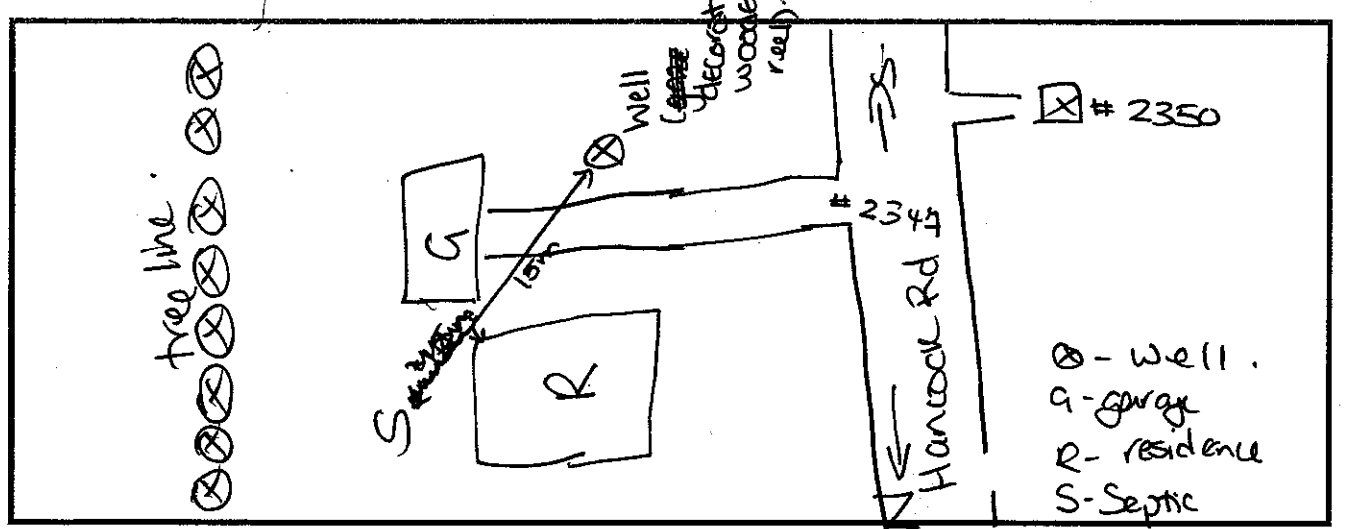
Did you ever have your well deepened No, or cleaned No, or a new well constructed No?

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

Outline briefly any previous repairs or changes in pumping equipment, and dates:  
Pump replacement due to regular wear+tear  
Once a yr shock well to Jara

Does homeowner grant permission to obtain a water quality sample? Yes X No \_\_\_\_\_ Signature: Mickey Reed

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



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

Well Condition: 679520 m E, 4863912 m D

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

Photo Number: 339

# 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 #: 3060

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

## Owner of Well:

Name: Heather Fowlie

Telephone (Bus.): (905) 436-8487

Address: 2335 Hancock Rd (2305)

(Home): ( )

Person Interviewed: AD, RBC Heather Fowlie

Residence: Yes

Date: Mar. 12 / 08 Time: 11:45

Interviewed By: AD, RBC

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: E4 Township: Clarington

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

## Well Construction Details:

Date Constructed: 7 yrs old

Use: old dug well on property

Contractor: Herb Lang Well Drilling

Type (drilled or dug): Drilled

Diameter: 6"

Well Depth: 180

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: 7 yrs.

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

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

Storage Tank: Type: \_\_\_\_\_ Capacity: \_\_\_\_\_

Do you have a: Chlorinator: \_\_\_\_\_ Water Softener: X 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: \_\_\_\_\_ Yes: \_\_\_\_\_ Other: \_\_\_\_\_ Amount: \_\_\_\_\_

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

reg. equip.

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

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

## Previous Problems:

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

7 yrs

Have you ever experienced any previous problems with your well?

NO. Hard water (iron).

If so, when?

couple yrs ago

What was the cause of the previous problem?

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

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

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

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

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

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

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

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

What action was taken to overcome this problem?

water softener

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:

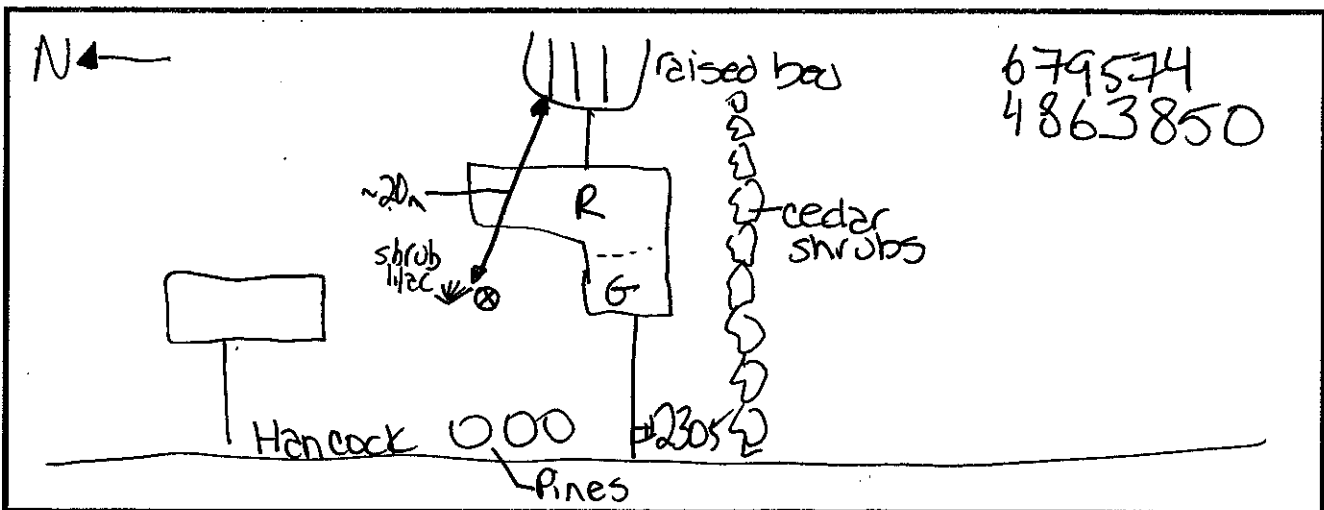
Does homeowner grant permission to obtain a water quality sample?

Yes ☒ No ☐

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

Heather Jowle

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



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

Well Condition:

stick up ~6"

Is there a depression around the well?

☐

Yes

☐

No


Photo Number:

10, 11, 12


can't tell due to snow



# Water Well Survey

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

Well #: <u>3067</u>
MOE #: _____

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

## Owner of Well:

Name: Lisa Corkery Telephone (Bus.): (\_\_\_\_) \_\_\_\_\_  
Address: 2141 Hancock Rd. (Home): (905) 434-5475  
Person Interviewed: Lisa's Mum Residence: Residence  
Date: March Time: 15:00 Interviewed By: RBC/AD  
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: East 4 Township: \_\_\_\_\_  
GLL Map Sheet: (to be completed by GLL Staff) \_\_\_\_\_

## Well Construction Details:

Date Constructed: 1996 Use: Residential Contractor: \_\_\_\_\_  
Type (drilled or dug): Drilled Diameter: 6" Well Depth: 740'  
Is well accessible for direct sampling? \_\_\_\_\_ or buried: \_\_\_\_\_  
Screen: Yes no No 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: no \_\_\_\_\_ m  
Subsequent Water Level Measurements \_\_\_\_\_  
(give depths in m and dates)

## Pumping Equipment:

Pump Type: Suction-lift: \_\_\_\_\_ or Positive-submergence X Pumping Capacity: \_\_\_\_\_ Age: \_\_\_\_\_  
How is your pump lubricated: \_\_\_\_\_  
Depth of Intake Setting: \_\_\_\_\_ m (Original) \_\_\_\_\_ m (Present) Pumping Rate: \_\_\_\_\_ L/s  
Storage Tank: Type: \_\_\_\_\_ Capacity: \_\_\_\_\_  
Do you have a: Chlorinator: \_\_\_\_\_ Water Softener: X Water Filter: X Filter Type: UV  
Water Use: Domestic: No: \_\_\_\_\_ Yes: X No. of persons using water from well: 5  
Livestock: No: X Yes: X No. of livestock watered from well: \_\_\_\_\_  
Lawn Watering: No: \_\_\_\_\_ Yes: \_\_\_\_\_ Other: \_\_\_\_\_ Amount: \_\_\_\_\_  
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) hot tub, regular appliances  
Private Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well: \_\_\_\_\_  
Well is: 1) Uphill \_\_\_\_\_ 2) Downhill: \_\_\_\_\_ 3) Same Grade X

## Previous Problems:

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

SE 12.

Have you ever experienced any previous problems with your well?

Yes

If so, when?

Dry Summers

What was the cause of the previous problem?

Drought:

X

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?

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 + lines replaced when well drilled

Does homeowner grant permission to obtain a water quality sample?

Yes

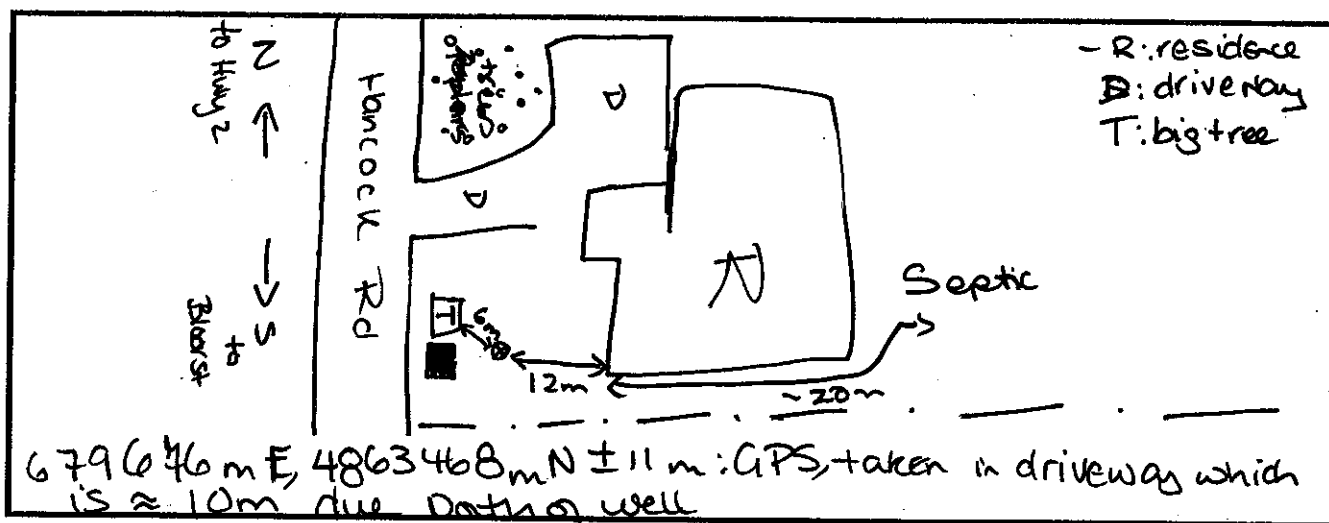
No

X

Signature:

Cannot grant permission, must speak to homeowner

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition: Well covered in snow could not observe

Is there a depression around the well?

☐ Yes


☐ No


Photo Number:

011

L> well covered in snow.

# 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 #: 3063

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

## Owner of Well:

Name: Name Declined (Lady) Telephone (Bus.): (\_\_\_\_) \_\_\_\_\_  
Address: 2165 Hancock Rd (Home): (\_\_\_\_) \_\_\_\_\_  
Person Interviewed: Lady Residence: \_\_\_\_\_  
Date: March 12, 2008 Time: 14:40 Interviewed By: RBC/AD  
Name of Original Well Owner: (if different from above) Same

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

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

## Well Location:

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

## Well Construction Details:

Date Constructed: 1996 15 yrs old Use: Residential Contractor: n/a  
Type (drilled or dug): Dug + Drilled Diameter: 28" Well Depth: 35'  
Is well accessible for direct sampling? na 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 na  
(give depths in m and dates) \_\_\_\_\_

## Pumping Equipment:

Dug well is 10' well, drilled for watering lawn.  
Pump Type: Suction-lift: X or Positive-submergence \_\_\_\_\_ Pumping Capacity: n/a Age: 12 yrs  
How is your pump lubricated: n/a  
Depth of Intake Setting: \_\_\_\_\_ m (Original) \_\_\_\_\_ m (Present) Pumping Rate: \_\_\_\_\_ L/s  
Storage Tank: Type: Pressure Capacity: \_\_\_\_\_  
Do you have a: Chlorinator: \_\_\_\_\_ Water Softener: X Water Filter: X Filter Type: \_\_\_\_\_  
Water Use: Domestic: No: \_\_\_\_\_ Yes: X No. of persons using water from well: 1  
Livestock: No: X 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

Private Waste and Water Disposal: Type (septic tank, etc.): Septic tank Distance to Well: 20m  
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? No

If so, when? \_\_\_\_\_

What was the cause of the previous problem?

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

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

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

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

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

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

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

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

What action was taken to overcome this problem? \_\_\_\_\_

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

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

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

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

Occasional ha

Does homeowner grant permission to obtain a water quality sample?

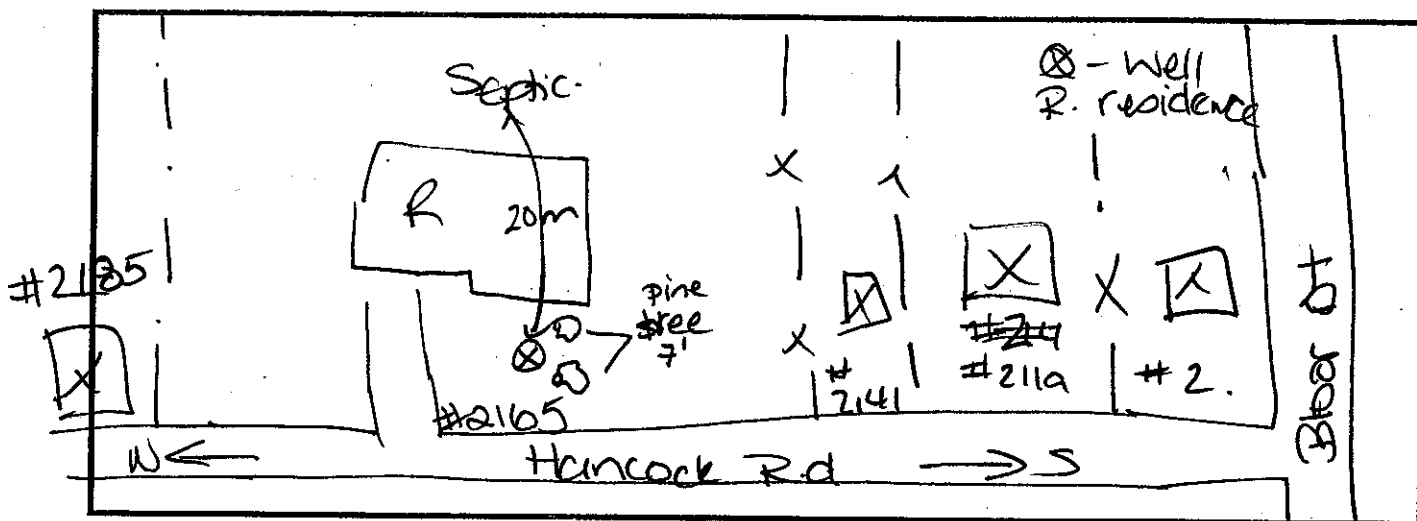
Yes \_\_\_\_\_

No X

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

Location Sketch: (to be completed by GLL staff)

679661, 4863535m



Field Visit: (to be completed by GLL staff)

Well Condition: top lid not sealed

Is there a depression around the well?



Yes



No

Photo Number:

1 Pic of dug well

@ front of house.

Not granted permission to

# 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 #: 3065

MOE #: 30

## Owner of Well:

Name: Flen Clement Telephone (Bus.): ( )  
Address: 2231 Hancock Rd (Home): (905) 436-2172  
Person Interviewed: Len Residence: Yes  
Date: March 12, 2008 Time: 13:00 Interviewed By: AD/RBC  
Name of Original Well Owner: (if different from above) McClalland

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

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

## Well Location:

Lot: 29 Concession: 3 East 4 Township: Clarion  
GLL Map Sheet: (to be completed by GLL Staff)

## Well Construction Details:

Date Constructed: 1999 Use: Residential Contractor: Lott  
Type (drilled or dug): Drilled Diameter: 6" Well Depth: 160'  
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 X Pumping Capacity: at least 6 gpm. Age: 9 yr.  
How is your pump lubricated:  
Depth of Intake Setting: near bottom m (Original) m (Present) Pumping Rate: L/s  
Storage Tank: Type: NO Capacity:  
Do you have a: Chlorinator: Water Softener: X Water Filter: X Filter Type: sand, biologicals.  
Water Use: Domestic: No: Yes: X No. of persons using water from well: 3 ppl.  
Livestock: No: X 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  
Private Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well: 20 m  
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 No, or cleaned No, or a new well constructed X ?

If so, why? Old well was 28' deep to 1' of water. Insufficient yield.

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

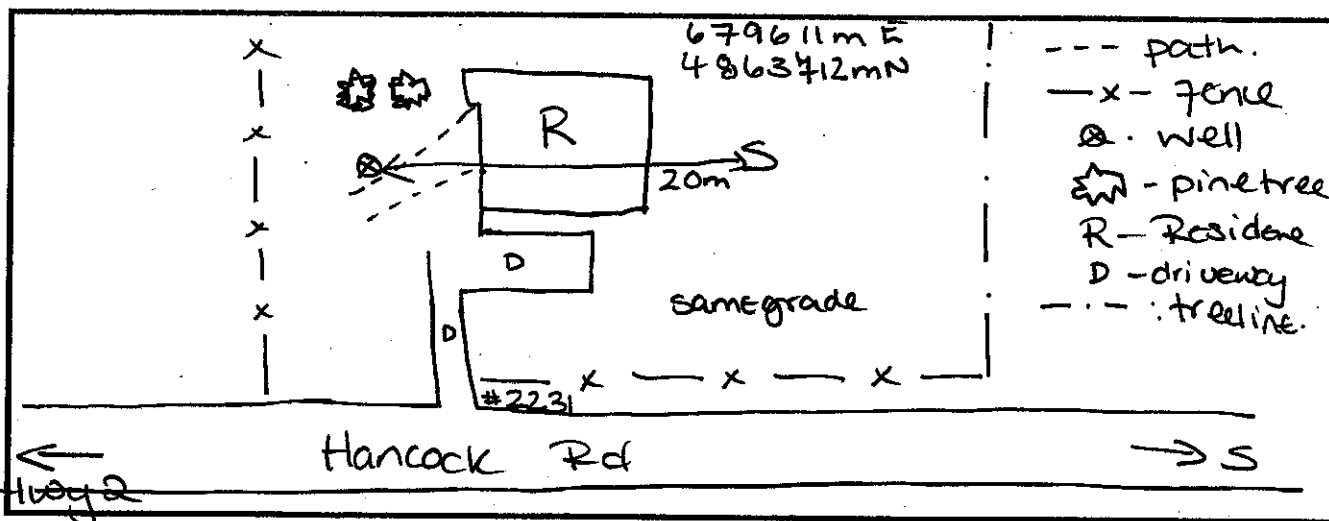
**Does homeowner grant permission to obtain a water quality sample?**

**Yes**

No

**Signature**

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



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

Well Condition: Well is next to an outside lantern (1' tall) + shrub

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

☐

**Yes**



**No**


Photo Number:


1 pic

(506) 3-20/wws/f-08)

↳ well could not be observed on account of snow.

# 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 #: 3066

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

## Owner of Well:

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

Address: 2293 Hancock Rd (Home): ( 905 ) 721-0500

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

Date: March 12, 2008 Time: 13:30 Interviewed By: RBC/AD

Name of Original Well Owner: (if different from above) Not known.

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

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

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

## Well Location:

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

GLL Map Sheet: (to be completed by GLL Staff) E454

## Well Construction Details:

Date Constructed: Unknown 1948 Use: Residential Contractor: \_\_\_\_\_

Type (drilled or dug): Dug Diameter: 28" Well Depth: 19-21 feet

Is well accessible for direct sampling? Yes or buried: \_\_\_\_\_

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

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

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

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

## Pumping Equipment:

Pump Type: Suction-lift: X or Positive-submergence \_\_\_\_\_ Pumping Capacity: 5 600m Age: \_\_\_\_\_

How is your pump lubricated: P

Depth of Intake Setting: 5 m (Original) \_\_\_\_\_ m (Present) Pumping Rate: \_\_\_\_\_ L/s

Storage Tank: Type: Pressure tank Capacity: 5-10 gallon

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

Water Use: Domestic: No: \_\_\_\_\_ Yes: X No. of persons using water from well: 2 1/2 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.): Septic Distance to Well: 15m

Well is: 1) Uphill X 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? No

If so, when? Last summer well didn't go dry.

What was the cause of the previous problem?

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

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

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

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

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

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

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

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

What action was taken to overcome this problem?

What were the effects of this problem?

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

If so, why? Maintenance,

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

No in past year. Inside re cemented at same time as well cleaning

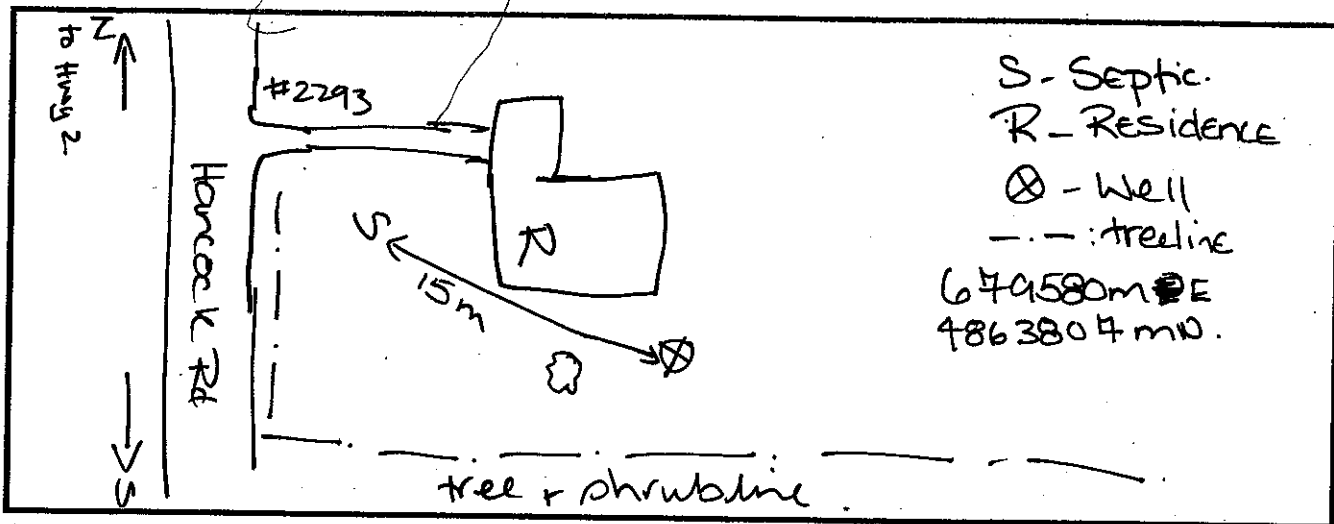
Does homeowner grant permission to obtain a water quality sample?

Yes ☒

No ☐

Signature: [Signature]

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition: Lid is caulked. Access via pot at top, slight cracks.  
Good condition over all

Is there a depression around the well?

☐ Yes

☐ No

Photo Number: 17C.

↳ can't tell, too much snow + ice.



# 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 #: 3068

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

## Owner of Well:

Name: Wayne Chaskovich

Telephone (Bus.): 905 436-2166

Address: 2571 Solina rd. South

(Home): 905 623-2564

Person Interviewed: Wayne

Residence: Yes

Date: Mar. 13/08 Time: \_\_\_\_\_

Interviewed By: AD, HA

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: E4 Township: Clarington

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

## Well Construction Details: Garage uses well (hose).

Date Constructed: 20 yrs old Use: \_\_\_\_\_ Contractor: \_\_\_\_\_

Type (drilled or dug): Drilled Diameter: 6" Well Depth: 130 ft.

Is well accessible for direct sampling? \_\_\_\_\_ or buried: \_\_\_\_\_

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

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

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

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

(give depths in m and dates)

## Pumping Equipment:

Pump Type: Suction-lift: \_\_\_\_\_ or Positive-submergence ☒ Pumping Capacity: \_\_\_\_\_ Age: 20 yrs.

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

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

Storage Tank: Type: \_\_\_\_\_ Capacity: 50 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: Don't drink Amount: \_\_\_\_\_

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

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

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

1-2

1-3

1-4

1-5

1-6

1-7

1-8

1-9

1-10

1-11

1-12

1-13

1-14

1-15

1-16

1-17

## Previous Problems:

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

50+ yrs.

Have you ever experienced any previous problems with your well?

Contamination High Bact  
brown colour, sulfur smell

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?

Cleaned

What were the effects of this problem?

it's starting to look + smell better: still need to test

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

Hitchon Pumps

"possibly road contamination"

If so, why?

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

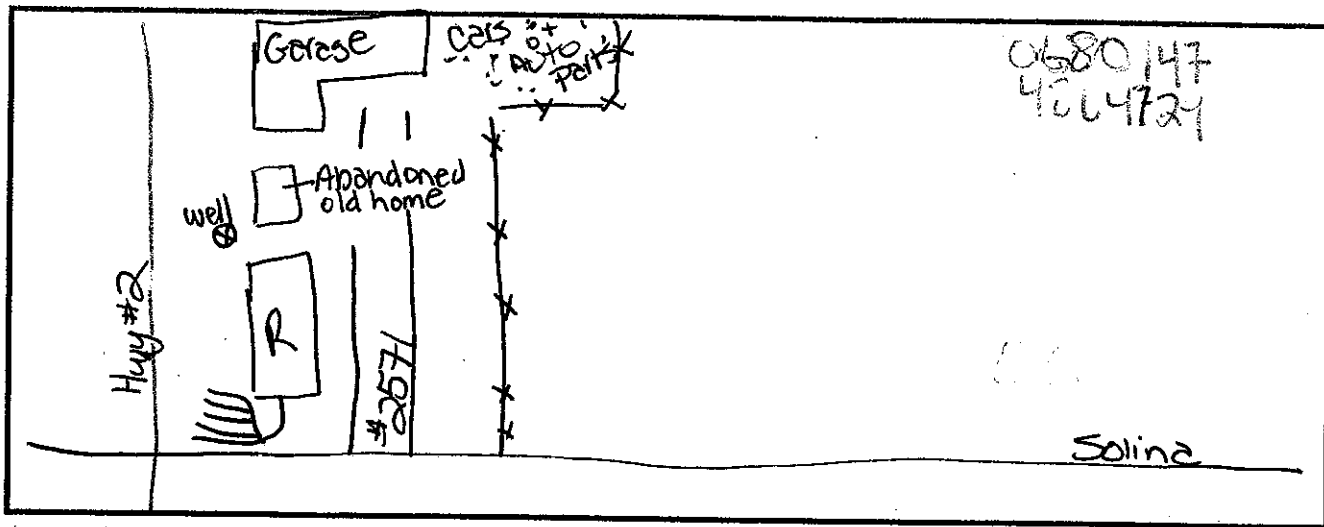
Does homeowner grant permission to obtain a water quality sample?

Yes ☒

No ☐

Signature: 

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



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

Well Condition:

Pylon on top, cover not closed properly

Is there a depression around the well?

☐ Yes

☐ No

can't tell due to snow

Photo Number:

1 pic



# 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 #: 3070

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

## Owner of Well:

Name: Charlene Elliott

Telephone (Bus.): 905 999-2018

Address: 2553 Solina rd.

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

Person Interviewed: Charlene

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

Date: Mar. 13/08 Time: 9:45

Interviewed By: AD, HA

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: Clarington

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

## Well Construction Details:

Date Constructed: \_\_\_\_\_ Use: \_\_\_\_\_ Contractor: \_\_\_\_\_

Type (drilled or dug): Dug Diameter: 28" Well Depth: 25 ft

Is well accessible for direct sampling? \_\_\_\_\_ or buried: \_\_\_\_\_

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

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

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

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

## Pumping Equipment:

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

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

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

Storage Tank: Type: \_\_\_\_\_ Capacity: \_\_\_\_\_

Do you have a: Chlorinator: \_\_\_\_\_ Water Softener: \_\_\_\_\_ Water Filter: ✓ Filter Type: U.V. light

Water Use: Domestic: No: \_\_\_\_\_ Yes: X No. of persons using water from well: 4

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.) reg. equip

Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: 15-20m

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



## Previous Problems:

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

1 1/2 yr

Have you ever experienced any previous problems with your well?

water shortages.

If so, when?

water brought in. recharge for 1 day

What was the cause of the previous problem?

Drought: X

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?

brought in water.

What were the effects of this problem?

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

If so, why?

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

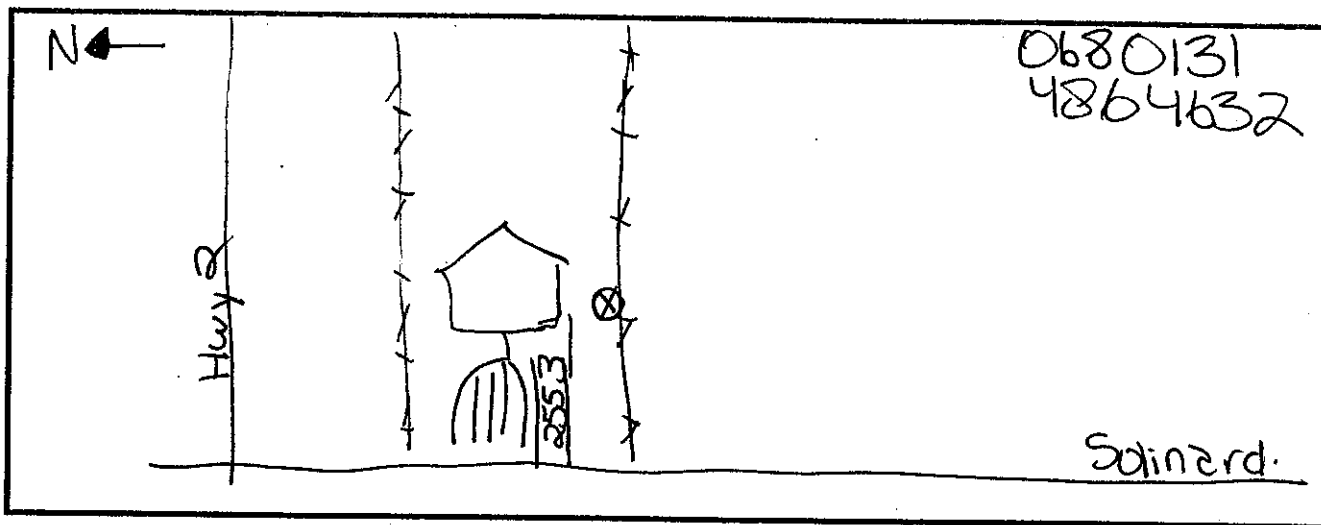
Does homeowner grant permission to obtain a water quality sample?

Yes X

No \_\_\_\_\_

Signature: Charles Elton

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



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

Well Condition:

Dug well, tile looked alright i hard to see due to ice + snow

Is there a depression around the well?

☐

Yes

☐

No

Photo Number:

hpic





# 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 #: 3071

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

## Owner of Well:

Name: Leno Mercieca Telephone (Bus.): 905 436-9765  
Address: 2539 Solina rd south (Home): ( ) 4  
Person Interviewed: Leno Residence: \_\_\_\_\_  
Date: Mar. 13/08 Time: 10:35 Interviewed By: AD, HRT  
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: 94 Township: Clarington  
GLL Map Sheet: (to be completed by GLL Staff) \_\_\_\_\_

## Well Construction Details:

Date Constructed: 35 yrs. Use: \_\_\_\_\_ Contractor: \_\_\_\_\_  
Type (drilled or dug): Dug Diameter: 28" Well Depth: 22 ft.  
Is well accessible for direct sampling? \_\_\_\_\_ or buried: \_\_\_\_\_  
Screen: Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, length: \_\_\_\_\_ m Depth of top of screen: \_\_\_\_\_ m

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

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

## Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence: \_\_\_\_\_ Pumping Capacity: 1/4 HP Age: 10 yrs  
How is your pump lubricated: \_\_\_\_\_  
Depth of Intake Setting: \_\_\_\_\_ m (Original) \_\_\_\_\_ m (Present) Pumping Rate: \_\_\_\_\_ L/s  
Storage Tank: Type: Pressure Tank Capacity: 3 10-15 GAL.  
Do you have a: Chlorinator: \_\_\_\_\_ Water Softener: X Water Filter: X Filter Type: U.V. light  
Water Use: Domestic: No: X Yes: \_\_\_\_\_ No. of persons using water from well: 1  
Livestock: No: X Yes: \_\_\_\_\_ No. of livestock watered from well: \_\_\_\_\_  
Lawn Watering: No: X Yes: \_\_\_\_\_ Other: Don't drink Amount: \_\_\_\_\_  
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) reg. equipment  
Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: 25m  
Well is: 1) Uphill: X 2) Downhill: \_\_\_\_\_ 3) Same Grade: \_\_\_\_\_



## Previous Problems:

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

8 yrs

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?

possible water shortages (warned from neighbours before building)

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

Jauey once a year

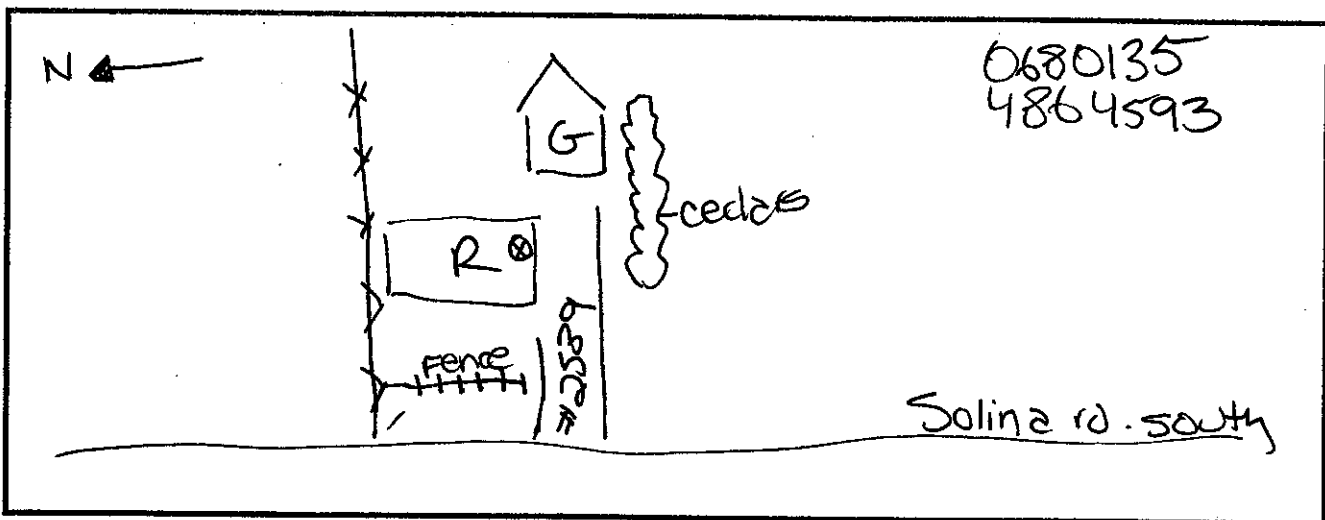
Does homeowner grant permission to obtain a water quality sample?

Yes ☒ No ☐

Signature:

One Merced

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



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

Well Condition:

well under his floor.

Is there a depression around the well?

☐ Yes ☐ No

couldn't tell

Photo Number:

N.I.



# 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 #: 3075

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

## Owner of Well:

Name: Bruce Bathams Telephone (Bus.): 905 436-2620  
Address: 2814 Solina rd. south, 2510 (Home): ( ) \_\_\_\_\_  
Person Interviewed: Bruce Residence: \_\_\_\_\_  
Date: Mar. 13/08 Time: 10:55 Interviewed By: AD, HA  
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: 25 Concession: 24 Township: Clarington  
GLL Map Sheet: (to be completed by GLL Staff) 24

## Well Construction Details: - 1st well was only 15ft - > would go dry.

Date Constructed: ~15 yrs old Use: \_\_\_\_\_ Contractor: \_\_\_\_\_  
Type (drilled or dug): Dug (2nd well) Diameter: 28" Well Depth: 28 ft  
Is well accessible for direct sampling? YES NO 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: 1/3 HP Age: 5 yrs old

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

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

Storage Tank: Type: Pressure Capacity: 15 GAL

Do you have a: Chlorinator: \_\_\_\_\_ Water Softener: \_\_\_\_\_ Water Filter: ✓ charcoal Filter Type: + 3 U.V. light

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: DO Drink Amount: \_\_\_\_\_

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

reg. equipment

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

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



## Previous Problems:

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

60 yrs

Have you ever experienced any previous problems with your well?

no 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:

old well would go dry so dug new one.

Does homeowner grant permission to obtain a water quality sample?

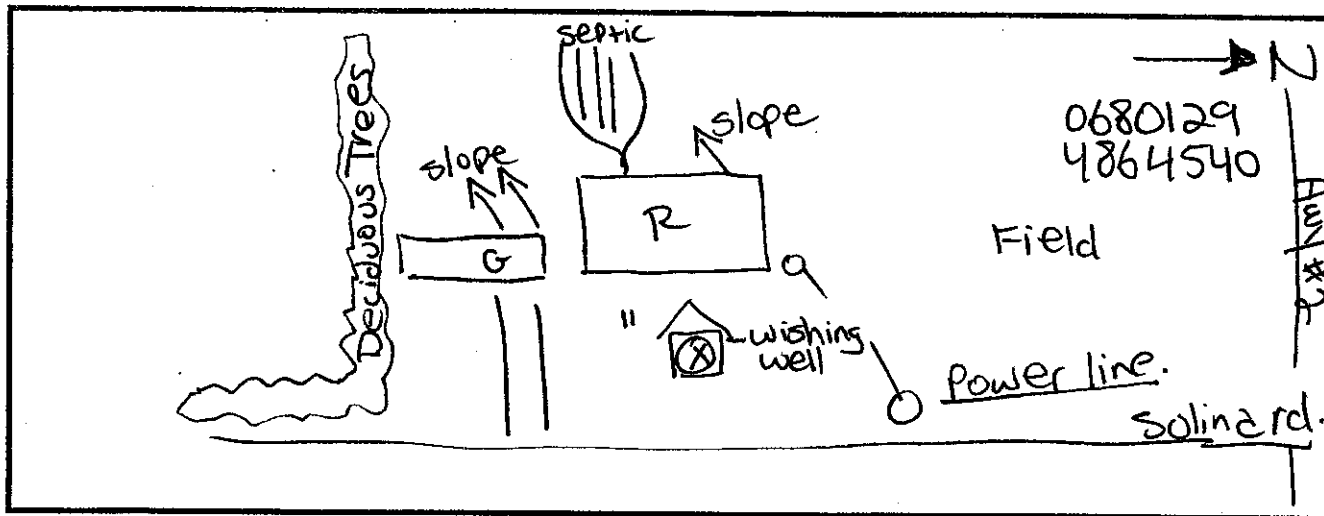
Yes

No

Signature:

B. Patterson

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



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

Well Condition:

At ground level inside wishing well  
Lid sealed

Is there a depression around the well?

☐

Yes

☐

No

too much snow

Photo Number:

2 pics





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

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

★ 3 wells.

## Owner of Well:

Name: Paul + Tammi Watson

Telephone (Bus.): 905 434-2286

Address: 2216 Soline rd.

(Home): ( )

Person Interviewed: Paul

Residence: Yes

Date: Mar. 13/08 Time: 1:15

Interviewed By: AD, HA

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: E4 Township: Clarington

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

## Well Construction Details:

Date Constructed: Drilled - 3 yrs Use: Dug wells = 1 quite old (30-40) 15 yrs Contractor: \_\_\_\_\_

Type (drilled or dug): 2 DUG 1 Drilled Diameter: DUG - 28" + 24" Drilled - 6" Well Depth: DUG 30ft Drilled 90-100ft

Is well accessible for direct sampling? \_\_\_\_\_ or buried: DUG 40-50ft (24")

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: shallow DUG or Positive-submergence: Drilled + other dug Pumping Capacity: shallow 3/4 HP Age: N/A

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

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

Pumping Rate: Drilled 3 G/min

Storage Tank: Type: Pressure Tank

Capacity: 110 GAL, 130 GAL

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: Bunkhouse 30 - Drilled well

Livestock: No: X Yes: \_\_\_\_\_ No. of livestock watered from well: House Dug - 3 1/2 people

Lawn Watering: No: X Yes: \_\_\_\_\_ Other: Drink Amount: \_\_\_\_\_

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

reg. equip

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

Distance to Well: 25m uphill

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

35m Drilled dug



## Previous Problems:

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

Have you ever experienced any previous problems with your well? water shortages

If so, when? when they bought home

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? drilled new wells

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

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

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

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

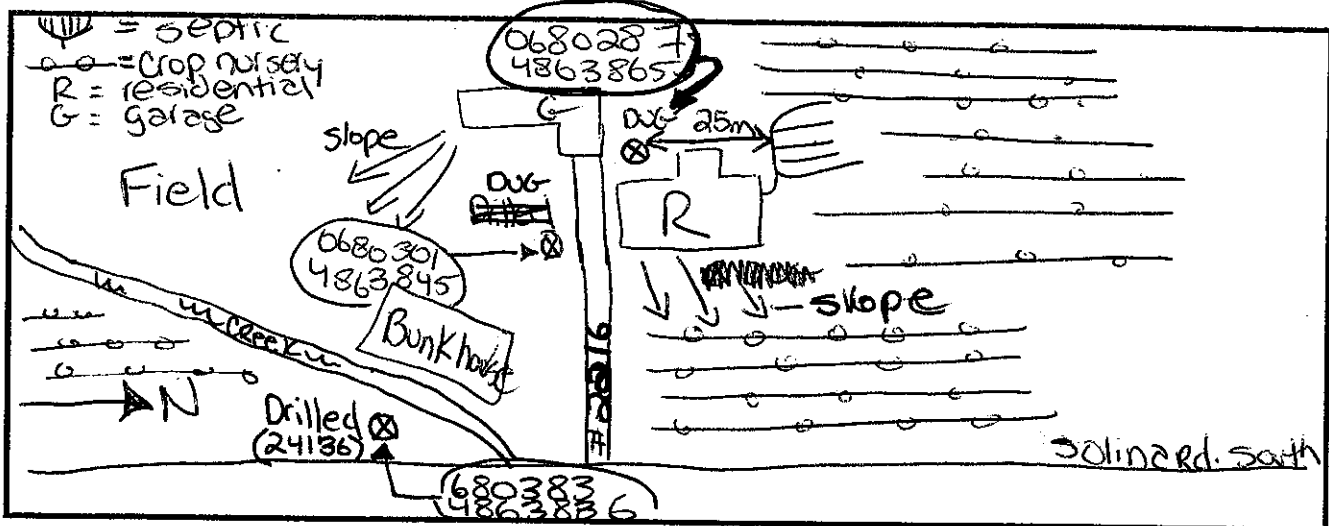
Does homeowner grant permission to obtain a water quality sample?

Yes ☒

No \_\_\_\_\_

Signature: [Signature]

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



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

Well Condition: tile good on dug well behind house  
drilled well cap tight & in good condition

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

couldn't tell due to snow cover

Photo Number:

4 photos - shallow Dug  
2 photos - Drilled  
2 photos - 24" Dug



# 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 #: 3085

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

## Owner of Well:

Name: William + Noreen Patterson

Telephone (Bus.): 905 436-2149

Address: 1909 Bloor St

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

Person Interviewed: Noreen

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

Date: Mar. 13/08 Time: 2:00

Interviewed By: AP, H/A

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: Clarington

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

## Well Construction Details:

Date Constructed: before 1862

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

Contractor: N/A

Type (drilled or dug): DUG

Diameter: 28"

Well Depth: 30ft

Is well accessible for direct sampling? \_\_\_\_\_

or buried: \_\_\_\_\_

Screen: Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, length: \_\_\_\_\_ m

Depth of top of screen: \_\_\_\_\_ m

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

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

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

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

## Pumping Equipment:

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

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

Age: ~5 yrs.

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

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

\_\_\_\_\_ m (Present)

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

40 pounds pressure

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: Don't drink

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

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

reg. equip

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

Type (septic tank, etc.): septic

Distance to Well: 20m

Well is:

1) Uphill ☒

2) Downhill: \_\_\_\_\_

3) Same Grade \_\_\_\_\_



## Previous Problems:

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

42 yrs.

Have you ever experienced any previous problems with your well?

late fall 2007 water shortages

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?

brought water in 4X.

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?

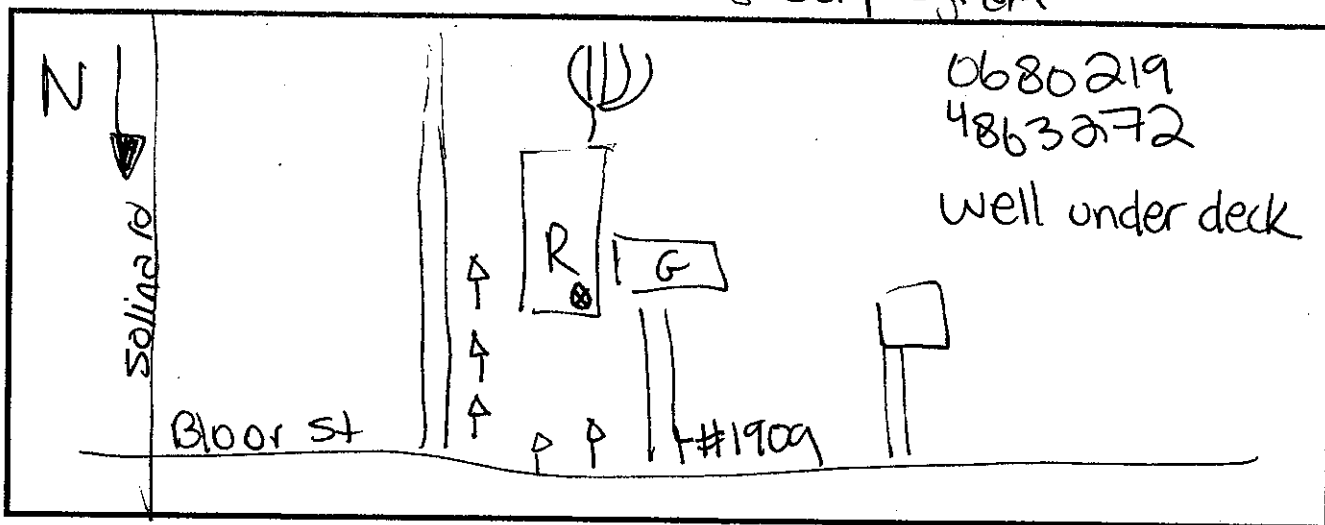
Yes ☐

No ☒

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

ONLY Because they are taking house otherwise she thought it was good program

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

under decking

Is there a depression around the well?



Yes



No

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

Well #:	3086
MOE #:	

## Owner of Well:

Name: Trustees of Ebenezer United Church Telephone (Bus.): (905) 434-2321  
Address: 901 Bloom St + Maple Grove U.C. (Home):  
Person Interviewed: Rev. Mary-Jane Hobden Residence: Yes.  
Date: Mar. 13/08 Time: 2:20 Interviewed By: AD, HA.  
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: 54 Township: Clarington  
GLL Map Sheet: (to be completed by GLL Staff)

## Well Construction Details:

Date Constructed: 1988 Use: Contractor:  
Type (drilled or dug): Dug (?) Diameter: 6" Well Depth:  
Is well accessible for direct sampling? Drilled 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: 1988  
How is your pump lubricated:  
Depth of Intake Setting: m (Original) m (Present) Pumping Rate: L/s  
Storage Tank: Type: Bladder pump Capacity: 1yr old.  
Do you have a: Chlorinator: Water Softener: X Water Filter: Filter Type:  
Water Use: Domestic: No: Yes: X No. of persons using water from well: 1  
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.) reg. equip.  
Private Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well: 30  
Well is: 1) Uphill 2) Downhill: 3) Same Grade: X  
(50613-20/wws/F-08)



## Previous Problems:

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

8 1/2 yrs

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:

Does homeowner grant permission to obtain a water quality sample?

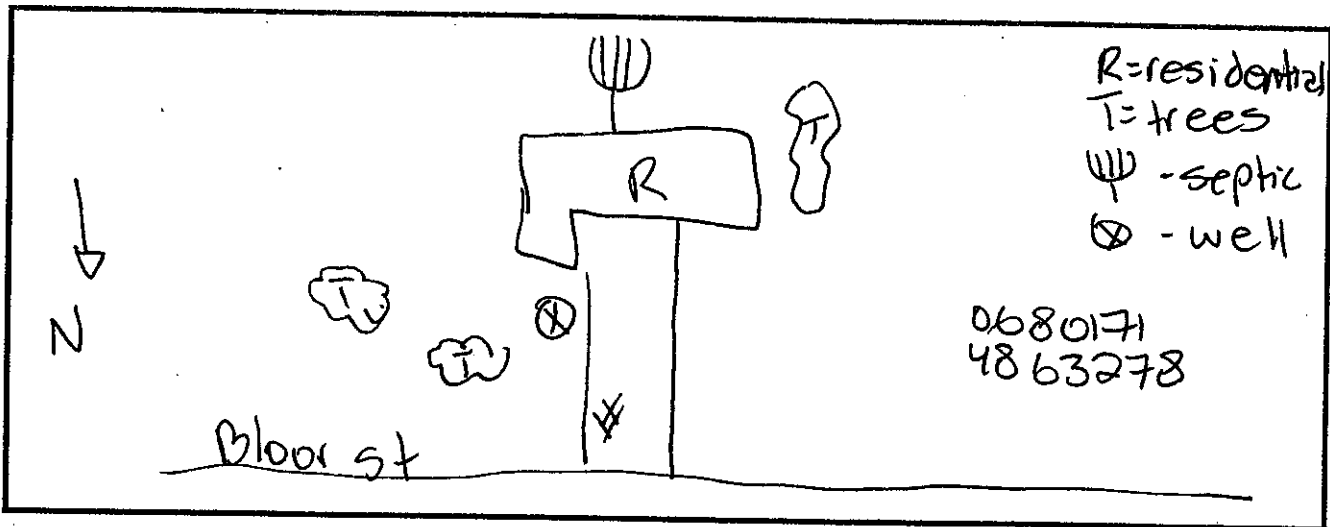
Yes

No

Signature:

Mary Jane Hobbs

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



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

Well Condition:

1 ft above ground, lid on tight

Is there a depression around the well?

☐ Yes

☐ No

too much snow  
to determine

Photo Number:

2 pics



# 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 #:	8088
MOE #:	

## Owner of Well:

Name: Lou Casha Telephone (Bus.): 905 435-4900  
Address: 1895 Bloor St. (Home): ( )  
Person Interviewed: Lou Residence: Yes  
Date: Mar. 13/08 Time: 2:35 Interviewed By: AD, MA.  
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: E4 Township: Clarington  
GLL Map Sheet: (to be completed by GLL Staff)

## Well Construction Details:

Date Constructed: ~ 1960's Use: — Contractor: —  
Type (drilled or dug): Dug Diameter: 28" Well Depth: 38ft  
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: 1/2 HP (?) Age: 1 yr.  
How is your pump lubricated: —

Depth of Intake Setting: — m (Original) — m (Present) Pumping Rate: — L/s  
Storage Tank: Type: Pressure Tank Capacity: 10-20 GAL  
Do you have a: Chlorinator: — Water Softener: ✓ Water Filter: — Filter Type: —  
Water Use: Domestic: No: — Yes: X No. of persons using water from well: One  
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.) reg. equip.

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



## Previous Problems:

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

1999.

Have you ever experienced any previous problems with your well?

contamination - high Bact.

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?

Shocked + flushed

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:

Javex periodically

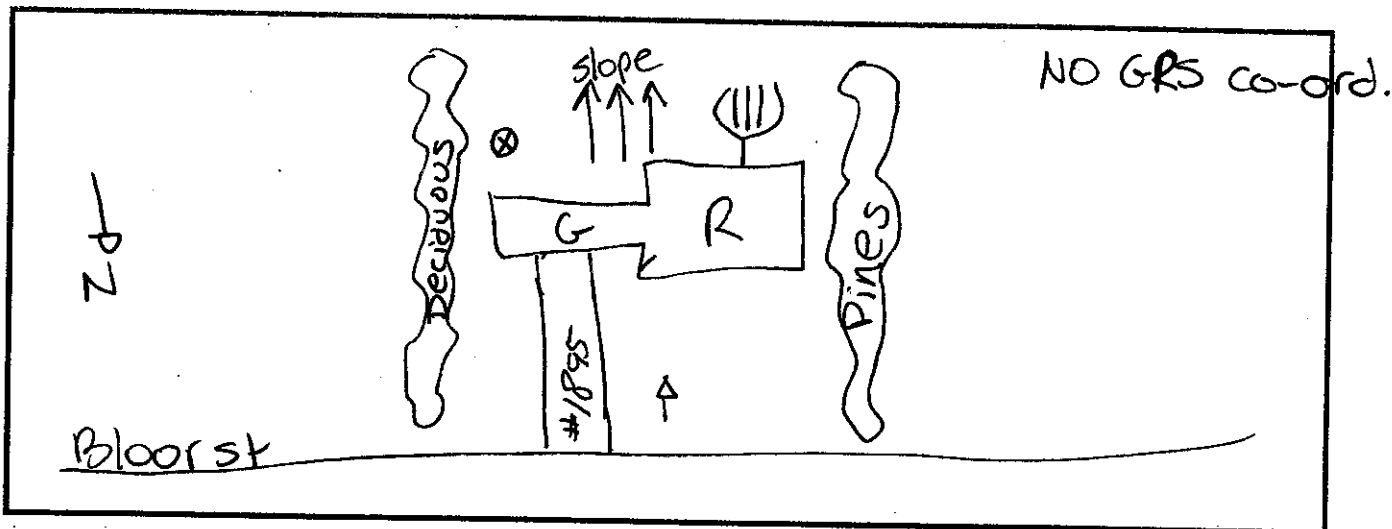
Does homeowner grant permission to obtain a water quality sample?

Yes ☒

No ☐

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

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

could not find under snow

Is there a depression around the well?



Yes



No

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

Well #: 3090

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

## Owner of Well:

Name: Edward Oegema Telephone (Bus.): 905 435-1170  
Address: ~~1869~~ Solina rd. South (1869) (Home): 866 899-1072  
Person Interviewed: Edward Residence: \_\_\_\_\_  
Date: Mar. 13/08 Time: \_\_\_\_\_ Interviewed By: AP, HA  
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: 26 Concession: 1 Township: Clarington  
GLL Map Sheet: (to be completed by GLL Staff) East 4

## Well Construction Details:

Date Constructed: ~1950 Use: \_\_\_\_\_ Contractor: \_\_\_\_\_  
Type (drilled or dug): Dug Diameter: 28" Well Depth: 15 ft  
Is well accessible for direct sampling? \_\_\_\_\_ or buried: \_\_\_\_\_  
Screen: Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, length: \_\_\_\_\_ m Depth of top of screen: \_\_\_\_\_ m

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

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

## Subsequent Water Level Measurements

(give depths in m and dates)

## Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence \_\_\_\_\_ Pumping Capacity: 1/2 HP Age: N/A

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

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

Storage Tank: Type: Pressure Bladder Pump Capacity: 10 GAL

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: 5

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

Lawn Watering: No: ☒ Yes: \_\_\_\_\_ Other: Drink Amount: \_\_\_\_\_

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

reg. equip., pool filled by truck

Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: 45m

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



## Previous Problems:

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

July 2007

Have you ever experienced any previous problems with your well?

Shortage in Aug. (filled pool)

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:

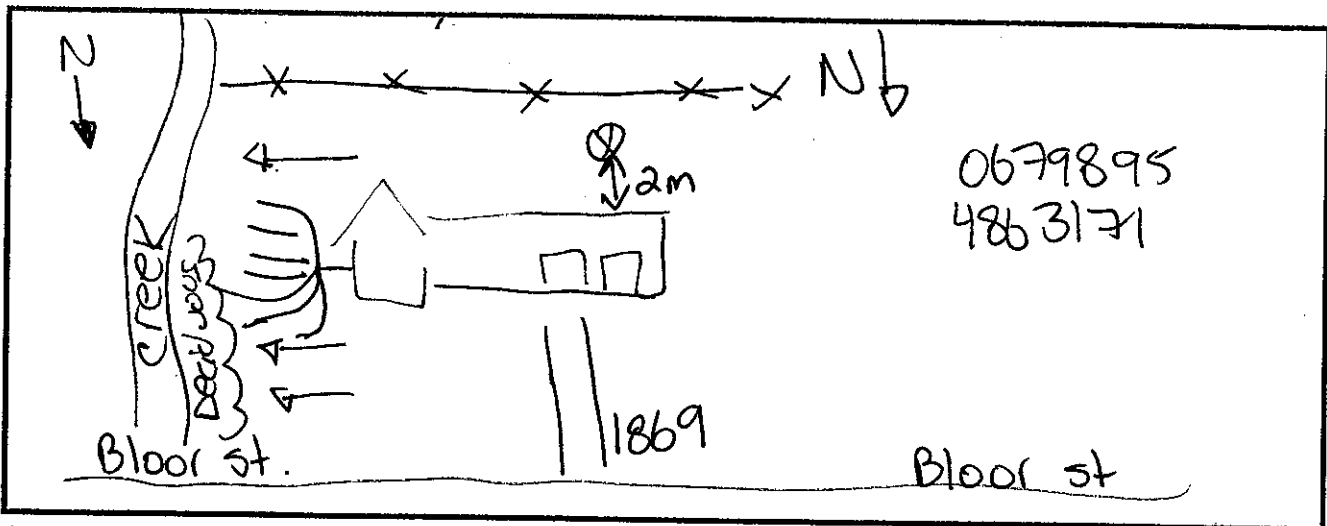
Does homeowner grant permission to obtain a water quality sample?

Yes ☒

No ☐

Signature: Ed Oegema

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



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

Well Condition:

Too much snow

Is there a depression around the well?

☐

Yes

☐

No

Photo Number:

✓



# Water Well Survey

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

Well #:

MOE #:

## Owner of Well:

Name: Stasyszyn Telephone (Bus.): 905 404-9580  
Address: 1863 Bloor St (Home): 4  
Person Interviewed: Mr. Stasyszyn Residence:   
Date: Mar. 13/08 Time: 3:10 Interviewed By: AD, HA  
Name of Original Well Owner: (if different from above) N/A

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

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

## Well Location:

Lot:  Concession: 24 Township: Clarington  
GLL Map Sheet: (to be completed by GLL Staff)

## Well Construction Details:

Date Constructed: ~25 yrs Use:  Contractor:   
Type (drilled or dug): Dug Diameter: 28" Well Depth: 18 ft.  
Is well accessible for direct sampling?  or buried:   
Screen: Yes  No  If Yes, length:  m Depth of top of screen:  m

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

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

## Pumping Equipment:

Pump Type: Suction-lift: ✓ or Positive-submergence  Pumping Capacity: 1/2 HP Age: 10 yrs.  
How is your pump lubricated:

Depth of Intake Setting:  m (Original)  m (Present) Pumping Rate:  L/s  
Storage Tank: Type: Pressure T Capacity: 20 gal  
Do you have a: Chlorinator: X Water Softener: X Water Filter: X Filter Type: X  
Water Use: Domestic: No: X Yes: X No. of persons using water from well: 4  
Livestock: No: X Yes:  No. of livestock watered from well:   
Lawn Watering: No: X Yes:  Other: Drink Amount:

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

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

## Previous Problems:

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

15 yrs

Have you ever experienced any previous problems with your well?

water cloudy due to test holes

If so, when?

across st.

HIGH Bact.

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)

What action was taken to overcome this problem?

Javex for high Bact.

What were the effects of this problem?

Cloudy water test holes, went away after Jave

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:

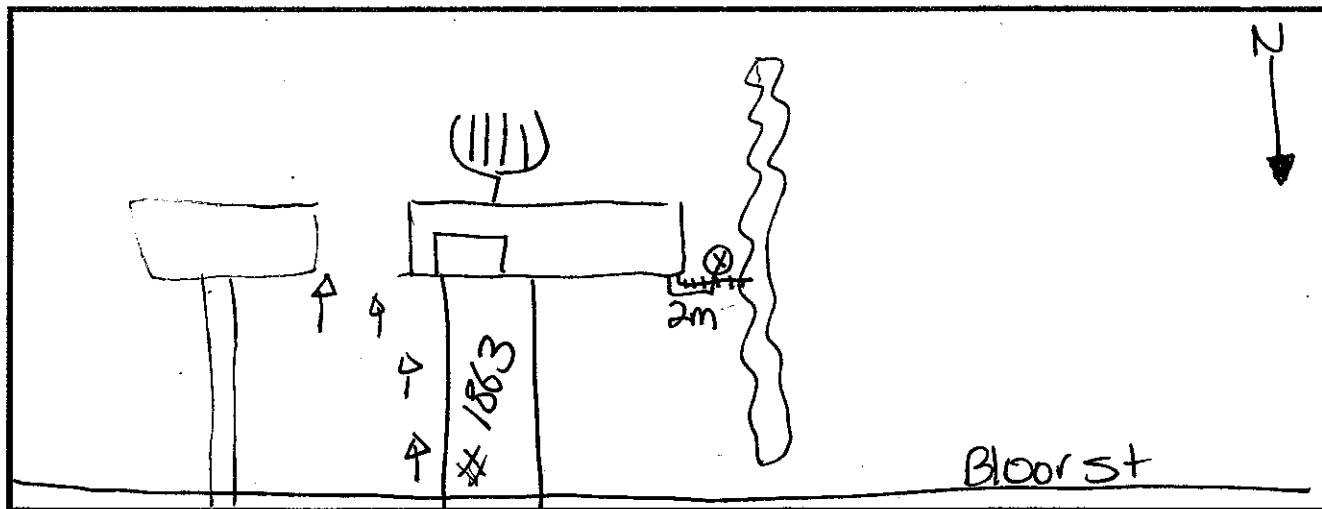
Does homeowner grant permission to obtain a water quality sample?

Yes ✓

No \_\_\_\_\_

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

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

well 1 1/2 ft above ground

Is there a depression around the well?

☐


Yes


☐

No

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

Well #: 3097  
~~3078~~

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

## Owner of Well:

Name: Theresa March (Ron) Telephone (Bus.): 905 436-2168

Address: ~~3497 Selina rd~~ 1787 Bloor St. (Home): ( )

Person Interviewed: Theresa Residence: Yes

Date: Mar. 13/08 Time: 3:55 Interviewed By: AD, HIA

Name of Original Well Owner: (if different from above) N/A.

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

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

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

## Well Location:

Lot: \_\_\_\_\_ Concession: E4 Township: Charington

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

## Well Construction Details:

Date Constructed: ~60 yrs old Use: \_\_\_\_\_ Contractor: \_\_\_\_\_

Type (drilled or dug): Dug Diameter: 28" Well Depth: ~15 ft

Is well accessible for direct sampling? \_\_\_\_\_ or buried: \_\_\_\_\_

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

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

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

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

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

## Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence \_\_\_\_\_ Pumping Capacity: \_\_\_\_\_ Age: <5 yrs.

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

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

Storage Tank: Type: Pressure Capacity: 30+ 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: Drink Amount: \_\_\_\_\_

Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) reg. equip. - HOT TUB

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

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

## Previous Problems:

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

~ 25 yrs

Have you ever experienced any previous problems with your well?

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:

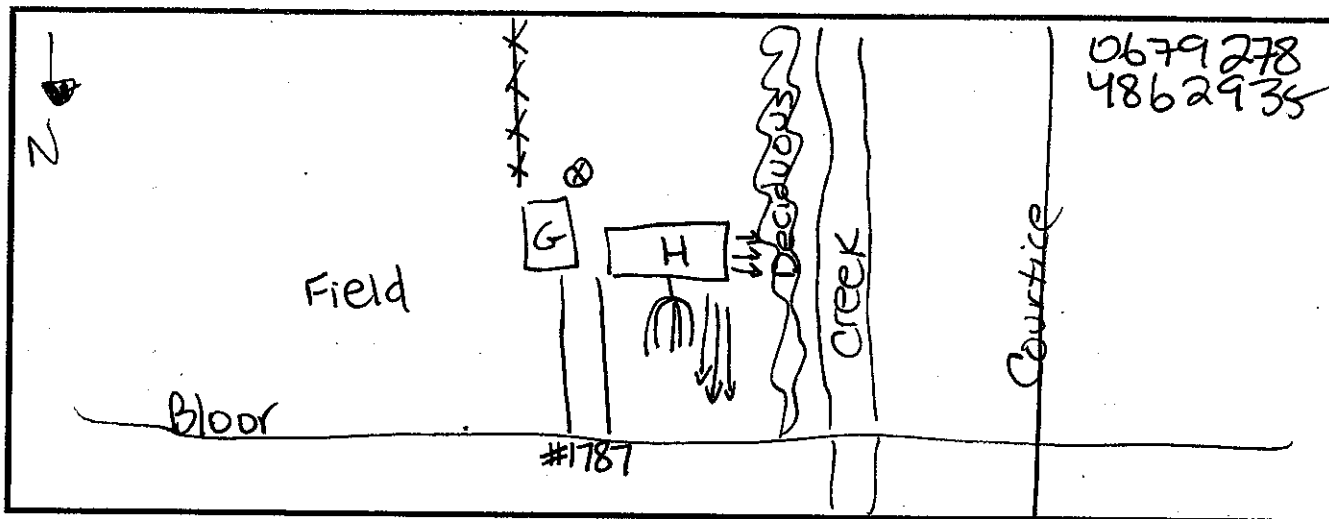
Does homeowner grant permission to obtain a water quality sample?

Yes ☒

No ☐

Signature: Jurisa March

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



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

Well Condition:

Couldn't see well due to snow

Is there a depression around the well?

☐

Yes

☐

No

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

Well #: 4

MOE #: 3099

## Owner of Well:

Name: BS Church Telephone (Bus.): ( )

Address: 1355 Solina Rd (Home): 905-260-1890

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

Date: March 14-08 Time: 920am Interviewed By: AD, BM

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

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

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

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

## Well Location:

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

GLL Map Sheet: (to be completed by GLL Staff) 1355 Solina Rd E5

## Well Construction Details:

Date Constructed: 2005 Use: Home Contractor: /

Type (drilled or dug): Drilled Diameter: 6" Well Depth: 165'

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 IN Basement / on well or Positive-submergence \_\_\_\_\_ Pumping Capacity: \_\_\_\_\_ Age: 3

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

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

Storage Tank: Type: \_\_\_\_\_ Capacity: 30-40 GAL

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

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

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.) HOUSEHOLD USE

Private Waste and Water Disposal: Type (septic tank, etc.): SEPTIC Distance to Well: 60+m

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

## Previous Problems:

How long have you owned, operated or lived on this property? 3 years

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

If so, when? /

What was the cause of the previous problem?

Drought: /

Pump Failure: /

Plugging: /

Increased Usage: /

Interference: /

Contamination: /

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

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

What action was taken to overcome this problem? /

What were the effects of this problem? /

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

If so, why? /

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

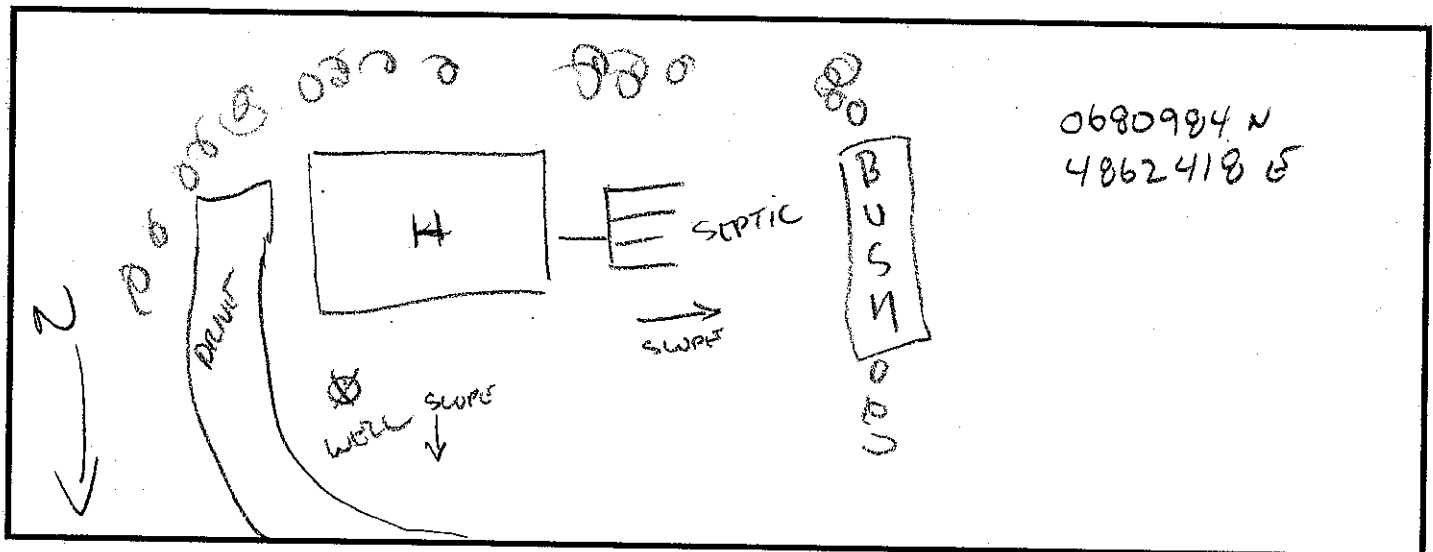
Does homeowner grant permission to obtain a water quality sample?

Yes ☒

No ☐

Signature: R. G. Church

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



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

Well Condition: no pic due to snow

Is there a depression around the well? ☐ Yes

☒ No

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

Well #: 3100

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

## Owner of Well:

Name: JOHN WELCHER Telephone (Bus.): ( ) \_\_\_\_\_  
Address: 1299 Solina Rd. (Home): (905) 431-5293  
Person Interviewed: JOHN Residence: \_\_\_\_\_  
Date: MARCH 14-08 Time: 9:40 AM Interviewed By: AD, BM  
Name of Original Well Owner: (if different from above) \_\_\_\_\_

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

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

## Well Location:

Lot: \_\_\_\_\_ Concession: \_\_\_\_\_ Township: Clarington  
GLL Map Sheet: (to be completed by GLL Staff) 1299 SOLINA RD - E4/E5

## Well Construction Details:

Date Constructed: 1973 Use: HOME Contractor: /  
Type (drilled or dug): DUG Diameter: 30" 28" Well Depth: 70'  
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: 1/2 HP Age: 3 yrs  
How is your pump lubricated: \_\_\_\_\_  
Depth of Intake Setting: \_\_\_\_\_ m (Original) \_\_\_\_\_ m (Present) Pumping Rate: \_\_\_\_\_ L/s  
Storage Tank: Type: \_\_\_\_\_ 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: \_\_\_\_\_  
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, HOT TUB, HOUSEHOLD  
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? 14 yrs

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

If so, when? /

What was the cause of the previous problem?

Drought: /

Pump Failure: /

Plugging: /

Increased Usage: /

Interference: /

Contamination: /

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

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

What action was taken to overcome this problem? /

What were the effects of this problem? /

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

If so, why? /

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

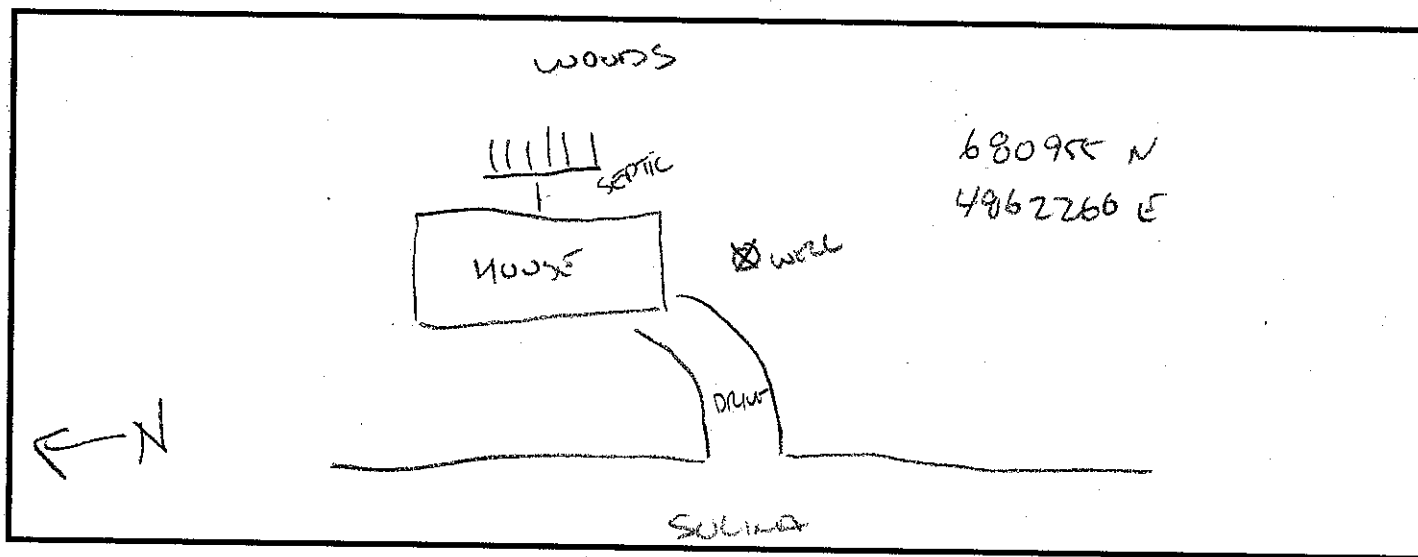
Does homeowner grant permission to obtain a water quality sample?

Yes

No ☒

Signature: [Signature]

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



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

Well Condition: too much snow to determine

Is there a depression around the well?



Yes



No

Photo Number: 1pic.

# 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 #: 3103

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

## Owner of Well:

Name: Mr. Lowans Telephone (Bus.): ( ) \_\_\_\_\_  
Address: 1184 Solina Rd (Home): (905) 434-5672  
Person Interviewed: Mr. Lowans Residence: \_\_\_\_\_  
Date: March 14/08 Time: 10:15 AM Interviewed By: AD, Bm  
Name of Original Well Owner: (if different from above) \_\_\_\_\_

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

Name: \_\_\_\_\_ (Bus.): ( ) \_\_\_\_\_  
Address: \_\_\_\_\_ (Home): ( ) \_\_\_\_\_  
In order

## Well Location:

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

Clarington  
E4/E5

## Well Construction Details: 50m

Date Constructed: 1958 Use: Home Contractor: \_\_\_\_\_  
Type (drilled or dug): DUG Diameter: 36" 28" Well Depth: 34'  
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: 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.) HOUSEHOLD  
Private Waste and Water Disposal: Type (septic tank, etc.): SEPTIC Distance to Well: 60+ m  
Well is: 1) Uphill ✓ 2) Downhill: \_\_\_\_\_ 3) Same Grade: \_\_\_\_\_

## Previous Problems:

3 trucks

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

15 years

Have you ever experienced any previous problems with your well?

yes

If so, when?

2007 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)

What action was taken to overcome this problem?

3 TRUCKS OF WATER BROUGHT IN

What were the effects of this problem?

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

If so, why?

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

Does homeowner grant permission to obtain a water quality sample?

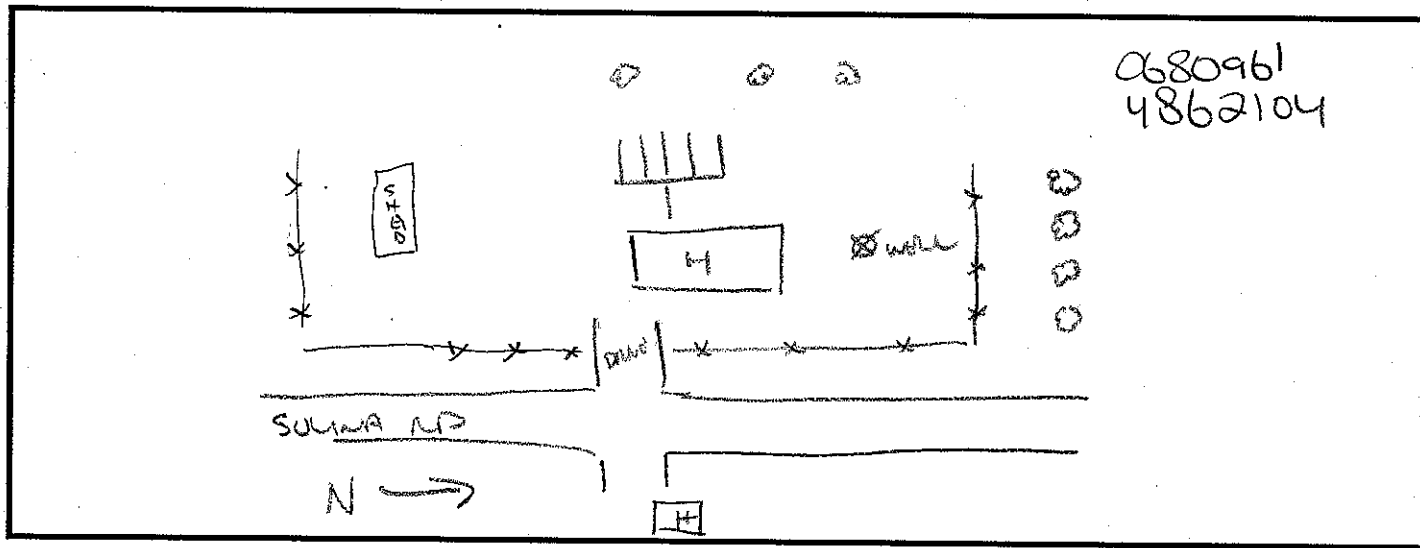
Yes

No

Signature:

*[Signature]*

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



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

Well Condition:

Too much snow to see

Is there a depression around the well?



Yes



No

Photo Number:

1

# 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 #: 3107

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

## Owner of Well:

Name: JANE BENNION Telephone (Bus.): (\_\_\_\_) \_\_\_\_\_  
Address: 2350 RUNDLE RD (Home): (95) 697-1704  
Person Interviewed: JANE BENNION Residence: \_\_\_\_\_  
Date: MARCH 14-08 Time: 1130 AM Interviewed By: BM, 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: Clarington  
GLL Map Sheet: (to be completed by GLL Staff) E4/E5

## Well Construction Details:

Date Constructed: ? Use: Home Contractor: \_\_\_\_\_  
Type (drilled or dug): DUG Diameter: 36" 28" Well Depth: 25-30'  
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: 34 L/min Age: ?

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: \_\_\_\_\_

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

Livestock: No: ✓ Yes: ✓ No. of livestock watered from well: 2 HUNGS

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

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

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? 14yr

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

If so, when? Summer 2007

What was the cause of the previous problem?

Drought: ☒

Pump Failure: ☐

Plugging: ☐

Increased Usage: ☐

Interference: ☐

Contamination: ☐

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

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

What action was taken to overcome this problem?

BOUGHT WATER, 1100 GAL STORAGE TANK

What were the effects of this problem?

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

If so, why?

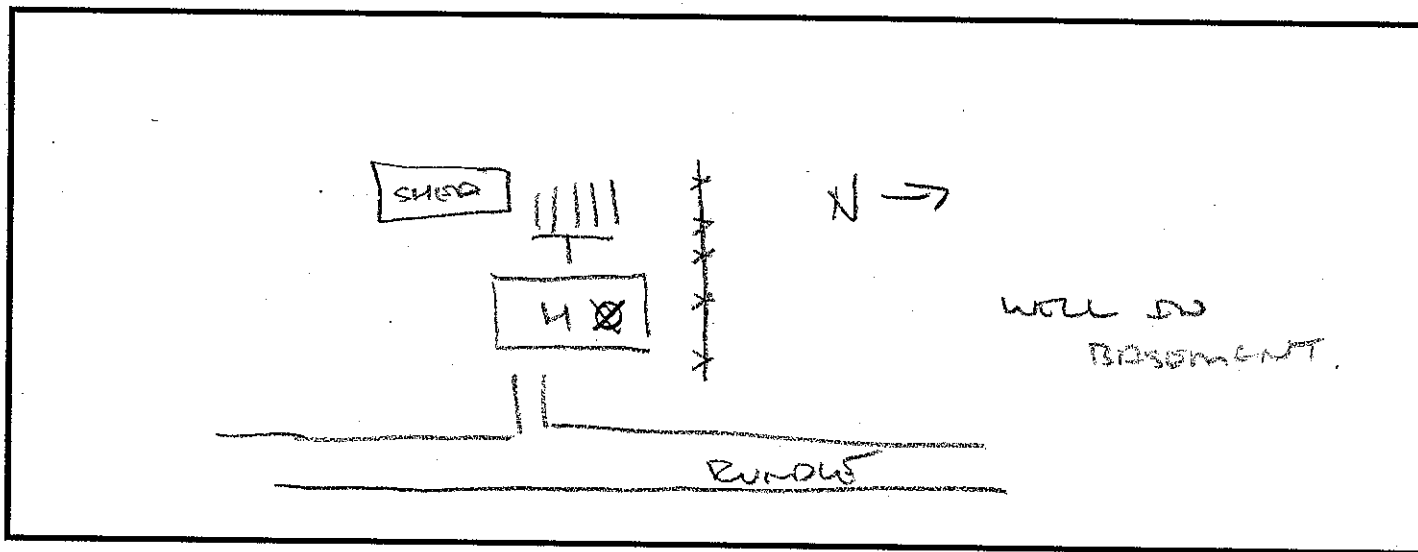
Outline briefly any previous repairs or changes in pumping equipment, and dates:

Does homeowner grant permission to obtain a water quality sample?

Yes ☒ No ☐

Signature: J.B. Benson

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



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

Well Condition:

in basement

Is there a depression around the well?



Yes



No

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

Well #: 3115  
MOE #: \_\_\_\_\_

## Owner of Well:

Name: PAUL GREENLY Telephone (Bus.): (\_\_\_\_) \_\_\_\_\_  
Address: 2400 RUNOLE RD (Home): (\_\_\_\_) \_\_\_\_\_  
Person Interviewed: \_\_\_\_\_ Residence: \_\_\_\_\_  
Date: MARCH 14-08 Time: 12:10 PM Interviewed By: AD, BM  
Name of Original Well Owner: (if different from above) \_\_\_\_\_

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

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

## Well Location:

Lot: \_\_\_\_\_ Concession: E4/E5 Township: Clarington  
GLL Map Sheet: (to be completed by GLL Staff) \_\_\_\_\_

## Well Construction Details:

Date Constructed: 1952 Use: Home Contractor: \_\_\_\_\_  
Type (drilled or dug): DUG Diameter: 36" 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  
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: ROV am  
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.) HOUSEHOLD

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

LINE 1 BACTERIA CUSTOMER 2  
LINE 2

## 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? YES

If so, when? ON GOING

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? LIME, HIGH BACTERIA

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

What action was taken to overcome this problem? FILTERS, CLEANERS

What were the effects of this problem? /

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

If so, why? LINED TWICE, CLEANED TWICE

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

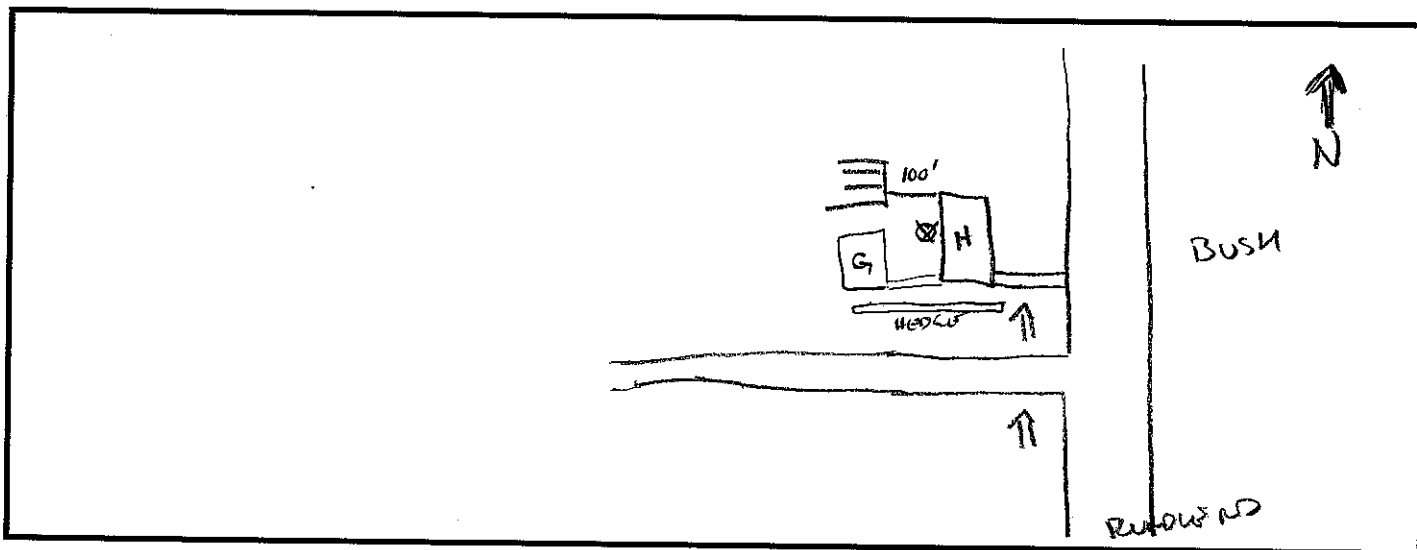
Does homeowner grant permission to obtain a water quality sample?

Yes

No

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

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



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


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


was in a hurry + didn't give permission

Is there a depression around the well? ☐ Yes ☐ No N/A

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

Well #: 3120

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

## Owner of Well:

Name: RON JOHNSON Telephone (Bus.): ( ) \_\_\_\_\_  
Address: 2454 RUNDLE RD (Home): (905) 623-5530  
Person Interviewed: MS. JOHNSON Residence: \_\_\_\_\_  
Date: MARCH 14-08 Time: 1240 AM Interviewed By: AD, BM  
Name of Original Well Owner: (if different from above) \_\_\_\_\_

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

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

## Well Location:

Lot: \_\_\_\_\_ Concession: E4/E5 Township: Clarington  
GLL Map Sheet: (to be completed by GLL Staff) \_\_\_\_\_

## Well Construction Details:

Date Constructed: 1950's Use: \_\_\_\_\_ Contractor: \_\_\_\_\_  
Type (drilled or dug): DUG Diameter: 36" 28" Well Depth: 8'  
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: 14yr  
How is your pump lubricated: \_\_\_\_\_  
Depth of Intake Setting: \_\_\_\_\_ m (Original) \_\_\_\_\_ m (Present) Pumping Rate: \_\_\_\_\_ L/s  
Storage Tank: Type: Pressure Capacity: \_\_\_\_\_  
Do you have a: Chlorinator: \_\_\_\_\_ Water Softener: \_\_\_\_\_ Water Filter: \_\_\_\_\_ Filter Type: \_\_\_\_\_  
Water Use: Domestic: No: \_\_\_\_\_ Yes: ✓ No. of persons using water from well: \_\_\_\_\_  
Livestock: No: ✓ Yes: \_\_\_\_\_ No. of livestock watered from well: \_\_\_\_\_  
Lawn Watering: No: ✓ Yes: \_\_\_\_\_ Other: \_\_\_\_\_ Amount: \_\_\_\_\_  
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) HOUSEHOLD  
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 yr

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

If so, when? 15 yrs - during HWY expansion

What was the cause of the previous problem?

Drought: ☒

Pump Failure: ☐

Plugging: ☐

Increased Usage ☐

Interference: ☐

Contamination: ☐

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

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

What action was taken to overcome this problem?

What were the effects of this problem?

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

If so, why?

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

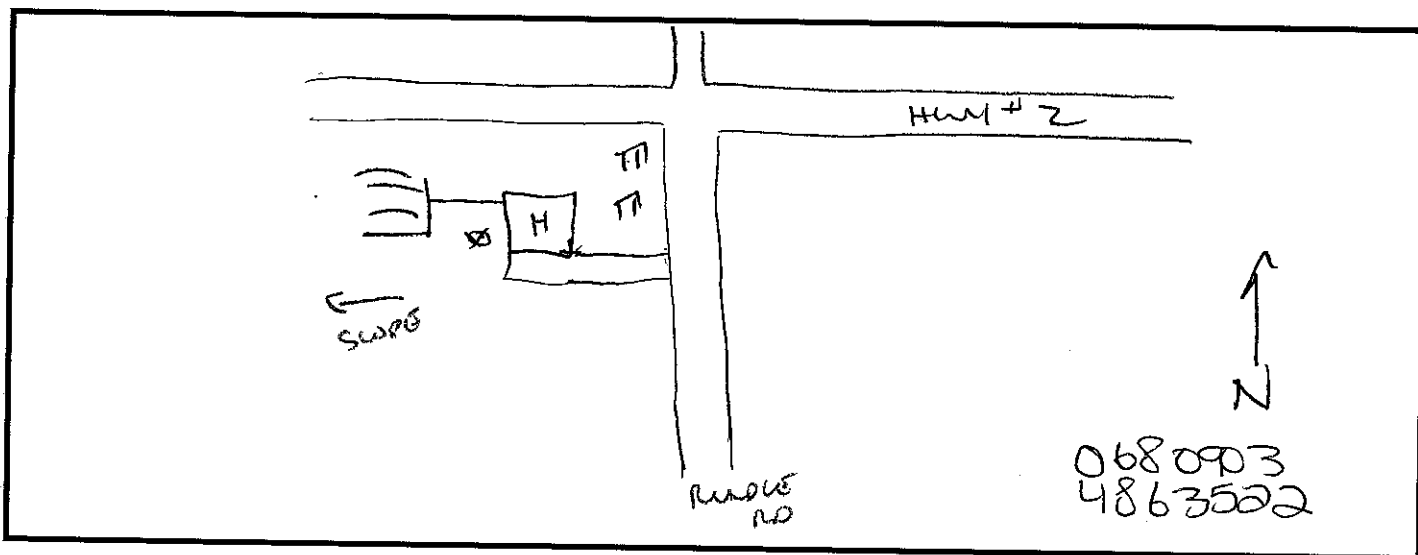
Does homeowner grant permission to obtain a water quality sample?

Yes ☒

No ☐

Signature: [Signature]

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



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

Well Condition:

well inside plastic housing

Is there a depression around the well?



Yes



No

Photo Number:

1pic

# 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 #:	3121
MOE #:	

## Owner of Well:

Name: NOT GIVEN Telephone (Bus.): ( ) Private man - come back.  
Address: 2462 RUNDS ROAD (Home): ( ) NOT GIVEN  
Person Interviewed: \_\_\_\_\_ Residence: \_\_\_\_\_  
Date: MARCH 14-08 Time: 1255 PM Interviewed By: AD, BM  
Name of Original Well Owner: (if different from above) \_\_\_\_\_

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

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

## Well Location:

Lot: \_\_\_\_\_ Concession: E4/E5 Township: Clarington  
GLL Map Sheet: (to be completed by GLL Staff) \_\_\_\_\_

## Well Construction Details:

Date Constructed: ? Use: \_\_\_\_\_ Contractor: \_\_\_\_\_  
Type (drilled or dug): DUG Diameter: 36" 28" 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: OUT BACK 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: ?  
Do you have a: Chlorinator: \_\_\_\_\_ Water Softener: \_\_\_\_\_ Water Filter: ☒ ONTAP Filter Type: \_\_\_\_\_  
Water Use: Domestic: No: \_\_\_\_\_ Yes: ☒ No. of persons using water from well: \_\_\_\_\_  
Livestock: No: ☒ Yes: \_\_\_\_\_ No. of livestock watered from well: \_\_\_\_\_  
Lawn Watering: No: ☒ Yes: \_\_\_\_\_ Other: \_\_\_\_\_ Amount: \_\_\_\_\_  
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) HOUSEHOLD  
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?

2 yrs

Have you ever experienced any previous problems with your well?

NO

If so, when?

What was the cause of the previous problem?

Drought:

Pump Failure:

Plugging:

Increased Usage

Interference:

Contamination:

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

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

What action was taken to overcome this problem?

What were the effects of this problem?

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

If so, why?

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

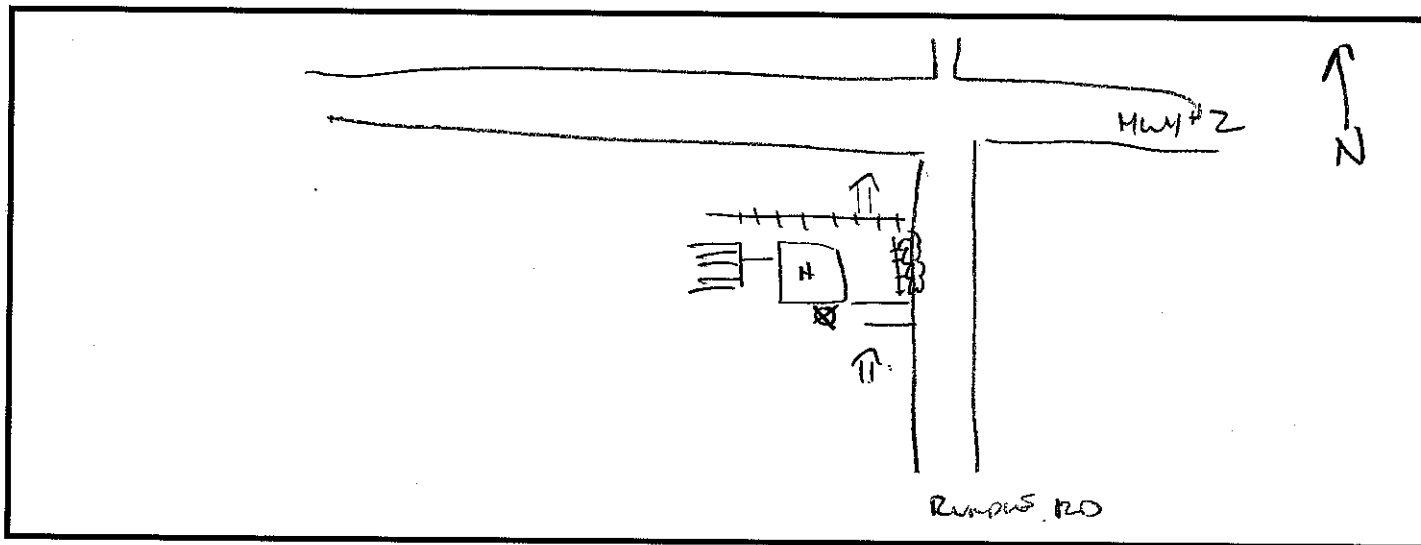
Does homeowner grant permission to obtain a water quality sample?

Yes

No

Signature:

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



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

Well Condition:

well 2 ft. high. He had salt bags +  
sack on top of well. Lid not sealed.

Is there a depression around the well?

☐

Yes

☒


No

Photo Number:

He didn't approve.

# 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 #: 3126

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

## Owner of Well:

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

Address: 2894 HANCOCK RD (Home): (905) 436-2399

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

Date: MARCH 14-86 Time: 2:00 PM Interviewed By: AD, BM

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

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

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

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

## Well Location:

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

GLL Map Sheet: (to be completed by GLL Staff) E4/E5

## Well Construction Details:

Date Constructed: 1950 Use: HOUSE Contractor: \_\_\_\_\_

Type (drilled or dug): DUG Diameter: 36" 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

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

## Pumping Equipment:

Pump Type: Suction-lift: X or Positive-submergence BASINMENT Pumping Capacity: 1 HP Age: 25+ yrs (1985)

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

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

Storage Tank: Type: PRESSURE Capacity: 20 GAL

Do you have a: Chlorinator: N Water Softener: N Water Filter: N 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.) HOUSEHOLD

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

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

## Previous Problems:

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

1997

Have you ever experienced any previous problems with your well?

run out of water

If so, when?

2007 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)

What action was taken to overcome this problem?

Buy water

What were the effects of this problem?

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

If so, why?

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

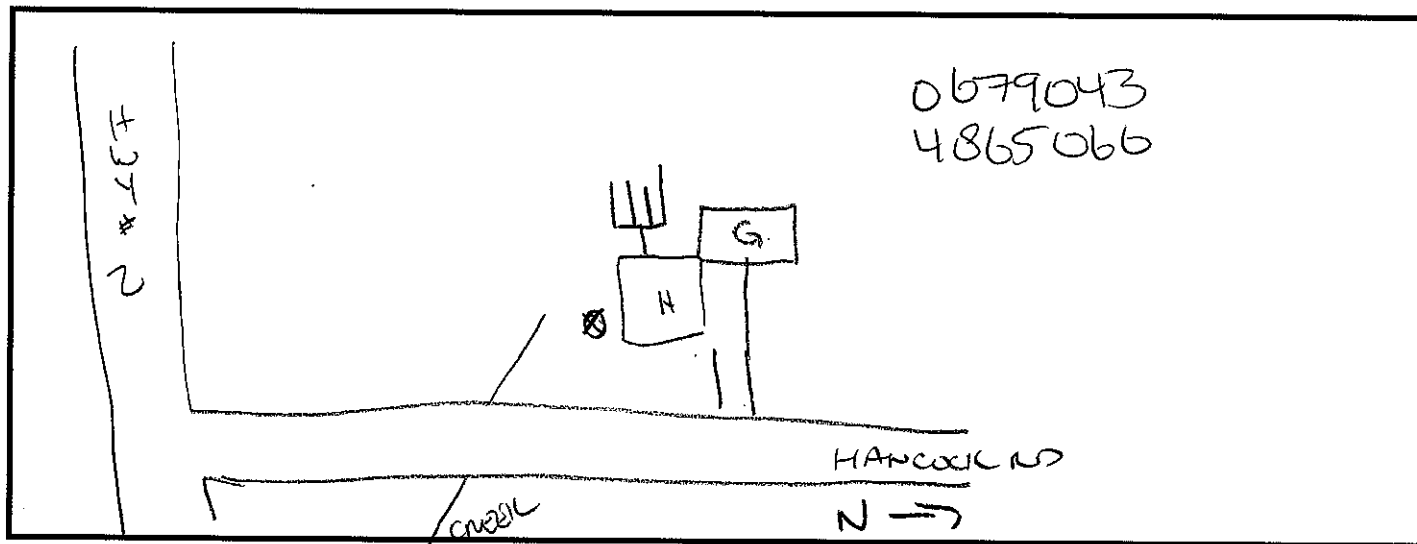
Does homeowner grant permission to obtain a water quality sample?

Yes ☒

No ☐

Signature: 

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



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

Well Condition:

Hard to see due to snow

Is there a depression around the well?

☐

Yes

☒

No

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

Well #: 3127

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

## Owner of Well:

Name: KAYLA QUINN Telephone (Bus.): ( ) \_\_\_\_\_  
Address: 2917 HANCOCK RD (Home): (905) 432-2026  
Person Interviewed: Kayla (daughter) Residence: \_\_\_\_\_  
Date: MARCH 14-08 Time: 230 PM Interviewed By: AD, Bm  
Name of Original Well Owner: (if different from above) \_\_\_\_\_

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

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

## Well Location:

Lot: \_\_\_\_\_ Concession: E4/E5 Township: Clarington  
GLL Map Sheet: (to be completed by GLL Staff) \_\_\_\_\_

## Well Construction Details:

Date Constructed: 20425 Use: Home Contractor: \_\_\_\_\_  
Type (drilled or dug): Drilled Diameter: 6" 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: X or Positive-submergence BASAMENT 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: 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: 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.) HOUSEHOLD, POOL

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

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

## Previous Problems:

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

15 years

Have you ever experienced any previous problems with your well?

YES

If so, when?

Summer 2007

What was the cause of the previous problem?

Drought: ☒

Pump Failure: ☐

Plugging: ☐

Increased Usage ☐

Interference: ☐

Contamination: ☐

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

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

What action was taken to overcome this problem?

What were the effects of this problem?

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

If so, why?

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

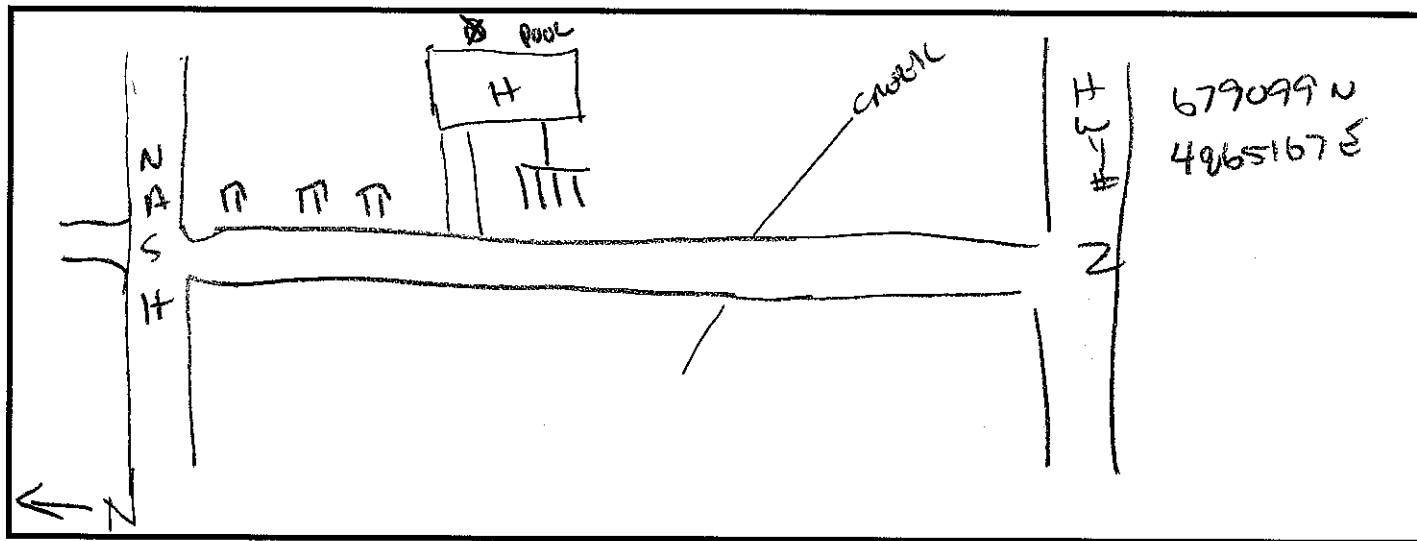
Does homeowner grant permission to obtain a water quality sample?

Yes ☐

No ☒

Signature: 

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



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

Well Condition:

No observation due to snow

Is there a depression around the well?



Yes



No

Photo Number:

# Water Well Survey

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

Well #: 3128  
MOE #:

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

## Owner of Well:

Name: BRIAN GRONKE Telephone (Bus.): ( )  
Address: 2925 HANCOCK RD (Home): (905) 429-2185  
Person Interviewed: BRIAN Residence:  
Date: MARCH 14-08 Time: 2:45 PM Interviewed By: AD, BM

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

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

## Well Location:

Lot: Concession: E4/E5 Township: Clarington  
GLL Map Sheet (to be completed by GLL Staff):

## Well Construction Details:

Date Constructed: 1987 Use: Contractor:  
Type (drilled or dug): DUG Diameter: 36" Well Depth: 39'  
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: X or Positive-submergence BASINMENT Pumping Capacity: 1/2 HP Age: 1987

How is your pump lubricated:

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

Storage Tank: Type: PRESSURE Capacity: 33 GAL

Do you have a: Chlorinator: Water Softener: ✓ Water Filter: V-UV 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.)

HOUSEHOLD, rink in backyard, hot tub.

Private Waste and Water Disposal: Type (septic tank, etc.): SEPTIC Distance to Well: 60' m

Well is: 1) Uphill ✓ 2) Downhill: 3) Same Grade: 4) Update:

## Previous Problems:

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

1987

Have you ever experienced any previous problems with your well?

yes

If so, when?

1997 - bacteria

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?

FILTER - LEADS LOWER

What were the effects of this problem?

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

If so, why?

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

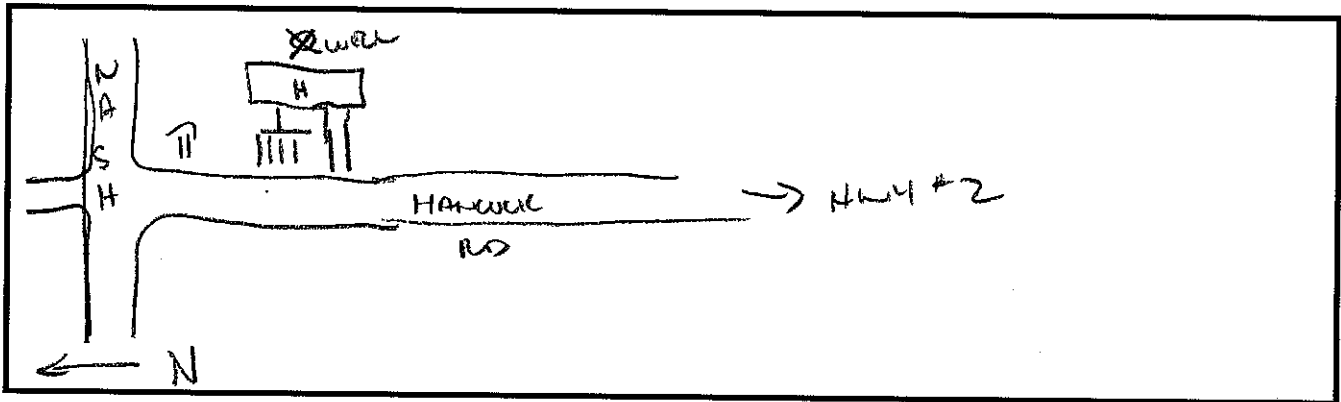
Does homeowner grant permission to obtain a water quality sample?

No

Yes

Signature: 

## Location Sketch:



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

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

Could not see well due to snow

Is there a depression around the well? \_\_\_\_\_

If the well is a dug well, and the lid can be lifted, is the first joint between the concrete tiles sealed? \_\_\_\_\_

Is there staining on the inside of the tiles? \_\_\_\_\_

NO pics

# 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 #: 330  
MOE #:

## Owner of Well:

Name: JOSIE DEVOE Telephone (Bus.): ( )  
Address: 2936 Hancock Rd. (Home): ( ) 289-240-3373  
Person Interviewed: JOSIE Residence:  
Date: MARCH 14-86 Time: 3:00 PM Interviewed By: AD, BR

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

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

## Well Location:

Lot: Concession: E4/E5 Township: Clarington  
GLL Map Sheet (to be completed by GLL Staff):

## Well Construction Details:

Date Constructed: ? Use: Contractor:  
Type (drilled or dug): DUG Diameter: 36" 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: X or Positive-submergence Basement 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:  
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: HOUSEHOLD Amount:  
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.)  
Private Waste and Water Disposal: Type (septic tank, etc.): SEPTIC Distance to Well:  
Well is: 1) Uphill 2) Downhill 3) Same Grade ✓ 4) Update

## Previous Problems:

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

1981 - 2015

Have you ever experienced any previous problems with your well?

NO

If so, when?

What was the cause of the previous problem?

Drought:

Pump Failure:

Plugging:

Increased Usage

Interference:

Contamination:

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

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

What action was taken to overcome this problem?

What were the effects of this problem?

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

If so, why?

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

Does homeowner grant permission to obtain a water quality sample?

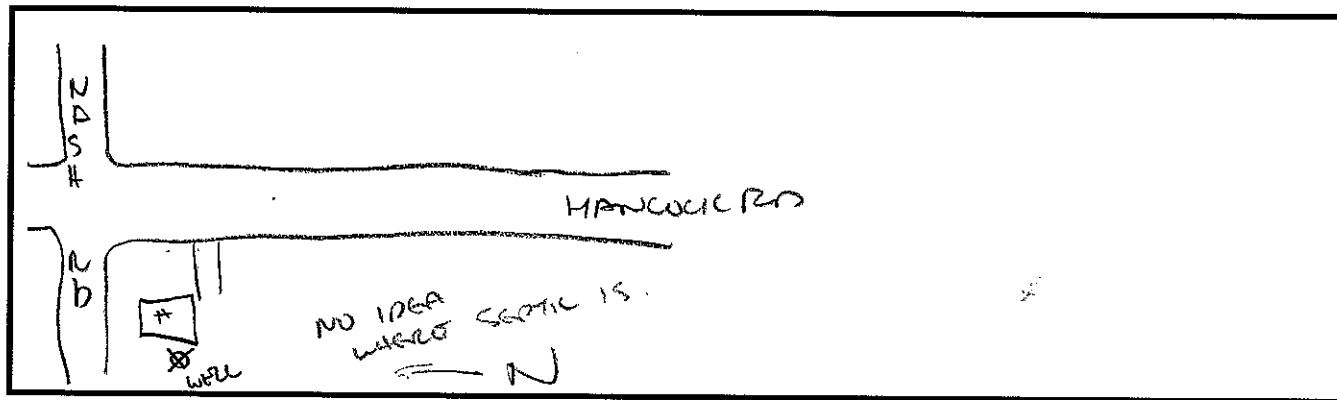
No

Yes

Signature:

Josephine Duvall

## Location Sketch:



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

Well Condition:

Could not see well

Is there a depression around the well?

If the well is a dug well, and the lid can be lifted, is the first joint between the concrete tiles sealed?

Is there staining on the inside of the tiles?

NO pics

# 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 #: 3132  
MOE #:

## Owner of Well:

Name: Maria Jacob Jager Telephone (Bus.): ( )  
Address: 2900 Solina rd. (Home): 905 436-2487  
Person Interviewed: Maria Residence:  
Date: Mar. 27/08 Time: 1:15 Interviewed By: AD, CC

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

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

## Well Location:

Lot: Concession: E4 Township: Clarington  
GLL Map Sheet (to be completed by GLL Staff):

## Well Construction Details:

Date Constructed: 1965 Use: Domestic Contractor: N/A  
Type (drilled or dug): Drilled Diameter: 6" Well Depth: N/A  
Is well accessible for direct sampling? or buried:  
Screen: Yes No If Yes, length: m Depth of top of screen: m

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

Original Water Level Depth: m

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

## Pumping Equipment:

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

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: X No. of persons using water from well: 1

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

Lawn Watering: No: X Yes: Other: Don't Drink Amount:

Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) no dishwasher

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

Well is: 1) Uphill X 2) Downhill: 3) Same Grade 4) Update 20m

## Previous Problems:

How long have you owned, operated or lived on this property? 1965

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

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? Maintenance

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

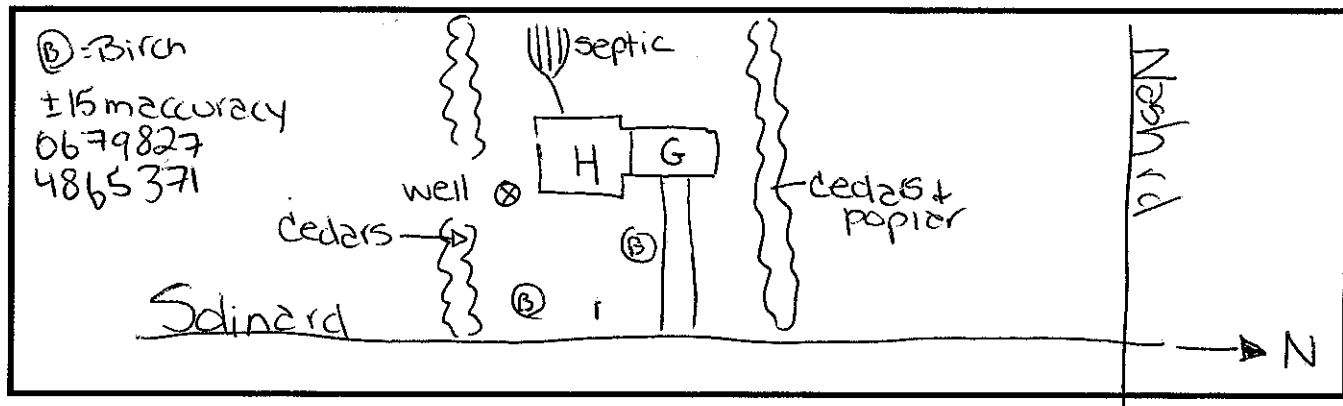
Does homeowner grant permission to obtain a water quality sample? \_\_\_\_\_

No

Yes ☒

Signature: Maria Jeger

## Location Sketch:



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

Well Condition: Good condition, No cracked tiles

Is there a depression around the well? Too much snow to determine

If the well is a dug well, and the lid can be lifted, is the first joint between the concrete tiles sealed? \_\_\_\_\_

Is there staining on the inside of the tiles? N/A

photo 37+38



# Water Well Survey

Well #: 3143

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: Hans Top Telephone (Bus.): ( 905 ) 623-6670 ext 1961Address: 2708 Solina Road, Bowmanville (Home): ( 905 ) 436-2796

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: pt. 25 Concession: 2 Township: Clarington

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

## Well Construction Details:

Date Constructed: 2000 May 11 Use: residential Contractor: Roger BoadwayType (drilled or dug): drilled Diameter: 6" Well Depth: 137'Is well accessible for direct sampling? yes - casing cap to be removed or buried: \_\_\_\_\_Screen: Yes ☒ No \_\_\_\_\_ If Yes, length: 5' m Depth of top of screen: 132' m

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

Original Water Level Depth: 15' ft to top of casing which is 17" above grd levelSubsequent Water Level Measurements no other previous levels recorded  
(give depths in m and dates)

## Pumping Equipment:

Pump Type: Suction-lift \_\_\_\_\_ or Positive-submergence 1 Pumping Capacity: 7 g/m Age: 28 yr.

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

Depth of Intake Setting: 112' m (Original) 112' m (Present) Pumping Rate: 10 g/m L/sStorage Tank: Type: pre-pressurized/bladder Capacity: volume 32 gal; drawdown 10 galDo 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.)

2 showers, dish w, clothes w  
3 toilets, 2 tubsPrivate Waste and Water Disposal: Type (septic tank, etc.): concrete Distance to Well: 112'Well is: 1) Uphill \_\_\_\_\_ 2) Downhill: \_\_\_\_\_ 3) Same Grade ☒

## Previous Problems:

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

1987 Jan.

Have you ever experienced any previous problems with your well?

original was a 30" tile well 25' deep

If so, when?

new drilled well in 2000 - old well not enough water

What was the cause of the previous problem?

Drought: ☒

Pump Failure: ☐

Plugging: ☐ in summer

Increased Usage: ☐

Interference: ☐

Contamination: ☐

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

none

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

What action was taken to overcome this problem?

present well put in, 2000

What were the effects of this problem?

now lots of water.

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

If so, why?

no additional work needed on present well

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)

from tap on west side of house.

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 #: 3144  
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: Paul Pokorski (Landlord) Telephone (Bus.): ( )  
Address: Solihard (Home): (905) 436-6388  
Person Interviewed: Ellen Pokorski (Res. #1) Residence: NO  
Date: Mar. 28/08 Time: 10:09 Interviewed By: AD, CC

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

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

## Well Location:

Lot: \_\_\_\_\_ Concession: — Township: Clarington  
GLL Map Sheet (to be completed by GLL Staff): E4

## Well Construction Details:

Date Constructed: 5/4/02 Use: domestic Contractor: —  
Type (drilled or dug): Dug Diameter: 28" Well Depth: N/A  
Is well accessible for direct sampling? — or buried: \_\_\_\_\_  
Screen: Yes — No — If Yes, length: \_\_\_\_\_ m Depth of top of screen: \_\_\_\_\_ m

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

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

## Pumping Equipment:

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

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

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

Storage Tank: Type: N/A Capacity: \_\_\_\_\_

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

Water Use: Domestic: No: \_\_\_\_\_ Yes: X No. of persons using water from well: 2 on 1 side, 3 on other  
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.) \_\_\_\_\_

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

Well is: 1) Uphill \_\_\_\_\_ 2) Downhill: \_\_\_\_\_ 3) Same Grade \_\_\_\_\_ 4) Update \_\_\_\_\_

## Previous Problems:

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

2 yrs

Have you ever experienced any previous problems with your well?

Water shortages

If so, when?

Summer 2007

What was the cause of the previous problem?

Drought:

✓

Pump Failure:

Plugging:

Increased Usage

Interference:

Contamination:

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

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

What action was taken to overcome this problem?

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:

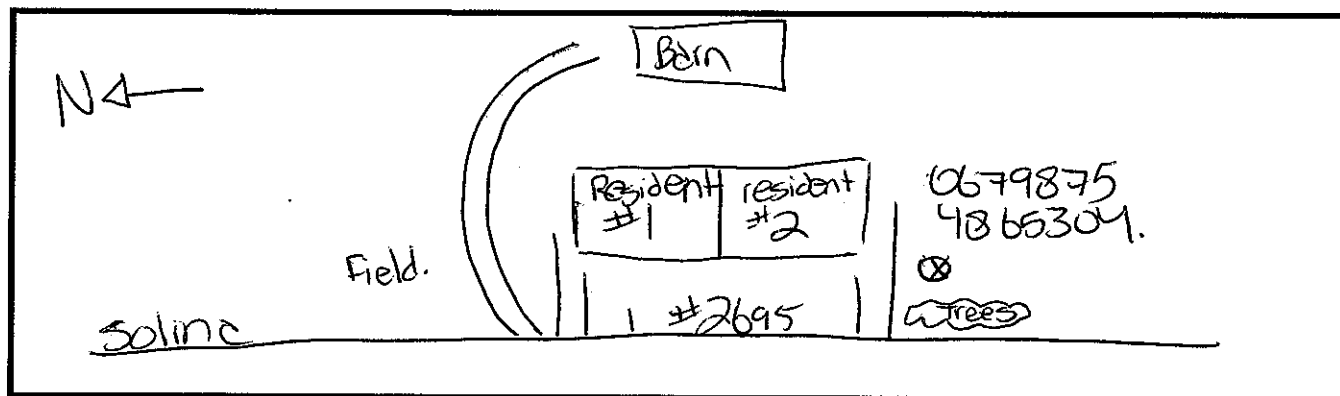
Does homeowner grant permission to obtain a water quality sample?

No

Yes

Signature:

## Location Sketch:



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

Well Condition:

Too much snow.

Is there a depression around the well?


If the well is a dug well, and the lid can be lifted, is the first joint between the concrete tiles sealed?

Is there staining on the inside of the tiles?

2656

# Water Well Survey

Well #: <u>3146</u>
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: Campbell Telephone (Bus.): ( )  
Address: 2686 Solina rd. (Home): 905 436-1537  
Person Interviewed: Campbell Residence: Yes  
Date: May 28/08 Time: 10:30 Interviewed By: AD, CC.

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

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

## Well Location:

Lot: \_\_\_\_\_ Concession: E4 Township: Clarington  
GLL Map Sheet (to be completed by GLL Staff): \_\_\_\_\_

## Well Construction Details:

Date Constructed: 7 yrs. Use: domestic Contractor: \_\_\_\_\_  
Type (drilled or dug): Drilled Diameter: 6" Well Depth: 90 ft.  
Is well accessible for direct sampling? \_\_\_\_\_ or buried: \_\_\_\_\_  
Screen: Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, length: \_\_\_\_\_ m Depth of top of screen: \_\_\_\_\_ m

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

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

## Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence \_\_\_\_\_ Pumping Capacity: \_\_\_\_\_ Age: 7 yrs.  
How is your pump lubricated: \_\_\_\_\_  
Depth of Intake Setting: \_\_\_\_\_ m (Original) \_\_\_\_\_ m (Present) Pumping Rate: \_\_\_\_\_ L/s  
Storage Tank: Type: None Capacity: \_\_\_\_\_  
Do you have a: Chlorinator: \_\_\_\_\_ Water Softener: \_\_\_\_\_ Water Filter: ☒ Filter Type: Iron filter  
Water Use: Domestic: No: \_\_\_\_\_ Yes: ☒ No. of persons using water from well: 4-5  
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 - brings H<sub>2</sub>O in.  
Private Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well: \_\_\_\_\_  
Well is: 1) Uphill \_\_\_\_\_ 2) Downhill: \_\_\_\_\_ 3) Same Grade ☒ 4) Update 25m  
35

## Previous Problems:

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

old dug well

11 yrs.

Have you ever experienced any previous problems with your well?

No problem

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?

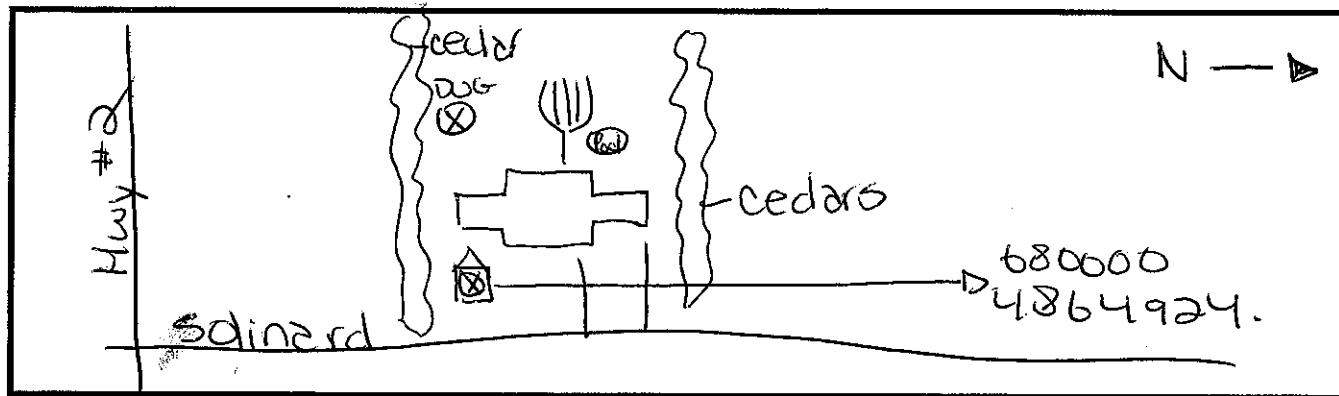
No

Yes ☒

Signature:

*Right*

## Location Sketch:



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

Well Condition:

Drilled in wishing well, old dug well sealed w vent hose.

Is there a depression around the well?

Too much snow

If the well is a dug well, and the lid can be lifted, is the first joint between the concrete tiles sealed?

Is there staining on the inside of the tiles?

Dug well worked fine, however when south neighbour built, septic would be too close to well so neighbour drilled new well in front for him.

# 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

3154  
Well #: ~~3159~~  
MOE #:

## Owner of Well:

Name: Antoinette Koene Telephone (Bus.): ( )  
Address: Hwy 2. (Home): (905) 623-2702  
Person Interviewed: Antoinette Residence: Yes  
Date: Mar 28/08 Time: 11:00 Interviewed By: AD, CC.

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

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

## Well Location:

Lot: \_\_\_\_\_ Concession: 24 Township: Clarington  
GLL Map Sheet (to be completed by GLL Staff): \_\_\_\_\_

## Well Construction Details:

Date Constructed: 10-15-15 Use: \_\_\_\_\_ Contractor: Faulkner  
Type (drilled or dug): Drilled Diameter: 6" Well Depth: ~112 ft.  
Is well accessible for direct sampling? Yes or buried: \_\_\_\_\_  
Screen: Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, length: \_\_\_\_\_ m Depth of top of screen: \_\_\_\_\_ m

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

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

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

## Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence: ☒ Pumping Capacity: \_\_\_\_\_ Age: 10-15 yrs.

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

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

Storage Tank: Type: \_\_\_\_\_ Capacity: \_\_\_\_\_

Do you have a: Chlorinator: NO Water Softener: \_\_\_\_\_ Water Filter: \_\_\_\_\_ Filter Type: \_\_\_\_\_

Water Use: Domestic: No: ☒ Yes: ☒ No. of persons using water from well: 5 people

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. equip.

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

Well is: 1) Uphill \_\_\_\_\_ 2) Downhill: \_\_\_\_\_ 3) Same Grade: ☒ 4) Update \_\_\_\_\_

\* old well had too much road salt  
so new well by town of Clarington

## Previous Problems:

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

54 yrs.

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:

Does homeowner grant permission to obtain a water quality sample?

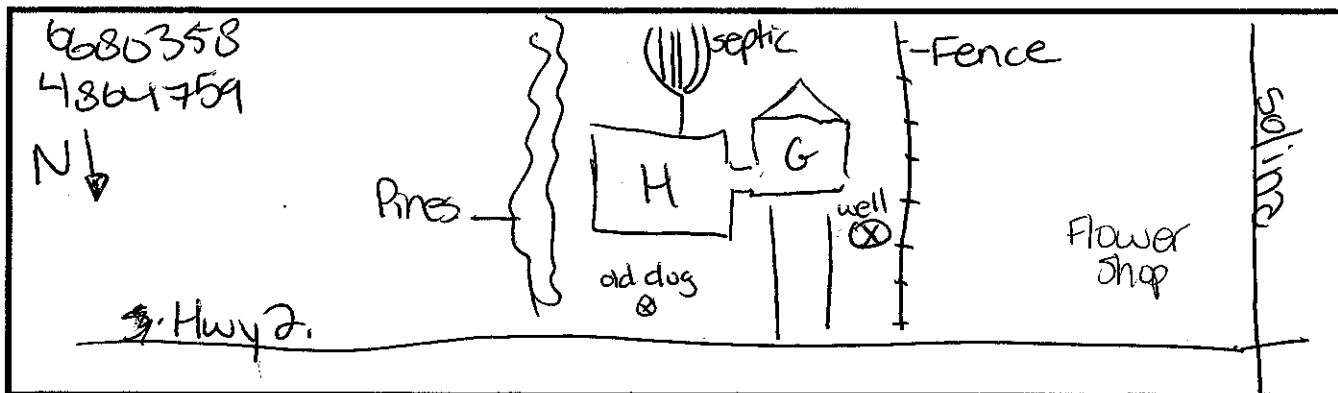
No

Yes

Signature:

*Antoine*

## Location Sketch:



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

Too much snow

Well Condition:

Is there a depression around the well?


If the well is a dug well, and the lid can be lifted, is the first joint between the concrete tiles sealed?


Is there staining on the inside of the tiles?



# Water Well Survey

Well #: 3155  
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: Laurie Rick Clark Telephone (Bus.): ( )  
Address: 1989 Hwy #2 (Home): (905) 623-1701  
Person Interviewed: Laurie Residence:  
Date: Mar 28/08 Time: 11:45 Interviewed By: AD, CC

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

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

## Well Location:

Lot: Concession: E4 Township: Clarington  
GLL Map Sheet (to be completed by GLL Staff):

## Well Construction Details:

Date Constructed: 26 yrs Use: Domestic Contractor: 135 ft  
Type (drilled or dug): Drilled Diameter: Domestic Well Depth: 135 ft  
Is well accessible for direct sampling? or buried:  
Screen: Yes    No    If Yes, length:    m Depth of top of screen:    m

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

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

## Pumping Equipment:

Pump Type: Suction-lift:    or Positive-submergence    Pumping Capacity:    Age: 26 yrs  
How is your pump lubricated:     
Depth of Intake Setting:    m (Original)    m (Present) Pumping Rate:    L/s  
Storage Tank: Type: Pressure Capacity:     
Do you have a: Chlorinator:    Water Softener:    Water Filter:    Filter Type:     
Water Use: Domestic: No:    Yes:    No. of persons using water from well: 3  
Livestock: No:    Yes:    No. of livestock watered from well:     
Lawn Watering: No:    Yes:    Other:    Amount:     
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) reg. equip  
Private Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well: 25m  
Well is: 1) Uphill X 2) Downhill:    3) Same Grade:    4) Update:

## Previous Problems:

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

6 yrs = 2 yrs.

Have you ever experienced any previous problems with your well?

No problems, just odour high in iron.

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:

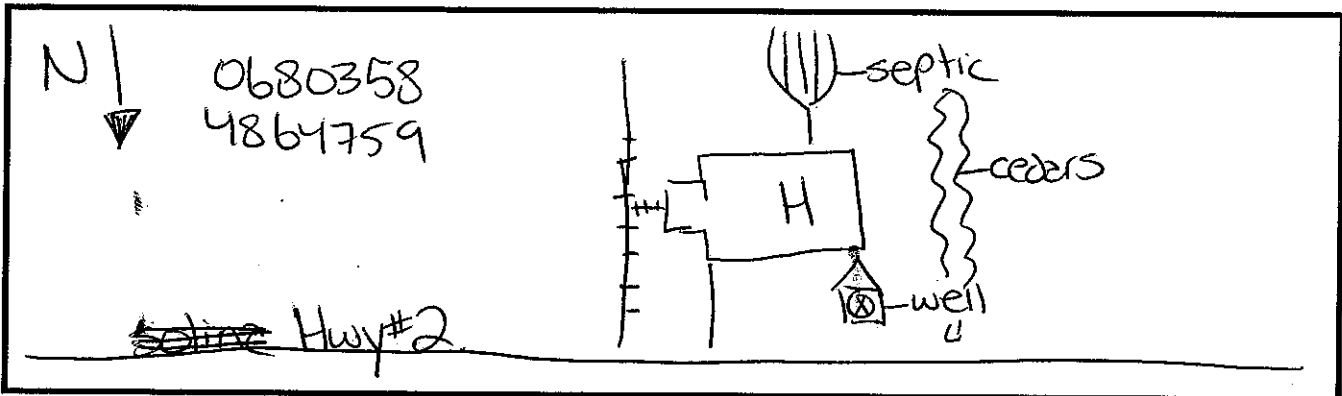
Does homeowner grant permission to obtain a water quality sample?

No

Yes ☒

Signature: J. Clark

## Location Sketch:



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

Well Condition: Giant Gap b/w casing + cap. , wishing well around well

Is there a depression around the well? NO

If the well is a dug well, and the lid can be lifted, is the first joint between the concrete tiles sealed? \_\_\_\_\_

Is there staining on the inside of the tiles? \_\_\_\_\_

had an old dug well, but town of Clarington paid to give them new drilled well.

Ron requests map.

# 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 #: 3156  
MOE #:

## Owner of Well:

Name: Ron + Carol Wunderlich Telephone (Bus.): ( )  
Address: 1995 Hwy #2 (Home): 905 623-1800  
Person Interviewed: Ron Wunderlich Residence:  
Date: Mar. 28/08 Time: Interviewed By: AP, CC

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

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

## Well Location:

Lot: Concession: E4 Township: Clarington  
GLL Map Sheet (to be completed by GLL Staff):

## Well Construction Details:

Date Constructed: > 8 yrs Use: domestic Contractor:  
Type (drilled or dug): Drilled Diameter: 28" Well Depth: 72 ft  
Is well accessible for direct sampling? or buried:  
Screen: Yes No If Yes, length: m Depth of top of screen: m

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

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

## Pumping Equipment:

Pump Type: Suction-lift: or Positive-submergence ☒ Pumping Capacity: Age: > 8 yrs  
How is your pump lubricated:  
Depth of Intake Setting: m (Original) m (Present) Pumping Rate: L/s  
Storage Tank: Type: Pressure (Bladder pump) Capacity: 20 GAL  
Do you have a: Chlorinator: Water Softener: Water Filter: ☒ Filter Type: Carbon + Ceramic  
Water Use: Domestic: No: Yes: ☒ No. of persons using water from well: 4  
Livestock: No: ☒ Yes: No. of livestock watered from well:  
Lawn Watering: No: ☒ Yes: Other: Amount:  
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) pool w well water.  
Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: 30m  
Well is: 1) Uphill 2) Downhill 3) Same Grade ☒ 4) Update

## Previous Problems:

How long have you owned, operated or lived on this property? 8 yrs

Have you ever experienced any previous problems with your well? NO Problems - Hard water

If so, when? \_\_\_\_\_

What was the cause of the previous problem?

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

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

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

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

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

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

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

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

What action was taken to overcome this problem?

What were the effects of this problem?

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

If so, why? NO.

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

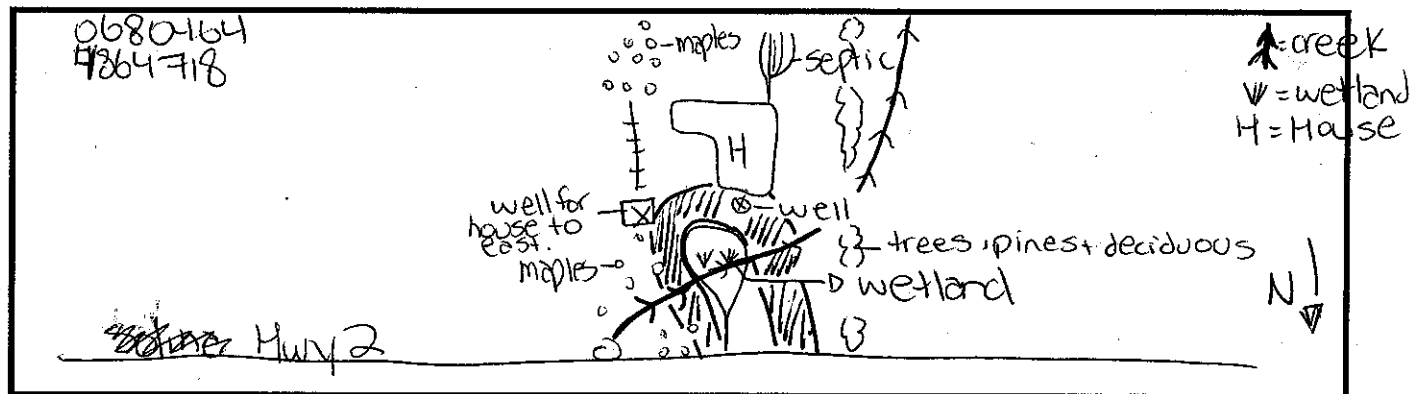
Does homeowner grant permission to obtain a water quality sample?

No

Yes ☒

Signature: Ron Wundeluck

## Location Sketch:



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

Well Condition: lid not sealed, tile okay

Is there a depression around the well? NO - in garden

If the well is a dug well, and the lid can be lifted, is the first joint between the concrete tiles sealed? \_\_\_\_\_

Is there staining on the inside of the tiles? NO

\* creek flowing all yr

# 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 #: 3156  
MOE #:

## Owner of Well:

Name: Ron + Carol Wonderlich Telephone (Bus.): ( )  
Address: 1919 Hwy #2 (Home): (905) 623-1800  
Person Interviewed: Ron Wonderlich Residence:  
Date: Mar. 28/08 Time: Interviewed By: AD, CC

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

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

## Well Location:

Lot: Concession: E4 Township: Clarington  
GLL Map Sheet (to be completed by GLL Staff):

## Well Construction Details:

Date Constructed: ~1999 > 20yrs Use: Domestic Contractor:  
Type (drilled or dug): Drilled Diameter: 6" Well Depth: 72 ft  
Is well accessible for direct sampling? or buried:  
Screen: Yes ☐ No ☐ If Yes, length: m Depth of top of screen: m

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

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

## Pumping Equipment:

Pump Type: Suction-lift: or Positive-submergence ☒ Pumping Capacity: Age: > 20yrs  
How is your pump lubricated:  
Depth of Intake Setting: m (Original) m (Present) Pumping Rate: L/s  
Storage Tank: Type: Pressure (Static) Capacity: 30 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 2  
Livestock: No: ☒ Yes: No. of livestock watered from well:  
Lawn Watering: No: ☒ Yes: Other: Amount:  
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) reg. equipment  
Private Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well: 25m  
Well is: 1) Uphill 2) Downhill: 3) Same Grade ☒ 4) Update

## Previous Problems:

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

6 yrs

Have you ever experienced any previous problems with your well?

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:

Does homeowner grant permission to obtain a water quality sample?

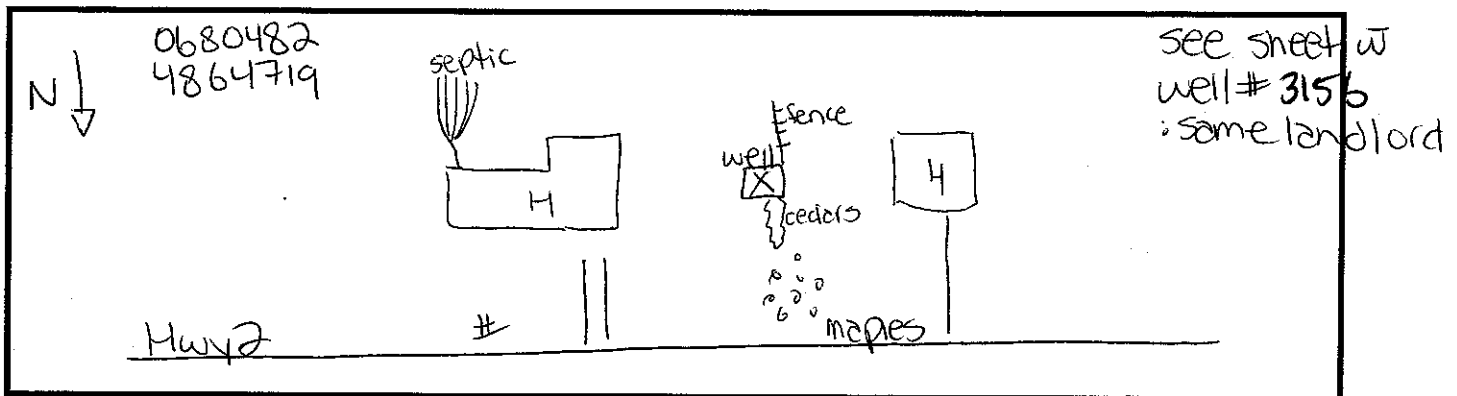
No

Yes

Signature:

*Ron W. [Signature]*

## Location Sketch:



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

Well Condition: bricks over top of well

Is there a depression around the well? NO

If the well is a dug well, and the lid can be lifted, is the first joint between the concrete tiles sealed? —

Is there staining on the inside of the tiles? —

# Water Well Survey

women was in a  
hurry for work

Well #: 3160  
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: Shiela Service Telephone (Bus.): ( )  
Address: 2013 Hwy 2 (Home): 905 623-8724  
Person Interviewed: Shiela Residence: \_\_\_\_\_  
Date: Mar. 28/08 Time: 12:40 Interviewed By: AD, CC

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

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

## Well Location:

Lot: \_\_\_\_\_ Concession: E4 Township: Clarington  
GLL Map Sheet (to be completed by GLL Staff): \_\_\_\_\_

## Well Construction Details:

Date Constructed: 18 yrs Use: domestic Contractor: \_\_\_\_\_  
Type (drilled or dug): Drilled Diameter: 28" 6" Well Depth: ~68 ft.  
Is well accessible for direct sampling? \_\_\_\_\_ or buried: \_\_\_\_\_  
Screen: Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, length: \_\_\_\_\_ m Depth of top of screen: \_\_\_\_\_ m

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

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

## Pumping Equipment:

Pump Type: Suction-lift: N/A 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: 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.) \_\_\_\_\_  
Private Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well: 30m  
Well is: 1) Uphill \_\_\_\_\_ 2) Downhill: \_\_\_\_\_ 3) Same Grade ✓ 4) Update \_\_\_\_\_

## Previous Problems:

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

19 yrs in July

Have you ever experienced any previous problems with your well?

NO Problem

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?

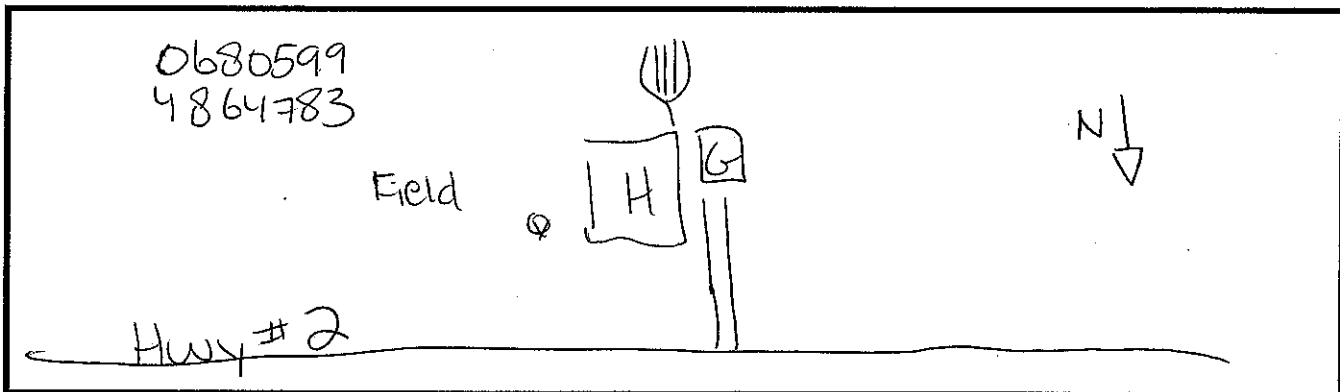
No

Yes

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

Shubha Seneviratne

## Location Sketch:



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

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

Too much snow.

Is there a depression around the well?


If the well is a dug well, and the lid can be lifted, is the first joint between the concrete tiles sealed?

Is there staining on the inside of the tiles?



# Water Well Survey

Well #: 3163  
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: See Essie Davidson Telephone (Bus.): (9)  
Address: 2039 Highway #2 RR#6 Bowmanville (Home): (905) 623-8236  
Person Interviewed: Essie Residence: \_\_\_\_\_  
Date: Mar. 28/08 Time: 1:00 Interviewed By: AD, CC

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

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

## Well Location:

Lot: \_\_\_\_\_ Concession: E4 Township: Clarington  
GLL Map Sheet (to be completed by GLL Staff): \_\_\_\_\_

## Well Construction Details:

Date Constructed: 1999 Use: Domestic Contractor: \_\_\_\_\_  
Type (drilled or dug): Drilled Diameter: 6" Well Depth: ~300 ft.  
Is well accessible for direct sampling? \_\_\_\_\_ or buried: \_\_\_\_\_  
Screen: Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, length: \_\_\_\_\_ m Depth of top of screen: \_\_\_\_\_ m

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

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

## Pumping Equipment:

Pump Type: Suction-lift: \_\_\_\_\_ or Positive-submergence ☒ Pumping Capacity: \_\_\_\_\_ Age: 1999  
How is your pump lubricated: \_\_\_\_\_  
Depth of Intake Setting: \_\_\_\_\_ m (Original) \_\_\_\_\_ m (Present) Pumping Rate: \_\_\_\_\_ L/s  
Storage Tank: Type: Pressure 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.) \_\_\_\_\_  
Private Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well: 30m  
Well is: 1) Uphill \_\_\_\_\_ 2) Downhill: \_\_\_\_\_ 3) Same Grade \_\_\_\_\_ 4) Update \_\_\_\_\_

## Previous Problems:

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

1989

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:

Does homeowner grant permission to obtain a water quality sample?

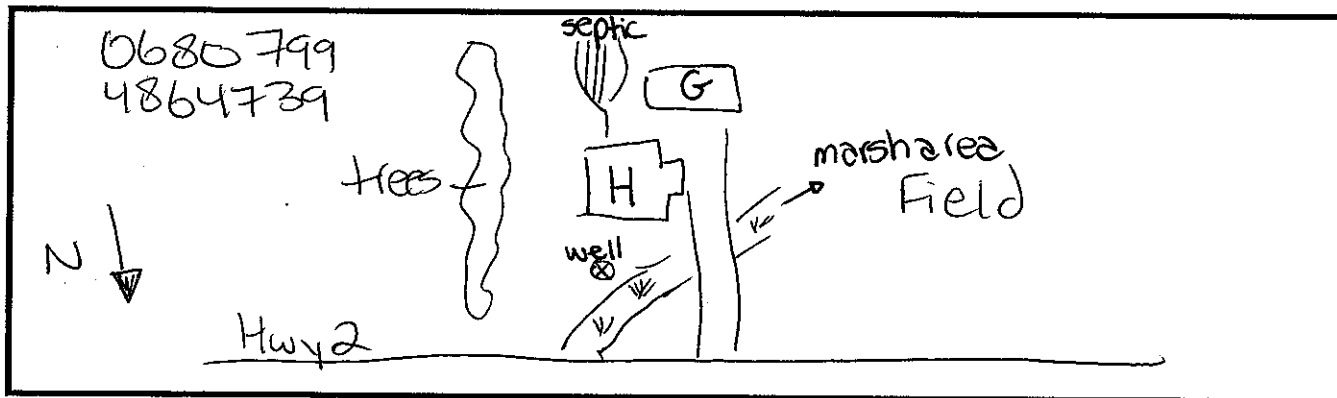
No

Yes ☒

Signature:

Leslie Davis

## Location Sketch:



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

Well Condition:

Too much snow to see

Is there a depression around the well?

If the well is a dug well, and the lid can be lifted, is the first joint between the concrete tiles sealed?

Is there staining on the inside of the tiles?

# Water Well Survey

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

Well #: 31641  
MOE #:

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

## Owner of Well:

Name: Ronald Meade Telephone (Bus.): ( )  
Address: 2043 Hwy #2 (Home): 905-623-7442  
Person Interviewed: Ronald Residence:  
Date: Mar. 28/08 Time: 1:10 Interviewed By: AD, CC

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

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

## Well Location:

Lot: Concession: Township: Clarington  
GLL Map Sheet (to be completed by GLL Staff): E4

## Well Construction Details:

Date Constructed: > 1965 + 12 yrs Use: Domestic Contractor:  
Type (drilled or dug): Dug Diameter: 28" Well Depth: 18 ft.  
Is well accessible for direct sampling? or buried:  
Screen: Yes ☐ No ☐ If Yes, length: m Depth of top of screen: m

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

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

## Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence Pumping Capacity: 1/2 HP. Age: 6 yrs.  
How is your pump lubricated:

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

Storage Tank: Type: Pressure Capacity:

Do you have a: Chlorinator: Water Softener: ☒ Water Filter: ☒ Filter Type: Charcoal + ceramic

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

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

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

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

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

Well is: 1) Uphill 2) Downhill: 3) Same Grade ☒ 4) Update

## Previous Problems:

How long have you owned, operated or lived on this property? 1965

Have you ever experienced any previous problems with your well? Dry once (pumped dry)

If so, when? recharge quickly

What was the cause of the previous problem?

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

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

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

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

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

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

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

What action was taken to overcome this problem?

What were the effects of this problem?

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

If so, why? 10 yrs reg. maintenance Javex once in a while

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

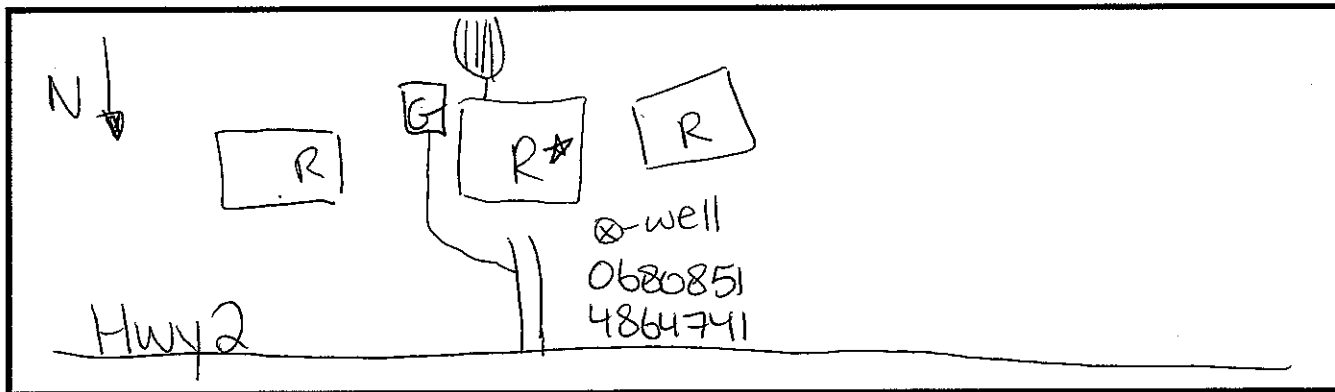
Does homeowner grant permission to obtain a water quality sample?

No

Yes ✓

Signature: Ronald Meade

## Location Sketch:



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

Well Condition: Too much snow


Is there a depression around the well?

If the well is a dug well, and the lid can be lifted, is the first joint between the concrete tiles sealed?

Is there staining on the inside of the tiles?

# Water Well Survey

Well #: 3170  
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: Tony Pereira Telephone (Bus.): ( )  
Address: 2760 Rundle Rd (Home): 905, 623-0352  
Person Interviewed: Tony Residence:  
Date: Mar 28/08 Time: 1:50 Interviewed By: AD, CC

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

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

## Well Location:

Lot: Concession: E4 Township: Clarington  
GLL Map Sheet (to be completed by GLL Staff):

## Well Construction Details:

Date Constructed: Late 1970's Use: domestic Contractor: —  
Type (drilled or dug): Dug Diameter: 28" Well Depth: ~20ft  
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: 4-5 yrs  
How is your pump lubricated:  
Depth of Intake Setting: m (Original) m (Present) Pumping Rate: L/s  
Storage Tank: Type: NO Capacity:  
Do you have a: Chlorinator: Water Softener: ☒ Water Filter: ☒ Filter Type: fine sediment  
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.) reg. equip.  
Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: 25m  
Well is: 1) Uphill 2) Downhill: 3) Same Grade ☒ 4) Update

## 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?

twice in 25 yrs

If so, when?

Summer 2007

What was the cause of the previous problem?

Drought:

☒

Pump Failure:

Plugging:

Increased Usage

Interference:

Contamination:

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

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

What action was taken to overcome this problem?

nothing

What were the effects of this problem?

water shortages

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

If so, why?

Javex & clean

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

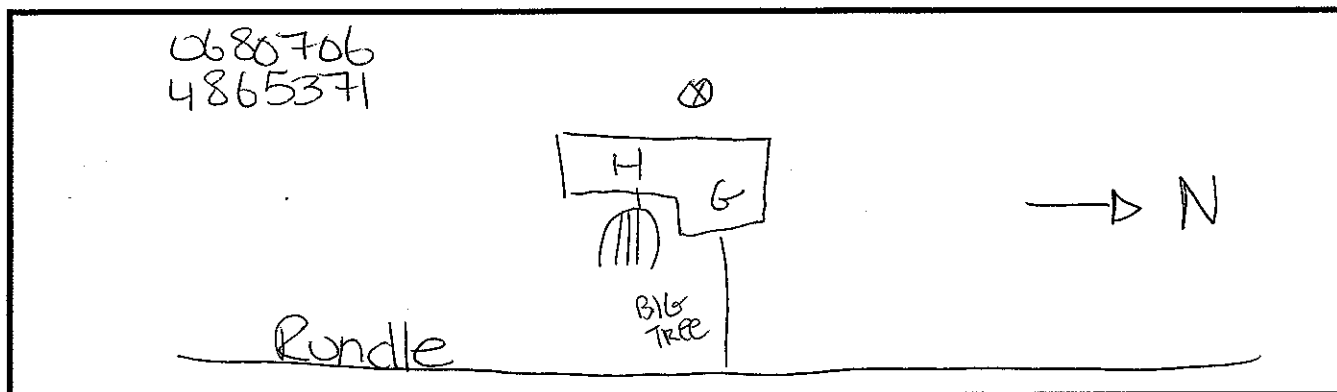
Does homeowner grant permission to obtain a water quality sample?

No

☒ Yes

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

## Location Sketch:



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

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

Is there a depression around the well? \_\_\_\_\_

If the well is a dug well, and the lid can be lifted, is the first joint between the concrete tiles sealed? \_\_\_\_\_

Is there staining on the inside of the tiles? \_\_\_\_\_

Too much snow

# Water Well Survey

Well #: 3171  
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: John Vandersanden Telephone (Bus.): ( )  
Address: 2749 Rundle rd. (Home): (905) 697-3654  
Person Interviewed: John Residence:  
Date: Mar. 28/08 Time: 2:25 Interviewed By: AD, CC

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

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

## Well Location:

Lot: Concession: E4 Township: Clarington  
GLL Map Sheet (to be completed by GLL Staff):

## Well Construction Details:

Date Constructed: ~40 yrs Use: Domestic Contractor:  
Type (drilled or dug): Dug Diameter: 28" Well Depth: 16 ft  
Is well accessible for direct sampling? or buried:  
Screen: Yes No If Yes, length: m Depth of top of screen: m

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

Original Water Level Depth: m

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

## Pumping Equipment:

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

How is your pump lubricated:

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

Storage Tank: Type: No. just pressure Capacity:

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

Water Use: Domestic: No: Yes: ☒ No. of persons using water from well: 8

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- bring in water.

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

Well is: 1) Uphill 2) Downhill 3) Same Grade 4) Update

## Previous Problems:

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

14 yrs

Have you ever experienced any previous problems with your well?

water shortages lots of iron  
sand, high Bact.

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?

Added tile to stop high Bact.

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:

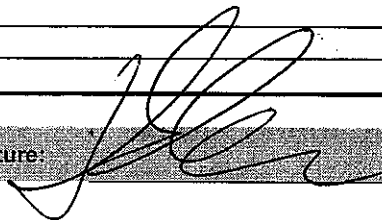
Javex occasionally

Does homeowner grant permission to  
obtain a water quality sample?

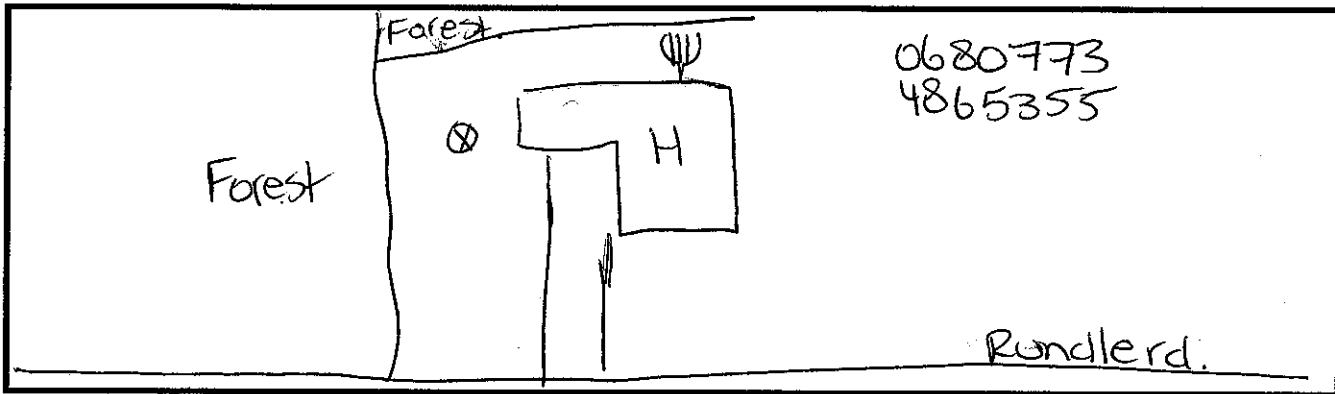
No

Yes

Signature:



## Location Sketch:



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

Well Condition:

Too much snow

Is there a depression around the well?


If the well is a dug well, and the lid can be lifted, is the first joint between the concrete tiles sealed?


Is there staining on the inside of the tiles?



# Water Well Survey

Well #: <u>3173</u>
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: Jamie Vanmeer Telephone (Bus.): ( )  
Address: 2724 Rundle rd. (Home): (905) 697-9856  
Person Interviewed: Jamie Residence:  
Date: Mar. 28/08 Time: 2:50 Interviewed By: AD, CC

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

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

## Well Location:

Lot: Concession: E4 Township: Clarington  
GLL Map Sheet (to be completed by GLL Staff):

## Well Construction Details:

Date Constructed: N/A Use: domestic Contractor:  
Type (drilled or dug): Dug Diameter: 28" Well Depth: 15-18 ft.  
Is well accessible for direct sampling? or buried:  
Screen: Yes ☐ No ☐ If Yes, length: m Depth of top of screen: m

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

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

## Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence Pumping Capacity: Age: 6 mths.  
How is your pump lubricated: wear + tear.  
Depth of Intake Setting: m (Original) m (Present) Pumping Rate: L/s  
Storage Tank: Type: No, but Pressure tank Capacity: 20 GAL  
Do you have a: Chlorinator: Water Softener: Water Filter: ☒ Filter Type: sediment.  
Water Use: Domestic: No: Yes: ☒ No. of persons using water from well: 4  
Livestock: No: ☒ Yes: No. of livestock watered from well:  
Lawn Watering: No: ☒ Yes: Other: Amount:  
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) reg. equipment  
Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: 25m  
Well is: 1) Uphill 2) Downhill 3) Same Grade ☒ 4) Update

## Previous Problems:

How long have you owned, operated or lived on this property? 2 yrs

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

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? last year b/c it was low scrubbed it himself.

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

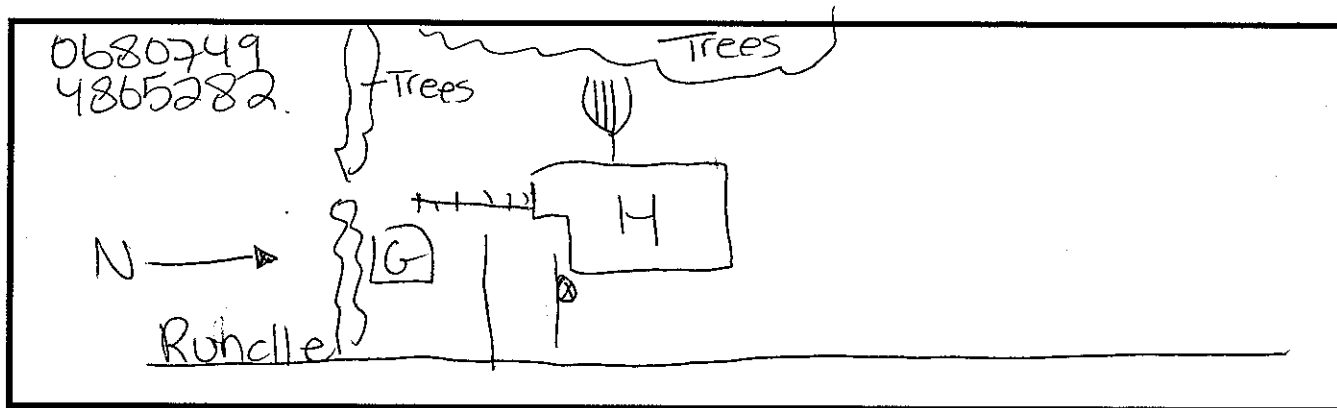
Does homeowner grant permission to obtain a water quality sample? \_\_\_\_\_

No \_\_\_\_\_

Yes ✓

Signature: James Van M...

## Location Sketch:



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


Well Condition: caulking around lid, @ ground level w sidewalk

Is there a depression around the well? NO

If the well is a dug well, and the lid can be lifted, is the first joint between the concrete tiles sealed? \_\_\_\_\_

Is there staining on the inside of the tiles? \_\_\_\_\_

# 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 #: 378  
MOE #:

## Owner of Well:

Name: Karen Marth Telephone (Bus.): ( )  
Address: 2680 Rundle rd. (Home): (905) 623-0808  
Person Interviewed: Karen Residence:  
Date: Mar 28/08 Time: 3:14 Interviewed By:

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

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

## Well Location:

Lot: Concession: E4 Township: Clarington  
GLL Map Sheet (to be completed by GLL Staff):

## Well Construction Details:

Date Constructed: ~15 yrs Use: Contractor:  
Type (drilled or dug): Drilled Diameter: 6" Well Depth: ~80ft.  
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: 15 yrs.  
How is your pump lubricated:  
Depth of Intake Setting: m (Original) m (Present) Pumping Rate: L/s  
Storage Tank: Type: Pressure Capacity: 30-40 GAL  
Do you have a: Chlorinator: ☒ Water Softener: ☒ Water Filter: Filter Type:  
Water Use: Domestic: No: Yes: ☒ No. of persons using water from well: 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.) HOT TUB - truck brought in.  
Private Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well: ~40m  
Well is: 1) Uphill 2) Downhill: 3) Same Grade 4) Update

## Previous Problems:

How long have you owned, operated or lived on this property? 15 yrs

Have you ever experienced any previous problems with your well? old dug well before went dry

If so, when? sulfur smell a lot.

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? Javex occasionally

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

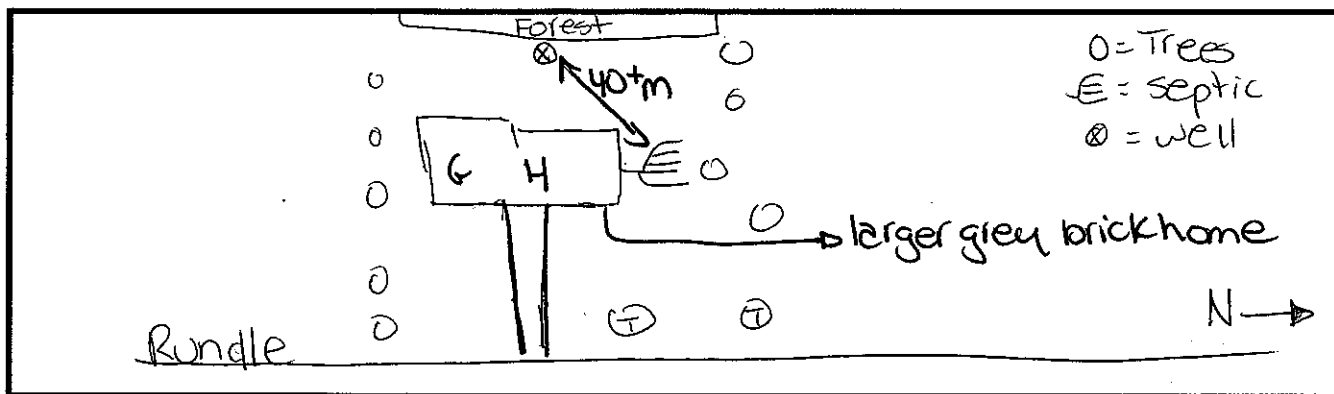
Does homeowner grant permission to obtain a water quality sample?

No

Yes ✓

Signature: [Signature]

## Location Sketch:



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

Well Condition: Too much snow

Is there a depression around the well?

If the well is a dug well, and the lid can be lifted, is the first joint between the concrete tiles sealed?

Is there staining on the inside of the tiles?

# 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 #: 266 3380  
MOE #:

## Owner of Well:

Name: Robert Hanthorn Telephone (Bus.): ( )  
Address: 2661 Rundle rd. (Home): 905 623-5653  
Person Interviewed: Robert Residence: \_\_\_\_\_  
Date: Mar. 28/08 Time: 3:20 Interviewed By: AD, CC

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

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

## Well Location:

Lot: \_\_\_\_\_ Concession: 24 Township: Clarington  
GLL Map Sheet (to be completed by GLL Staff): \_\_\_\_\_

## Well Construction Details:

Date Constructed: > 1963 Use: \_\_\_\_\_ Contractor: \_\_\_\_\_  
Type (drilled or dug): Dug Diameter: 28" Well Depth: ~15 ft  
Is well accessible for direct sampling? \_\_\_\_\_ or buried: \_\_\_\_\_  
Screen: Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, length: \_\_\_\_\_ m Depth of top of screen: \_\_\_\_\_ m

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

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

## Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence \_\_\_\_\_ Pumping Capacity: \_\_\_\_\_ Age: Dec. 2006  
How is your pump lubricated: \_\_\_\_\_  
Depth of Intake Setting: \_\_\_\_\_ m (Original) \_\_\_\_\_ m (Present) Pumping Rate: \_\_\_\_\_ L/s  
Storage Tank: Type: Pressure tank Capacity: 5-Gallons  
Do you have a: Chlorinator: \_\_\_\_\_ Water Softener: \_\_\_\_\_ Water Filter: \_\_\_\_\_ Filter Type: \_\_\_\_\_  
Water Use: Domestic: No: \_\_\_\_\_ Yes: ☒ No. of persons using water from well: 1  
Livestock: No: ☒ Yes: \_\_\_\_\_ No. of livestock watered from well: \_\_\_\_\_  
Lawn Watering: No: ☒ Yes: \_\_\_\_\_ Other: Don't drink Amount: \_\_\_\_\_  
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) reg. equipment  
Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: \_\_\_\_\_  
Well is: 1) Uphill ☒ 2) Downhill: \_\_\_\_\_ 3) Same Grade \_\_\_\_\_ 4) Update \_\_\_\_\_

## Previous Problems:

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

1963

Have you ever experienced any previous problems with your well?

higher Bact count, water shortage once (neighbour).

If so, when?

Couple years ago

What was the cause of the previous problem?

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

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

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

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

Interference: ☒

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

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

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

What action was taken to overcome this problem?

What were the effects of this problem?

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

If so, why?

~ 5 years :: deepened a little bit

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

Does homeowner grant permission to obtain a water quality sample?

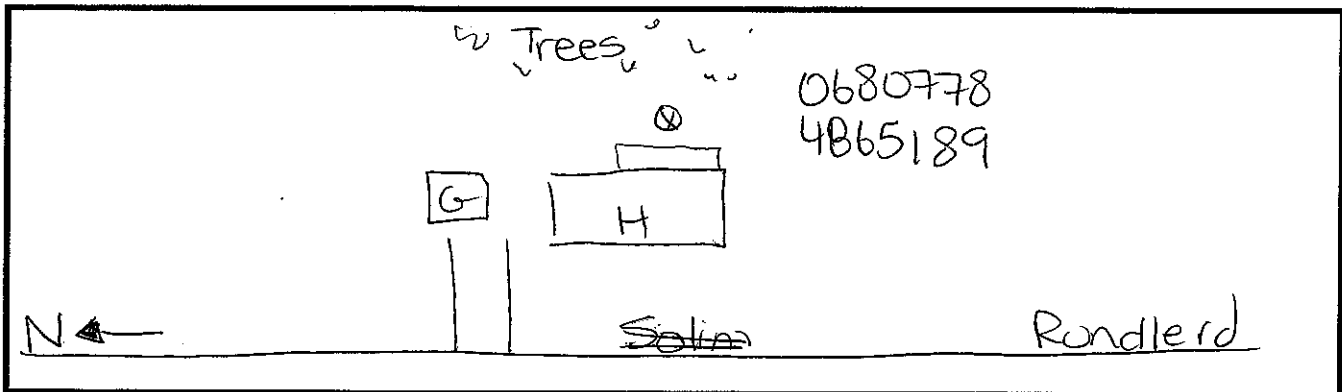
No

Yes ☒

Signature:

Robert B. Hawthorne

## Location Sketch:



Field Visit: (to be completed by GLL staff)

Well Condition:

Tile good, except on one ~~way~~ side  
~ 4 ft above ground, lid not sealed around lip

Is there a depression around the well?

NO

If the well is a dug well, and the lid can be lifted, is the first joint between the concrete tiles sealed?

Is there staining on the inside of the tiles?

# 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 #: 3182  
MOE #:

## Owner of Well:

Name: Moase Telephone (Bus.): ( )  
Address: 2656 Rundle rd (Home): 905 623-0557  
Person Interviewed: Moase Residence: \_\_\_\_\_  
Date: Mar. 28/08 Time: 3:40 Interviewed By: AD, CC.

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

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

## Well Location:

Lot: \_\_\_\_\_ Concession: E4. Township: Clarington  
GLL Map Sheet (to be completed by GLL Staff): \_\_\_\_\_

## Well Construction Details:

Date Constructed: \_\_\_\_\_ Use: \_\_\_\_\_ Contractor: JS  
Type (drilled or dug): Dug Diameter: 28" Well Depth: 25 ft  
Is well accessible for direct sampling? \_\_\_\_\_ or buried: \_\_\_\_\_  
Screen: Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, length: \_\_\_\_\_ m Depth of top of screen: \_\_\_\_\_ m

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

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

## Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence \_\_\_\_\_ Pumping Capacity: \_\_\_\_\_ Age: N/A  
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: \_\_\_\_\_  
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  
Well is: 1) Uphill ☒ 2) Downhill: \_\_\_\_\_ 3) Same Grade \_\_\_\_\_ 4) Update \_\_\_\_\_

## Previous Problems:

How long have you owned, operated or lived on this property? 8 yrs

Have you ever experienced any previous problems with your well? water shortages

If so, when? recharge quickly

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? sand ~25ft sand

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

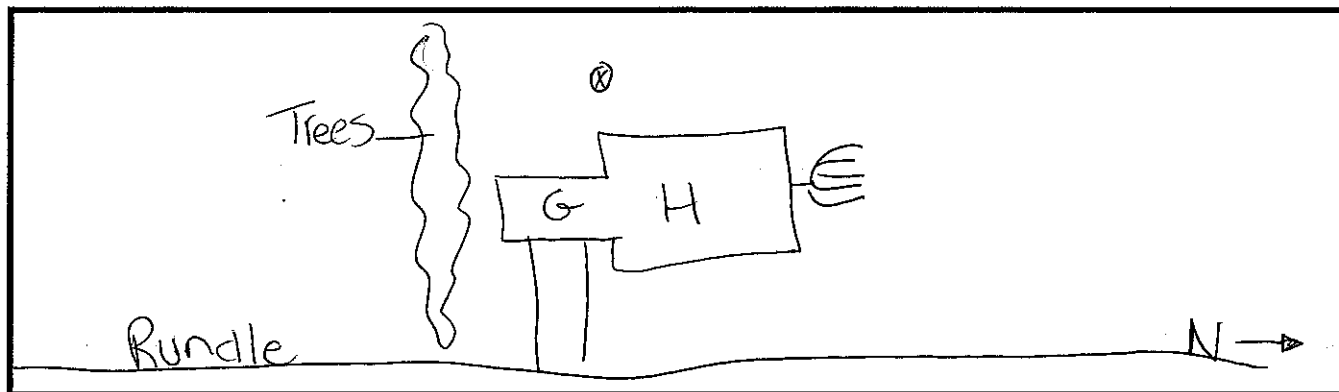
Does homeowner grant permission to obtain a water quality sample?

No ☒

Yes ☐

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

## Location Sketch:



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

Well Condition: Too much snow

Is there a depression around the well? ☐

If the well is a dug well, and the lid can be lifted, is the first joint between the concrete tiles sealed? ☐

Is there staining on the inside of the tiles? ☐



# Water Well Survey

Well #: 3181  
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: Don Willis Telephone (Bus.): ( )  
Address: 2631 Rundle Rd (Home): (905) 623-7849  
Person Interviewed: Don Residence:  
Date: Mar. 28/08 Time: 3:50 Interviewed By: AD, CC

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

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

## Well Location:

Lot: Concession: Township: Clarington  
GLL Map Sheet (to be completed by GLL Staff): 24

## Well Construction Details:

Date Constructed: > 25 yrs Use: domestic Contractor:  
Type (drilled or dug): Dug Diameter: 28" Well Depth: < 20 ft.  
Is well accessible for direct sampling? or buried:  
Screen: Yes No If Yes, length: m Depth of top of screen: m

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

Original Water Level Depth: m

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

## Pumping Equipment:

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

How is your pump lubricated:

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

Storage Tank: Type: Pressure Capacity: 40 Gallons

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

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. equip.  
pool - brought in water

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

Well is: 1) Uphill 2) Downhill 3) Same Grade ☒ 4) Update

## Previous Problems:

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

Have you ever experienced any previous problems with your well? water shortages

If so, when? summer 2007

What was the cause of the previous problem?

Drought: ☒

Pump Failure: ☐

Plugging: ☐

Increased Usage ☐

Interference: ☐

Contamination: ☐

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

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

What action was taken to overcome this problem?

What were the effects of this problem?

water shortages

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

If so, why?

last year

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

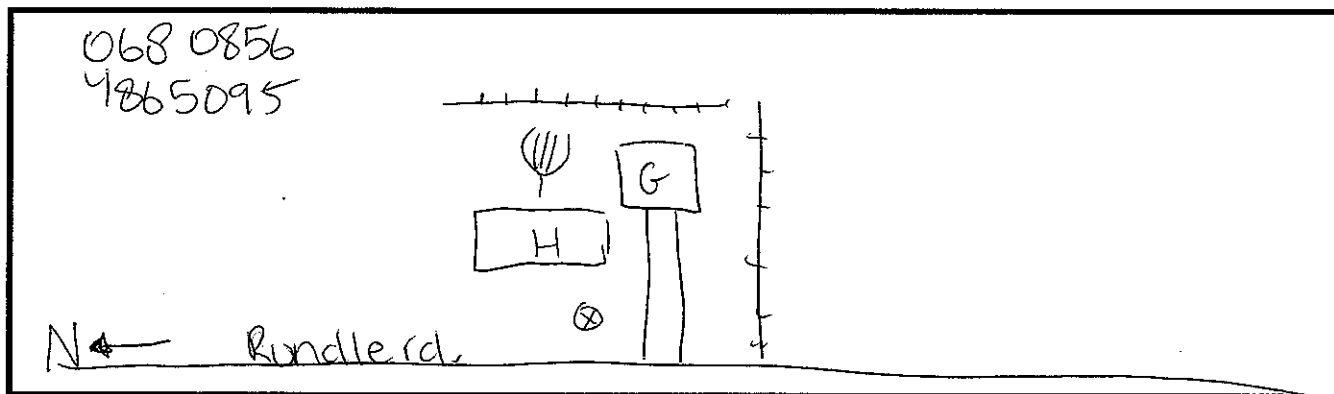
Does homeowner grant permission to obtain a water quality sample?

No ☐

Yes ☒

Signature: [Signature]

## Location Sketch:



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

Well Condition: ~ 3ft high, lid not sealed, concrete around lip

Is there a depression around the well? NO

If the well is a dug well, and the lid can be lifted, is the first joint between the concrete tiles sealed? -

Is there staining on the inside of the tiles? -

# 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

31874  
Well #: 3188  
MOE #:

## Owner of Well:

Name: James Myers Telephone (Bus.): ( )  
Address: 2594 Rundle Rd. (Home): (905) 623-1211  
Person Interviewed: James Residence: \_\_\_\_\_  
Date: Mar. 28/08 Time: 4:00 Interviewed By: AD, CC

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

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

## Well Location:

Lot: \_\_\_\_\_ Concession: E4 Township: Clarington  
GLL Map Sheet (to be completed by GLL Staff): \_\_\_\_\_

## Well Construction Details:

Date Constructed: 1960<sup>00's</sup> + 1997<sup>Drilled.</sup> Use: \* Both in use. Domestic Contractor: \_\_\_\_\_  
Type (drilled or dug): Drilled + Dug Diameter: 61 + 28" Well Depth: Drilled - 185 ft. Dug - 22 ft.  
Is well accessible for direct sampling? \_\_\_\_\_ or buried: \_\_\_\_\_  
Screen: Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, length: \_\_\_\_\_ m Depth of top of screen: \_\_\_\_\_ m

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

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

## Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence: ☒ Pumping Capacity: \_\_\_\_\_ Age: New  
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: sediment  
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. equip  
Private Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well: Drilled - 25m Dug - 25m  
Well is: 1) Uphill: ☒ 2) Downhill: \_\_\_\_\_ 3) Same Grade \_\_\_\_\_ 4) Update \_\_\_\_\_

## 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 problem

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: \_\_\_\_\_

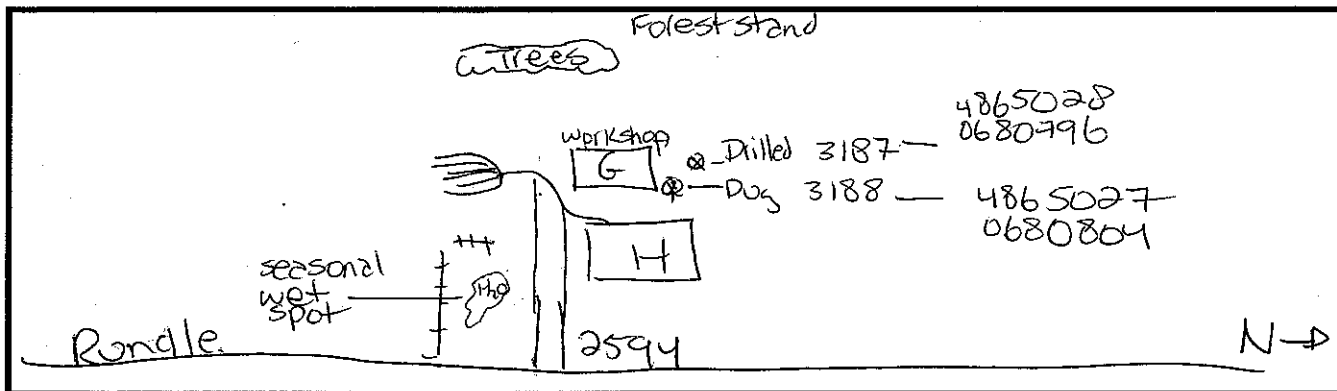
Does homeowner grant permission to obtain a water quality sample? \_\_\_\_\_

No \_\_\_\_\_

Yes ☒

Signature: James Nguyen

## Location Sketch:



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

Well Condition: Drilled ~1.5ft above ground

Is there a depression around the well? \_\_\_\_\_

If the well is a dug well, and the lid can be lifted, is the first joint between the concrete tiles sealed? \_\_\_\_\_

Is there staining on the inside of the tiles? \_\_\_\_\_

Got drilled well as a precaution to the surrounding water shortages

# Water Well Survey

Well #: 3189  
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: Charles Shewan Telephone (Bus.): ( )  
Address: 2605 Rundle (Home): (905) 623-6264  
Person Interviewed: Charles Residence:  
Date: Mar 28/08 Time: 4:15 Interviewed By: AD, CC

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

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

## Well Location:

Lot: Concession: E4 Township: Clarington  
GLL Map Sheet (to be completed by GLL Staff):

## Well Construction Details:

Date Constructed: >1982 Use: domestic Contractor:  
Type (drilled or dug): Dug Diameter: 28" Well Depth: 12ft  
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: 2007  
How is your pump lubricated:  
Depth of Intake Setting: m (Original) m (Present) Pumping Rate: L/s  
Storage Tank: Type: Pressure tank (new 2006) Capacity: 20 GALLONS.  
Do you have a: Chlorinator: Water Softener: Water Filter: Filter Type:  
Water Use: Domestic: No: Yes: ☒ No. of persons using water from well: 1  
Livestock: No: ☒ Yes: No. of livestock watered from well:  
Lawn Watering: No: ☒ Yes: Other: Amount:  
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) reg. equipment.  
Private Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well: 20m or so  
Well is: 1) Uphill 2) Downhill 3) Same Grade ☒ 4) Update

## Previous Problems:

How long have you owned, operated or lived on this property? 1982

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

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? Deepened + cleaned himself

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

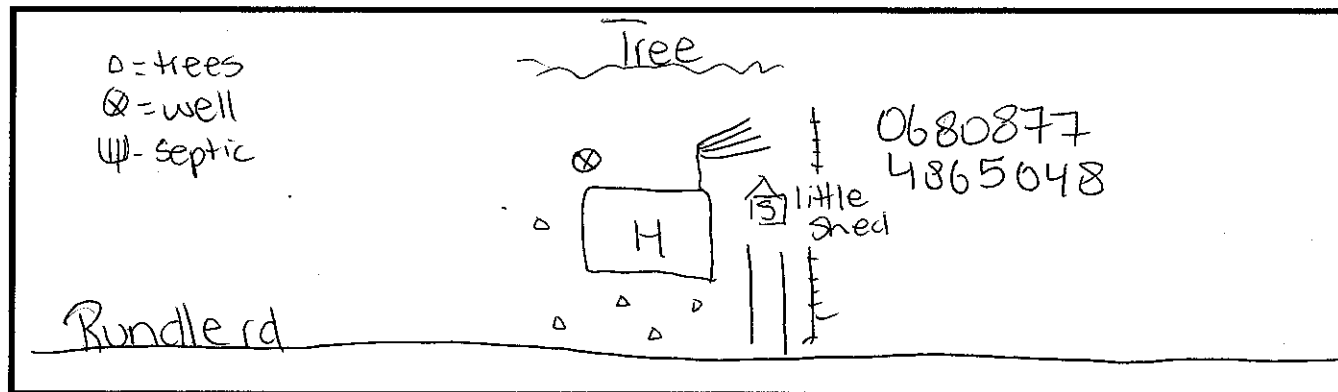
Does homeowner grant permission to obtain a water quality sample?

No

Yes ☒

Signature: B. Allen

## Location Sketch:



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

Well Condition: Good condition, lid not caulked, but good seal.

Is there a depression around the well? NO

If the well is a dug well, and the lid can be lifted, is the first joint between the concrete tiles sealed? —

Is there staining on the inside of the tiles? —

# 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 #: 3192  
MOE #:

## Owner of Well:

Name: Andy Van Hemmen Telephone (Bus.): ( )  
Address: 2545 Rundle Rd. (Home): (905) 623-5301  
Person Interviewed: Andy Residence:  
Date: Mar. 28/08 Time: 4:25 Interviewed By: ADCC

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

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

## Well Location:

Lot: Concession: E4 Township: Clarington  
GLL Map Sheet (to be completed by GLL Staff):

## Well Construction Details:

Date Constructed: >1963 Use: domestic Contractor:  
Type (drilled or dug): Dug Diameter: 28" Well Depth: >30 ft.  
Is well accessible for direct sampling? or buried:  
Screen: Yes ☒ No If Yes, length: m Depth of top of screen: m

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

Original Water Level Depth: m  
Subsequent Water Level Measurements 25-30 ft of water  
(give depths in m and dates)

## Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence Pumping Capacity: Age: 10 yrs plumbing.  
How is your pump lubricated:  
Depth of Intake Setting: m (Original) m (Present) Pumping Rate: L/s  
Storage Tank: Type: Pressure 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.) reg. equipment  
Private Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well: 30+  
Well is: 1) Uphill ☒ 2) Downhill: 3) Same Grade 4) Update

## Previous Problems:

How long have you owned, operated or lived on this property? 1963

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

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? 1963 - no lid so pumped, but recharge too quick.

Outline briefly any previous repairs or changes in pumping equipment, and dates: \_\_\_\_\_

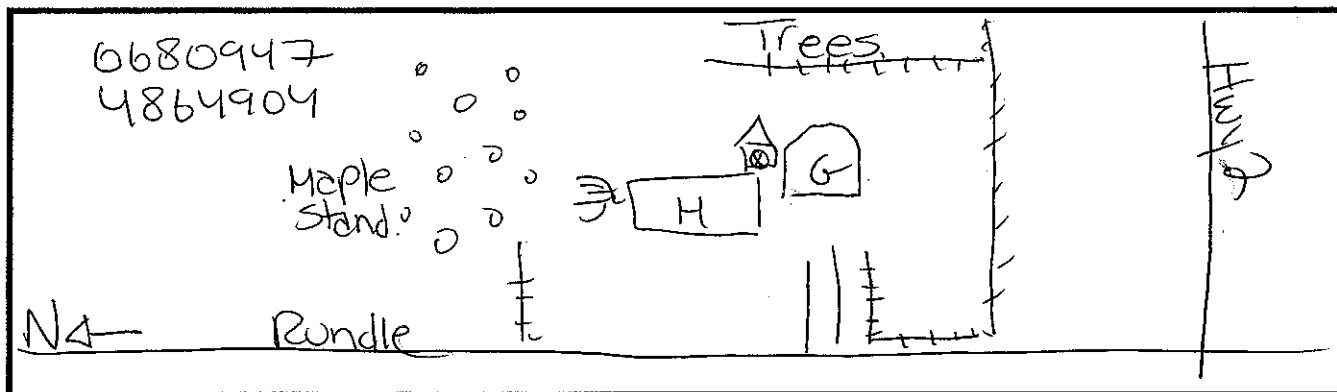
Does homeowner grant permission to obtain a water quality sample? \_\_\_\_\_

No ☒

Yes

Signature: \_\_\_\_\_

## Location Sketch:



## Field Visit: (to be completed by GLL staff)

Well Condition: Good, lid not caulked, wishing well around well

Is there a depression around the well? NO

If the well is a dug well, and the lid can be lifted, is the first joint between the concrete tiles sealed? /

Is there staining on the inside of the tiles? \_\_\_\_\_



# Water Well Survey

Ontario 1201 Wilson Avenue, Building D, 3<sup>rd</sup> Floor, Downsview, ON M3M 1J8 1-866-840-5529

Well #:	3194
MOE #:	

Gartner Lee 300 Town Centre Boulevard, Suite 300, Markham, ON L3R 5Z6 (905)477-8400

## Owner of Well:

Name: Trody Dintinger Telephone (Bus.): ( )  
Address: 2521 Rundle rd. (Home): (905) 697-4025  
Person Interviewed: Trody Residence: \_\_\_\_\_  
Date: Mar. 28/08 Time: 4:40 Interviewed By: AD, CL

## Occupant of House Served by Well: (if other than owner)

Name: \_\_\_\_\_ Telephone (Bus.): ( )  
Address: \_\_\_\_\_ (Home): ( )

## Well Location:

Lot: \_\_\_\_\_ Concession: E4 Township: Clarington  
GLL Map Sheet (to be completed by GLL Staff): \_\_\_\_\_

## Well Construction Details:

Date Constructed: \_\_\_\_\_ Use: \_\_\_\_\_ Contractor: \_\_\_\_\_  
Type (drilled or dug): Dug Diameter: 28" 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: UV light  
Water Use: Domestic: No: \_\_\_\_\_ Yes: ✓ No. of persons using water from well: 2  
Livestock: No: ✓ Yes: \_\_\_\_\_ No. of livestock watered from well: \_\_\_\_\_  
Lawn Watering: No: ✓ Yes: \_\_\_\_\_ Other: \_\_\_\_\_ Amount: \_\_\_\_\_  
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) reg. equip  
Private Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well: 100 ft.  
Well is: 1) Uphill X 2) Downhill: \_\_\_\_\_ 3) Same Grade: \_\_\_\_\_ 4) Update: \_\_\_\_\_

## Previous Problems:

How long have you owned, operated or lived on this property?

3 yrs in sept.

Have you ever experienced any previous problems with your well?

If so, when?

Summer 2007

What was the cause of the previous problem?

Drought: ☒

Pump Failure: ☐

Plugging: ☐

Increased Usage: ☐

Interference: ☐

Contamination: ☐

If problem was contamination, what water quality changes were apparent?

(Note any differences in taste, odour, colour or clarity)

What action was taken to overcome this problem?

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:

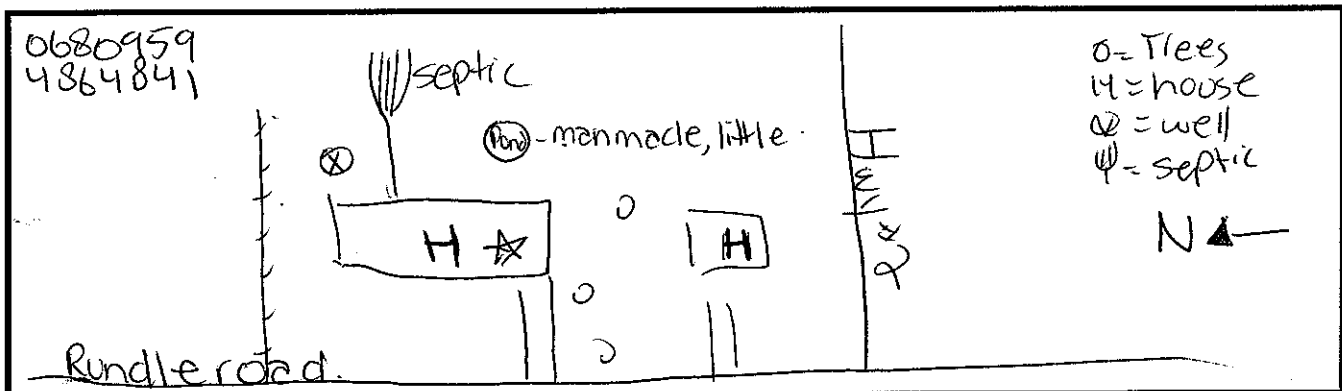
Does homeowner grant permission to obtain a water quality sample?

No ☐

Yes ☒

Signature: Bruce J. Jentings

## Location Sketch:



## Field Visit: (to be completed by GLL staff)

Well Condition: Good, sealed + clogged

Is there a depression around the well? NO

If the well is a dug well, and the lid can be lifted, is the first joint between the concrete tiles sealed? ☐

Is there staining on the inside of the tiles? ☐

# Water Well Survey

Ontario 1201 Wilson Avenue, Building D, 3<sup>rd</sup> Floor, Downsview, ON M3M 1J8 1-866-840-5529

Well #: 3195
MOE #:

Gartner Lee 300 Town Centre Boulevard, Suite 300, Markham, ON L3R 5Z6 (905)477-8400

## Owner of Well:

Name: Lynda Witter Telephone (Bus.): ( )  
Address: 2502 Rundle rd. (Home): 905 443-6525  
Person Interviewed: Lynda Residence: \_\_\_\_\_  
Date: Mar. 28/08 Time: 4:50 Interviewed By: AD, CC

## Occupant of House Served by Well: (if other than owner)

Name: \_\_\_\_\_ Telephone (Bus.): ( )  
Address: \_\_\_\_\_ (Home): ( )

## Well Location:

Lot: \_\_\_\_\_ Concession: E4 Township: Clarington  
GLL Map Sheet (to be completed by GLL Staff): \_\_\_\_\_

## Well Construction Details:

Date Constructed: 60 yrs Use: \_\_\_\_\_ Contractor: \_\_\_\_\_  
Type (drilled or dug): Dug Diameter: 28" Well Depth: \_\_\_\_\_  
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: \_\_\_\_\_ m

Subsequent Water Level Measurements  
(give depths in m and dates)

## Pumping Equipment:

Pump Type: Suction-lift: ✓ or Positive-submergence \_\_\_\_\_ Pumping Capacity: \_\_\_\_\_ Age: couple mths  
How is your pump lubricated: \_\_\_\_\_  
Depth of Intake Setting: \_\_\_\_\_ m (Original) \_\_\_\_\_ m (Present) Pumping Rate: \_\_\_\_\_ L/s  
Storage Tank: Type: Pressure Capacity: \_\_\_\_\_  
Do you have a: Chlorinator: \_\_\_\_\_ Water Softener: ✓ Water Filter: ✓ Filter Type: sediment  
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. equip.  
Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: 20m  
Well is: 1) Uphill X 2) Downhill: \_\_\_\_\_ 3) Same Grade \_\_\_\_\_ 4) Update \_\_\_\_\_

## Previous Problems:

How long have you owned, operated or lived on this property?

4 years

Have you ever experienced any previous problems with your well?

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:

Does homeowner grant permission to obtain a water quality sample?

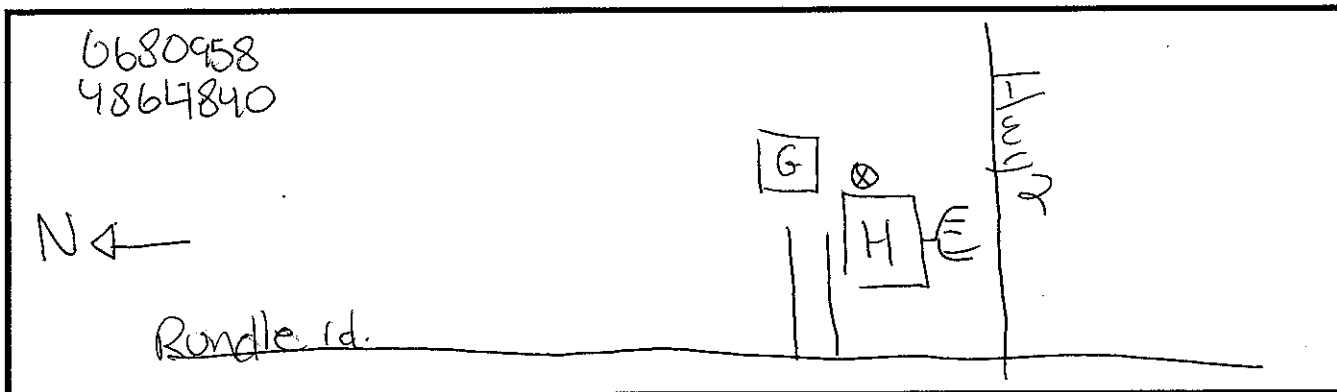
No

Yes

Signature:

L. W. H. H.

## Location Sketch:



## Field Visit: (to be completed by GLL staff)


Well Condition: good > 1ft above ground, sealed shut w/ valve on top


Is there a depression around the well? NO

If the well is a dug well, and the lid can be lifted, is the first joint between the concrete tiles sealed? —

Is there staining on the inside of the tiles? —

# 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 #: 3196  
MOE #:

## Owner of Well:

Name: Susan Bloye Telephone (Bus.): ( )  
Address: 2062 Hwy #2 (Home): (905) 623-8489  
Person Interviewed: Susan Bloye Residence: yes  
Date: April 2/08 Time: 3:15 Interviewed By: AD, CC

## Occupant of House Served by Well: (if other than owner)

Name: \_\_\_\_\_ Telephone (Bus.): ( )  
Address: \_\_\_\_\_ (Home): ( )

## Well Location:

Lot: \_\_\_\_\_ Concession: \_\_\_\_\_ Township: Clarington  
GLL Map Sheet (to be completed by GLL Staff): 24

## Well Construction Details:

Date Constructed: > 20 yrs Use: Domestic Contractor: \_\_\_\_\_  
Type (drilled or dug): Dug Diameter: 28" Well Depth: ~ 30 ft.  
Is well accessible for direct sampling? Yes or buried: \_\_\_\_\_  
Screen: Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, length: \_\_\_\_\_ m Depth of top of screen: \_\_\_\_\_ m

## Well Water Levels: (indicate whether measured from ground level, or from top of casing)

Original Water Level Depth: \_\_\_\_\_ m

Subsequent Water Level Measurements  
(give depths in m and dates)

## Pumping Equipment:

Pump Type: Suction-lift ☒ or Positive-submergence \_\_\_\_\_ Pumping Capacity: \_\_\_\_\_ Age: < 1 yr

How is your pump lubricated: \_\_\_\_\_

Depth of Intake Setting: \_\_\_\_\_ m (Original) \_\_\_\_\_ m (Present) Pumping Rate: \_\_\_\_\_ L/s

Storage Tank: Type: \_\_\_\_\_ 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: Don't drink reg. Equip. to drink Colligan. 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: 15m

Well is: 1) Uphill ☒ 2) Downhill: \_\_\_\_\_ 3) Same Grade: \_\_\_\_\_ 4) Update: \_\_\_\_\_



## 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?

water shortages

If so, when?

When Hwy 2 expanded

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?

bring in water.

What were the effects of this problem?

water shortages.

Did you ever have your well deepened \_\_\_\_\_, or cleaned \_\_\_\_\_, or a new well constructed \_\_\_\_\_?

If so, why?

Outline briefly any previous repairs or changes in pumping equipment, and dates:

New pump recently.

Does homeowner grant permission to obtain a water quality sample?

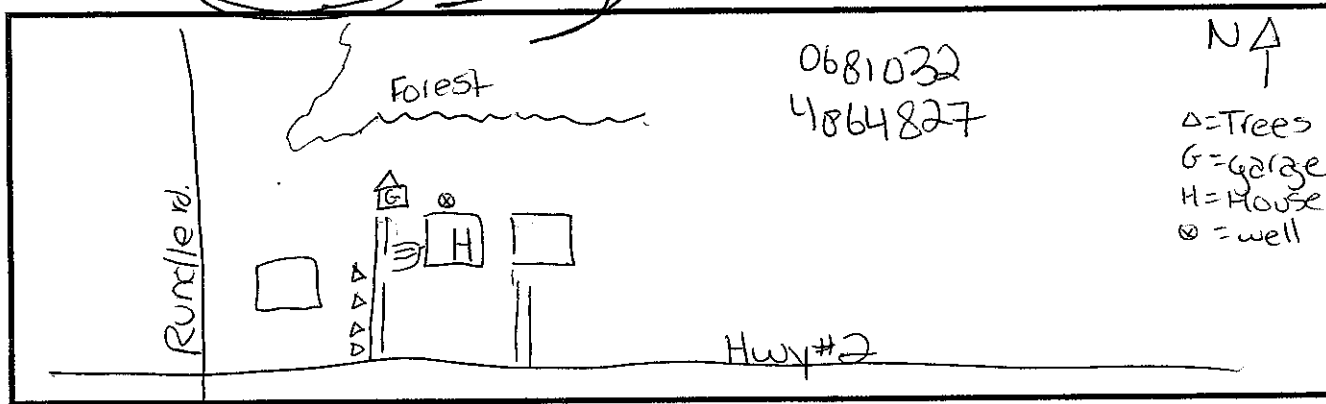
No

Yes ☒

Signature

S. Blye

## Location Sketch:



## Field Visit: (to be completed by GLL staff)

Well Condition:

poor, plastic tarp covering lid

Is there a depression around the well?

not visible

If the well is a dug well, and the lid can be lifted, is the first joint between the concrete tiles sealed?

NOT LIFTABLE

Is there staining on the inside of the tiles?

NOT VISIBLE.

Photo #412





# 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 #: 3198  
MOE #:

## Owner of Well:

Name: Bill Mills Telephone (Bus.): ( )  
Address: 3201 Rundle Road. (Home): (905) 623-7980  
Person Interviewed: Bill Residence: \_\_\_\_\_  
Date: 04/24/2008 Time: 3:36 Interviewed By: CC/AD

## 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: ~90 Use: Domestic/Wellhead Contractor: N/A  
Type (drilled or dug): Dug Diameter: 28" Well Depth: 24  
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: ~10-12  
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: \_\_\_\_\_  
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  
Private Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well: 180 ft  
Well is: 1) Uphill \_\_\_\_\_ 2) Downhill: ☒ 3) Same Grade \_\_\_\_\_ 4) Updote \_\_\_\_\_



## Previous Problems:

How long have you owned, operated or lived on this property?

50 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?

NONE

(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?

NONE

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:

10-12 years ago

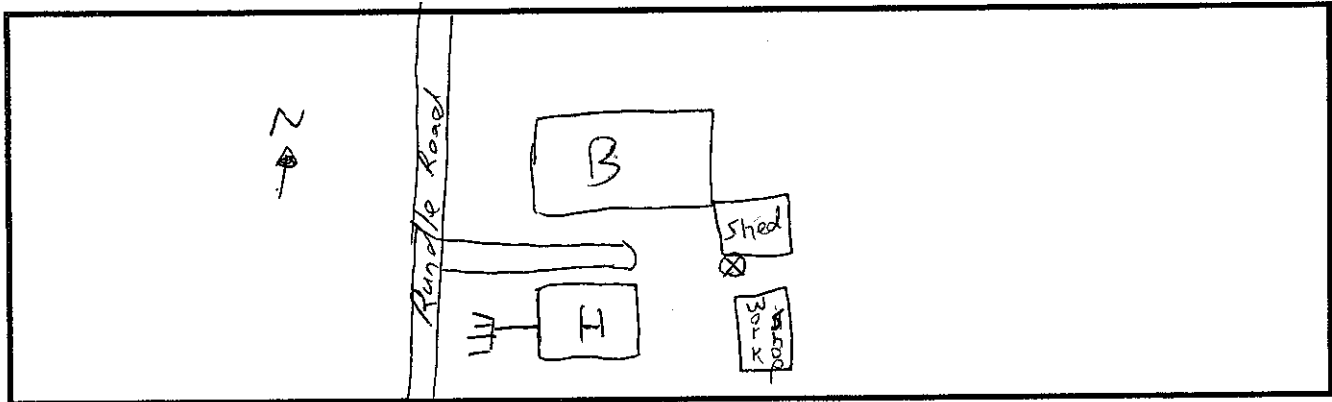
Does homeowner grant permission to obtain a water quality sample?

No

Yes

Signature: [Signature]

## Location Sketch:



## Field Visit: (to be completed by GLL staff)

Well Condition: NA

Is there a depression around the well?

NA

If the well is a dug well, and the lid can be lifted, is the first joint between the concrete tiles sealed?

NA

Is there staining on the inside of the tiles?

NA

0680474

4866269



# 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 #: ~~3260~~  
MOE #:

3260

## Owner of Well:

Name: Dinola Kung Telephone (Bus.): ( )  
Address: (Home): ( )  
Person Interviewed: Joan Bough Residence:  
Date: 04/2/2008 Time: 4:00pm Interviewed By:

## Occupant of House Served by Well: (if other than owner)

Name: Joan Bough Telephone (Bus.): (905) 697-3104  
Address: 3550 Rundle Road N. (Home): ( )

## Well Location:

Lot: Concession: Township:  
GLL Map Sheet (to be completed by GLL Staff):

## Well Construction Details:

Date Constructed: N/A Use: Domestic Contractor:  
Type (drilled or dug): Dug Diameter: 28" 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: 10-20 gal

Do you have a: Chlorinator: No Water Softener: No Water Filter: No Filter Type: No

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.) Regular

Private Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well: 100ft

Well is: 1) Uphill ☒ 2) Downhill: 3) Same Grade 4) Update



## Previous Problems:

How long have you owned, operated or lived on this property?

8 months

Have you ever experienced any previous problems with your well?

Odour

If so, when?

all the time

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?

Smell

(Note any differences in taste, odour, colour or clarity)

What action was taken to overcome this problem?

Don't drink

What were the effects of this problem?

NONE

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:

N/A

Does homeowner grant permission to obtain a water quality sample?

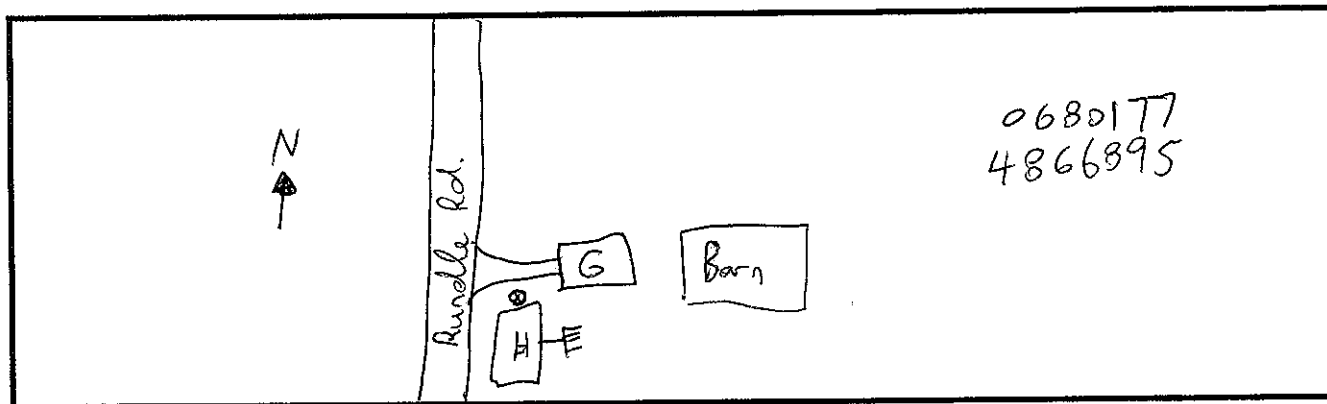
No

Yes

Signature: \_\_\_\_\_

landlord will contact

## Location Sketch:



## Field Visit: (to be completed by GLL staff)

Well Condition:

Fair

Is there a depression around the well?

NO

If the well is a dug well, and the lid can be lifted, is the first joint between the concrete tiles sealed?

N/A

Is there staining on the inside of the tiles?

N/A

picture 43





# 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 #: 3201  
MOE #:

## Owner of Well:

Name: Ms. Ashton Telephone (Bus.): ( )  
Address: 3706 Rundle (Home): ( )  
Person Interviewed: Ms. Ashton Residence:  
Date: April 2/08 Time: 4:06 Interviewed By: AD, CC

## Occupant of House Served by Well: (if other than owner)

Name: Telephone (Bus.): ( )  
Address: (Home): ( )

## Well Location:

Lot: Concession: E3 Township: Clarington  
GLL Map Sheet (to be completed by GLL Staff):

## Well Construction Details:

Date Constructed: 4/04/15 Use: domestic Contractor:  
Type (drilled or dug): Dug Diameter: 71cm Well Depth: 30ft.  
Is well accessible for direct sampling? or buried:  
Screen: Yes No If Yes, length: m Depth of top of screen: m

## Well Water Levels: (indicate whether measured from ground level, or from top of casing)

Original Water Level Depth: m  
Subsequent Water Level Measurements  
(give depths in m and dates)

## Pumping Equipment:

Pump Type: Suction-lift: in barn. ✓ or Positive-submergence Pumping Capacity: Age: ~2-3yrs  
How is your pump lubricated:  
Depth of Intake Setting: m (Original) m (Present) Pumping Rate: L/s  
Storage Tank: Type: Pressure Capacity: 40 gallons  
Do you have a: Chlorinator: Water Softener: Water Filter: Filter Type:  
Water Use: Domestic: No: Yes: ✓ No. of persons using water from well: 2 perm. lessons.  
Livestock: No: Yes: ✓ No. of livestock watered from well: 15 5Gal/horse/day  
Lawn Watering: No: ✓ Yes: Other: Amount:  
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) reg. equip.  
Private Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well: 300ft  
Well is: 1) Uphill 2) Downhill: X 3) Same Grade 4) Update

2. *Thymus* *sp.*  
L. 1000

2. *Thymus* *sp.*  
L. 1000

## Previous Problems:

How long have you owned, operated or lived on this property? 40 yrs

Have you ever experienced any previous problems with your well? No problem

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:

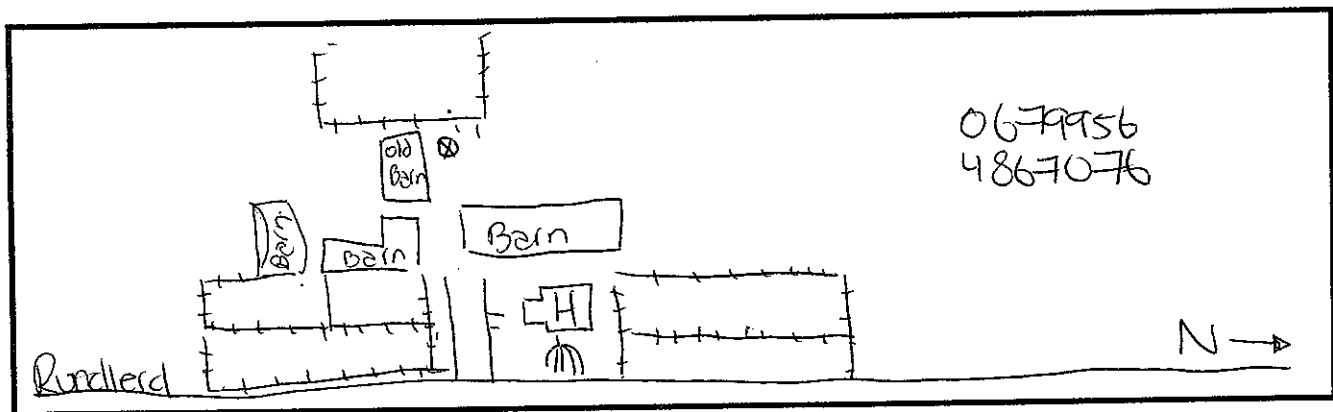
Does homeowner grant permission to obtain a water quality sample?

No

Yes

Signature: Christa Ashton

## Location Sketch:



## Field Visit: (to be completed by GLL staff)

Well Condition: Advised not to go back

Is there a depression around the well? \_\_\_\_\_

If the well is a dug well, and the lid can be lifted, is the first joint between the concrete tiles sealed? \_\_\_\_\_

Is there staining on the inside of the tiles? \_\_\_\_\_



# Water Well Survey

Ontario 201 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 #: 3203/3204  
MOE #: /

## Owner of Well:

Name: Synola Allison Telephone (Bus.): ( )  
Address: 3802 Runnole Road N. (Home): (905) 623-0365  
Person interviewed: Synola Residence: \_\_\_\_\_  
Date: 04/24/2008 Time: 4:19 pm. Interviewed By: \_\_\_\_\_

## 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: L10yrs / 30 years. Use: Domestic Contractor: \_\_\_\_\_  
Type (drilled or dug): drilled / dug Diameter: 6" / 2 3/4" Well Depth: 100' / 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: \_\_\_\_\_ or Positive-submergence ☒ Pumping Capacity: \_\_\_\_\_ Age: L10yrs  
How is your pump lubricated: \_\_\_\_\_  
Depth of Intake Setting: \_\_\_\_\_ m (Original) \_\_\_\_\_ m (Present) Pumping Rate: \_\_\_\_\_ L/s  
Storage Tank: Type: Pressure Capacity: 39 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 + 3 (summer)  
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 filled w/ slug well  
Private Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well: 100 ft  
Well is: 1) Uphill \_\_\_\_\_ 2) Downhill: \_\_\_\_\_ 3) Same Grade: ☒ 4) Update \_\_\_\_\_



## 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:

Does homeowner grant permission to obtain a water quality sample?

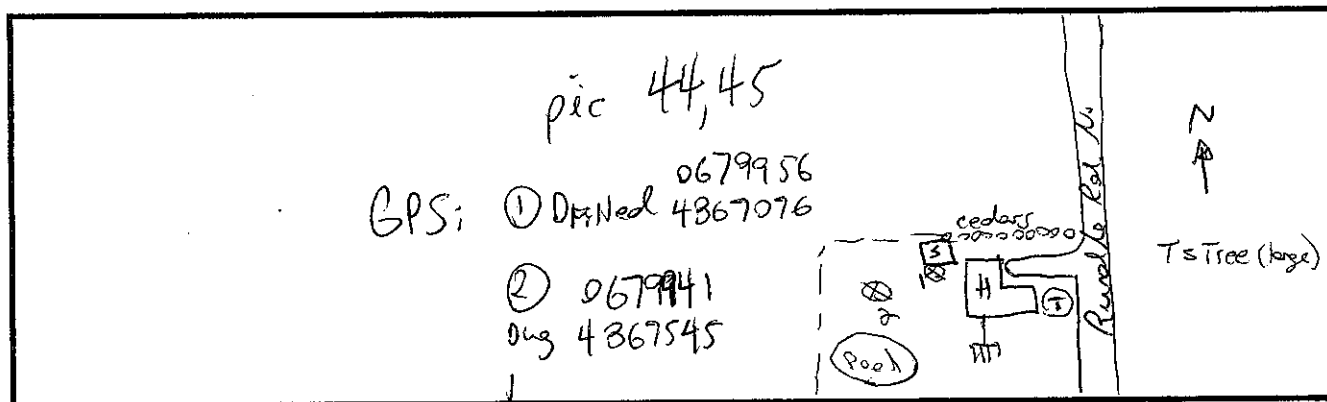
No

Yes ☒

Signature

*Lynnda Wilson*

## Location Sketch:



## Field Visit: (to be completed by GLL staff)

Well Condition: Dug well tile good, not sealed, Drilled well by small shrubs

Is there a depression around the well? No, but in floodplain area

If the well is a dug well, and the lid can be lifted, is the first joint between the concrete tiles sealed? \_\_\_\_\_

Is there staining on the inside of the tiles? \_\_\_\_\_





# 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 #: 3205  
MOE #:

## Owner of Well:

Name: Vincent Fiorini Telephone (Bus.): ( )  
Address: 3890 Rundle Rd. N (Home): (905) 728-6486  
Person Interviewed: Vincent Residence: \_\_\_\_\_  
Date: 04/2/2008 Time: 4:30 pm Interviewed By: \_\_\_\_\_

## Occupant of House Served by Well: (if other than owner)

Name: \_\_\_\_\_ Telephone (Bus.): ( )  
Address: \_\_\_\_\_ (Home): ( )

## Well Location:

Lot: \_\_\_\_\_ Concession: \_\_\_\_\_ Township: Clarington  
GLL Map Sheet (to be completed by GLL Staff): E3

## Well Construction Details:

Date Constructed: 20 years Use: Domestic Contractor: \_\_\_\_\_  
Type (drilled or dug): Dug Diameter: 28" Well Depth: 20-25'  
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) \_\_\_\_\_

## Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence \_\_\_\_\_ Pumping Capacity: \_\_\_\_\_ Age: 20-25

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: sediment

Water Use: Domestic: No: \_\_\_\_\_ Yes: ☒ No. of persons using water from well: Don't drink 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

Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: 100 ft

Well is: 1) Uphill ☒ 2) Downhill: \_\_\_\_\_ 3) Same Grade \_\_\_\_\_ 4) Update \_\_\_\_\_



## Previous Problems:

How long have you owned, operated or lived on this property?

30 year

Have you ever experienced any previous problems with your well?

NONE

If so, when?

What was the cause of the previous problem?

Drought:

Pump Failure:

Plugging:

Increased Usage

Interference:

Contamination:

If problem was contamination, what water quality changes were apparent?

(Note any differences in taste, odour, colour or clarity)

What action was taken to overcome this problem?

What were the effects of this problem?

Did you ever have your well deepened \_\_\_\_\_, or cleaned \_\_\_\_\_, or a new well constructed \_\_\_\_\_?

If so, why?

Outline briefly any previous repairs or changes in pumping equipment, and dates:

NONE

Does homeowner grant permission to obtain a water quality sample?

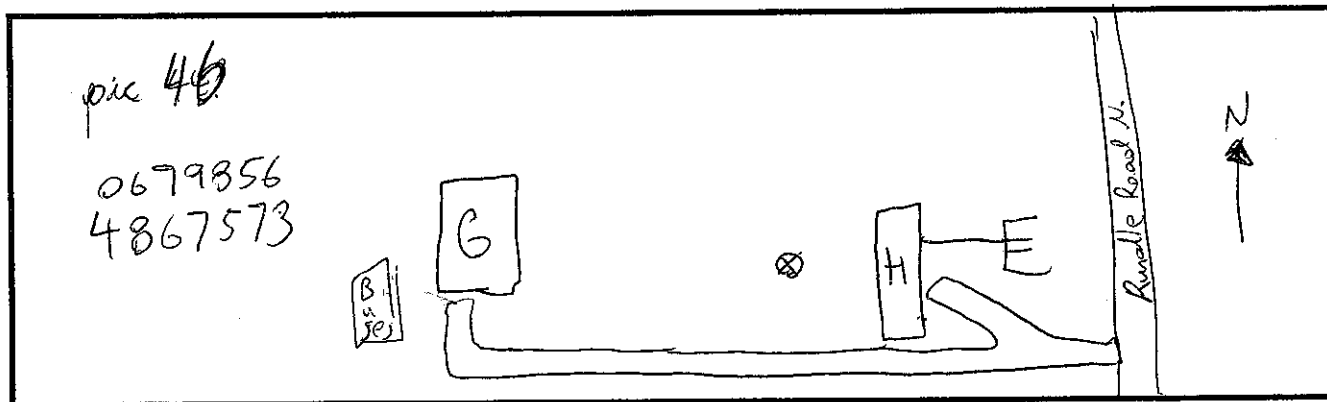
No

Yes

Signature

*[Signature]*

## Location Sketch:



## Field Visit: (to be completed by GLL staff)

Well Condition:

Good (TILE HAS NO CRACK)

Is there a depression around the well?

No

If the well is a dug well, and the lid can be lifted, is the first joint between the concrete tiles sealed?

N/A

Is there staining on the inside of the tiles?

N/A



# 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 #: 3207  
MOE #:

## Owner of Well:

Name: Ewan Flannery Telephone (Bus.): ( )  
Address: 3062 Solina Rd. N. (Home): (905) 436-2240  
Person Interviewed: Ewan Residence:  
Date: 04/2/2008 Time: 5:30 Interviewed By: AD, CC

## 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): EB

## Well Construction Details:

Date Constructed: 1961 Use: Domestic Contractor:  
Type (drilled or dug): Dug Diameter: 36" Well Depth: 12'  
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: 1/2 horse Age: 3 years  
How is your pump lubricated:  
Depth of Intake Setting: ( ) m (Original) ( ) m (Present) Pumping Rate: ( ) L/s  
Storage Tank: Type: Pressure 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: 1  
Livestock: No: ☒ Yes: ☒ No. of livestock watered from well: 6 horses  
Lawn Watering: No: ☒ Yes: ☐ 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: 100 ft  
Well is: 1) Uphill ☒ 2) Downhill: ☐ 3) Same Grade ☐ 4) Update ☐



## Previous Problems:

How long have you owned, operated or lived on this property?

since 1984 June

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?

5 years clean out bottom

Outline briefly any previous repairs or changes in pumping equipment, and dates:

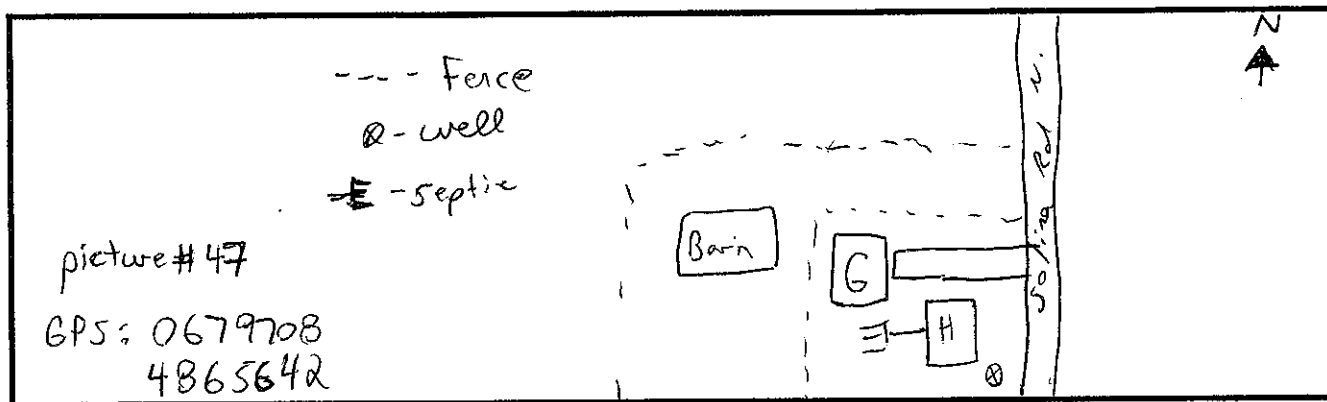
Does homeowner grant permission to obtain a water quality sample?

No

Yes

Signature

## Location Sketch:



## Field Visit: (to be completed by GLL staff)

Well Condition: Good

Is there a depression around the well? NO

If the well is a dug well, and the lid can be lifted, is the first joint between the concrete tiles sealed? N/A

Is there staining on the inside of the tiles? N/A





# Water Well Survey

Ontario 2121 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 #: 3208  
MOE #:

N/A

## Owner of Well:

Name: Joe Tobomarey Telephone (Bus.): ( )  
Address: (Home): ( )  
Person Interviewed: Residence:  
Date: Time: Interviewed By:

## Occupant of House Served by Well: (if other than owner)

Name: Amanda Warren Telephone (Bus.): (905) 429-3557  
Address: 3093 Solina Road North. (Home): ( )

## Well Location:

Lot: Concession: Township:  
GLL Map Sheet (to be completed by GLL Staff):

## Well Construction Details:

Date Constructed: July 2007 Use: Domestic Contractor:  
Type (drilled or dug): Drilled/Dug Diameter: 6" / 28" 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: Age: 1 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: Filter Type:  
Water Use: Domestic: No: Yes: ☒ No. of persons using water from well: 7 (Don't drink)  
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



## Previous Problems:

How long have you owned, operated or lived on this property?

2 years

Have you ever experienced any previous problems with your well?

Smell

If so, when?

all the time

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 Smell

(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?

NONE

Did you ever have your well deepened \_\_\_\_\_, or cleaned \_\_\_\_\_, or a new well constructed ☒ ?

If so, why?

old plug well caved in

Outline briefly any previous repairs or changes in pumping equipment, and dates:

No

Does homeowner grant permission to obtain a water quality sample?

No

Yes

Signature: \_\_\_\_\_



# Water Well Survey

Ontario 1201 Wilson Avenue, Building D, 3<sup>rd</sup> Floor, Downsview, ON M3M 1J8 1-866-840-5529

Well #: 3211  
MOE #: N/A

Gartner Lee 300 Town Centre Boulevard, Suite 300, Markham, ON L3R 5Z6 (905)477-8400

## Owner of Well:

Name: Jacobus Stoop Telephone (Bus.): ( )  
Address: 3329 Solina Rd. N. (Home): (905) 436-2617  
Person Interviewed: Jacobus Stoop Residence: yes  
Date: 04/2/2008 Time: 6:00 pm Interviewed By: AD/CC

## Occupant of House Served by Well: (if other than owner)

Name: \_\_\_\_\_ Telephone (Bus.): ( ) \_\_\_\_\_  
Address: \_\_\_\_\_ (Home): ( ) \_\_\_\_\_

## Well Location:

Lot: \_\_\_\_\_ Concession: E3 Township: \_\_\_\_\_  
GLL Map Sheet (to be completed by GLL Staff): \_\_\_\_\_

## Well Construction Details:

Date Constructed: 1967 Use: Domestic Contractor: \_\_\_\_\_  
Type (drilled or dug): Dug Diameter: 36" Well Depth: 27'  
Is well accessible for direct sampling? yes or buried: \_\_\_\_\_  
Screen: Yes \_\_\_\_\_ No ✓ If Yes, length: \_\_\_\_\_ m Depth of top of screen: \_\_\_\_\_ m

## Well Water Levels: (indicate whether measured from ground level, or from top of casing)

Original Water Level Depth: 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: 10 years  
How is your pump lubricated: \_\_\_\_\_  
Depth of Intake Setting: \_\_\_\_\_ m (Original) \_\_\_\_\_ m (Present) Pumping Rate: \_\_\_\_\_ L/s  
Storage Tank: Type: Pressure Capacity: 10-20 igpm  
Do you have a: Chlorinator: \_\_\_\_\_ Water Softener: ✓ Water Filter: ✓ Filter Type: UV  
Water Use: Domestic: No: \_\_\_\_\_ Yes: ✓ No. of persons using water from well:



## 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?

NONE now coliforms

If so, when?

about 10 years ago

What was the cause of the previous problem?

Drought: \_\_\_\_\_

Pump Failure: \_\_\_\_\_

Plugging: \_\_\_\_\_

Increased Usage: \_\_\_\_\_

Interference: \_\_\_\_\_

Contamination: \_\_\_\_\_

If problem was contamination, what water quality changes were apparent?

(Note any differences in taste, odour, colour or clarity)

quality

What action was taken to overcome this problem?

UV filter

What were the effects of this problem?

NONE

Did you ever have your well deepened \_\_\_\_\_, or cleaned ☒, or a new well constructed \_\_\_\_\_?

If so, why?

cleaned & added per stone

Outline briefly any previous repairs or changes in pumping equipment, and dates:

changed pump 10 years ago approximately.

Does homeowner grant permission to obtain a water quality sample?

No





























