

Water Well Survey

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

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

Well #: 3215

MOE #: N/A

Owner of Well:

Name: Trudy Paashuis Telephone (Bus.): ()
Address: 3397 Solina rd. (Home): (905) 436-2176
Person Interviewed: _____ Residence: _____
Date: 04/2/2008 Time: 7:12 pm. 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): E3

Well Construction Details:

Date Constructed: 22 years Use: Domestic Contractor: _____
Type (drilled or dug): (2) Dug Diameter: 36" Well Depth: N/A
Is well accessible for direct sampling? yes or buried: _____
Screen: Yes _____ No ✓ If Yes, length: _____ m Depth of top of screen: _____ m

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

Original Water Level Depth: _____ m

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

Pumping Equipment:

Pump Type: Suction-lift: ✓ or Positive-submergence _____ Pumping Capacity: 1/2 hrs Age: NA

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: ✓ Water Filter: ✓ Filter Type: UV

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

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

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

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

Regular appliance hot tube not in use.

Private Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well: 105 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?

22 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?

N/A

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

NONE

Does homeowner grant permission to obtain a water quality sample?

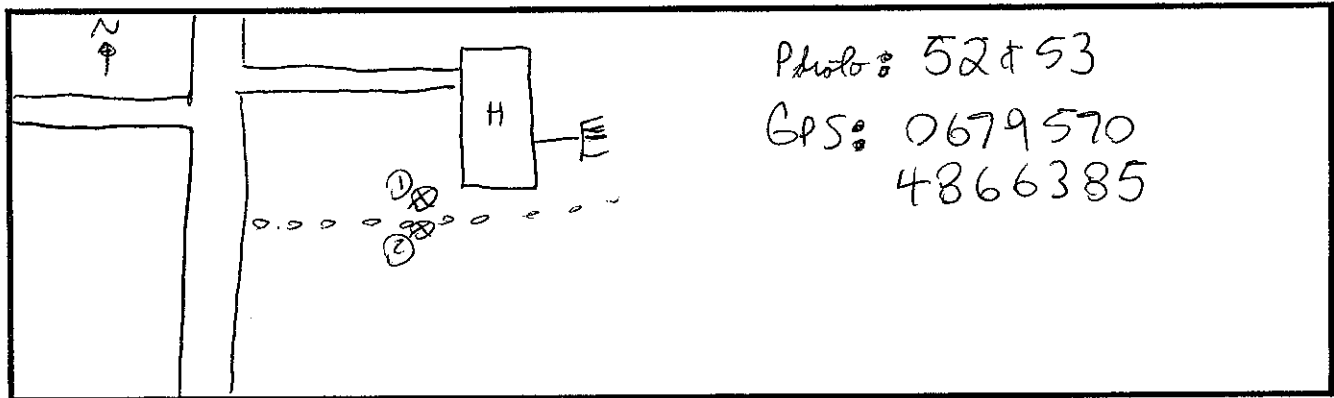
No

Yes

Signature

[Signature]

Location Sketch:



Field Visit: (to be completed by GLL staff)

Well Condition:

Good (sealed but not chaulked)

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

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

Well #: 3217
MOE #:

Owner of Well:

Name: Hilary VanDrunen Telephone (Bus.): ()
Address: 3500 Solina Rd. North (Home): (905) 404-0390
Person Interviewed: Hilary Residence: _____
Date: April 4/08 Time: _____ Interviewed By: AD, CC.

Occupant of House Served by Well: Bought house from mother. (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: ~35 yrs Use: _____ Contractor: resident
Type (drilled or dug): Dug Diameter: 28" Well Depth: N/A. doesn't know
Is well accessible for direct sampling? _____ or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

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

Original Water Level Depth: _____ m

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

Pumping Equipment:

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

How is your pump lubricated: _____

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

Storage Tank: Type: _____ Capacity: _____

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

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.) _____

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? 3 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:

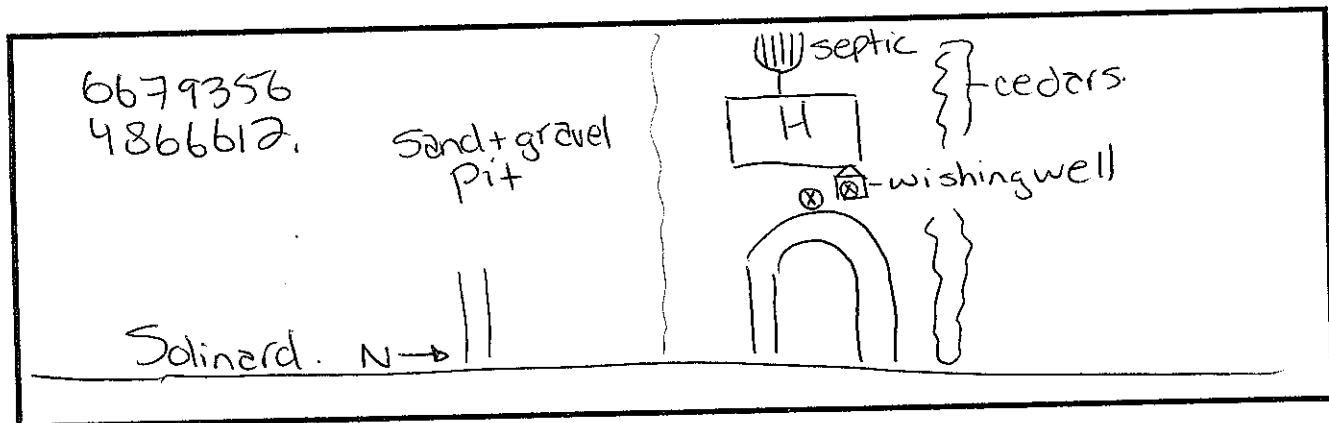
Does homeowner grant permission to obtain a water quality sample?

No

Yes

Signature [Signature]

Location Sketch:



Field Visit: (to be completed by GLL staff)

Well Condition: 2 wells, 1 in wishing well, 1 to south ~1ft above ground close to driveway, tile okay, not sealed or 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? _____

Photo 1+2

Water Well Survey

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

Well #: 3218
MOE #:

Owner of Well: Wiggins Landscaping

Name: Bev Wiggins Telephone (Bus.): ()
Address: 3646 Solina rd. north (Home): 905 433-8881
Person Interviewed: Bev Residence:
Date: April 4/08 Time: 10:25 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: old 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: >20yrs.

How is your pump lubricated:

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

Storage Tank: Type: Capacity:

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

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

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

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

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

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

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?

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?

Pumped out.

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

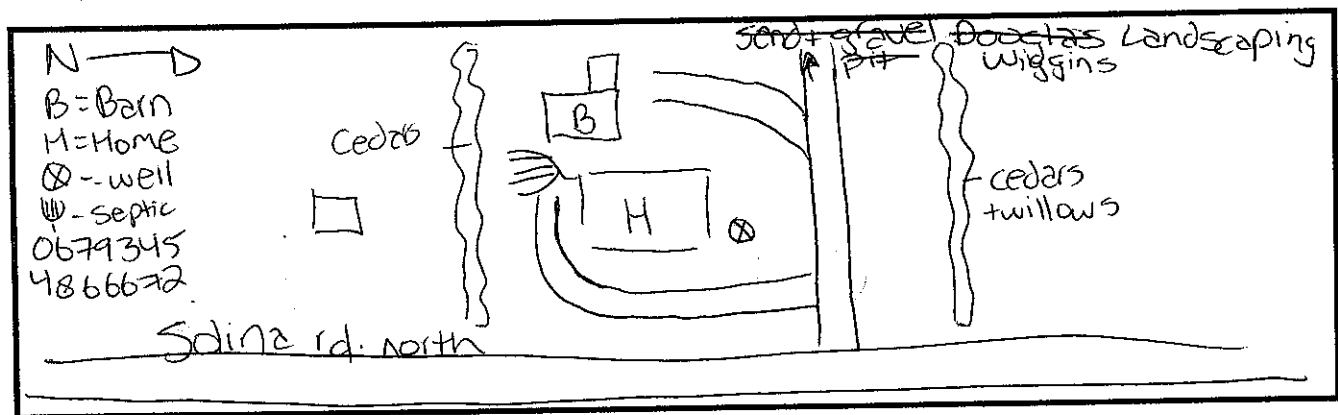
Does homeowner grant permission to obtain a water quality sample?

No

Yes

Signature:

Location Sketch:



Field Visit: (to be completed by GLL staff)

Well Condition: ~1ft off ground, tile good, well seal not caulked

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?

top tile shifted off
bottom tile a little

Photo #3

Water Well Survey

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

Well #: 3220
MOE #:

Owner of Well:

Name: Steve Decourcey Telephone (Bus.): ()
Address: 3734 Solinz rd. north (Home): (905) 435-4204
Person Interviewed: Steve Residence:
Date: April 4 / 08 Time: 10:43 Interviewed By: AN, 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: ~1958 Use: Domestic Contractor:
Type (drilled or dug): Dug Diameter: 28" Well Depth: 9-10 tiles x 3ft
Is well accessible for direct sampling? or buried: 30ft
Screen: Yes No If Yes, length: m Depth of top of screen: m

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

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

Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence Pumping Capacity: Age: 2 yrs
How is your pump lubricated:
Depth of Intake Setting: m (Original) m (Present) Pumping Rate: L/s
Storage Tank: Type: Pressure Capacity: 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: 3
Livestock: No: ☒ Yes: No. of livestock watered from well:
Lawn Watering: No: ☒ Yes: Other: Amount:
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) reg. equipment
Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: 30m
Well is: 1) Uphill ☒ 2) Downhill: 3) Same Grade 4) Update 3

Previous Problems:

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

~7-8 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 NO, or cleaned NO, or a new well constructed _____?

If so, why?

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

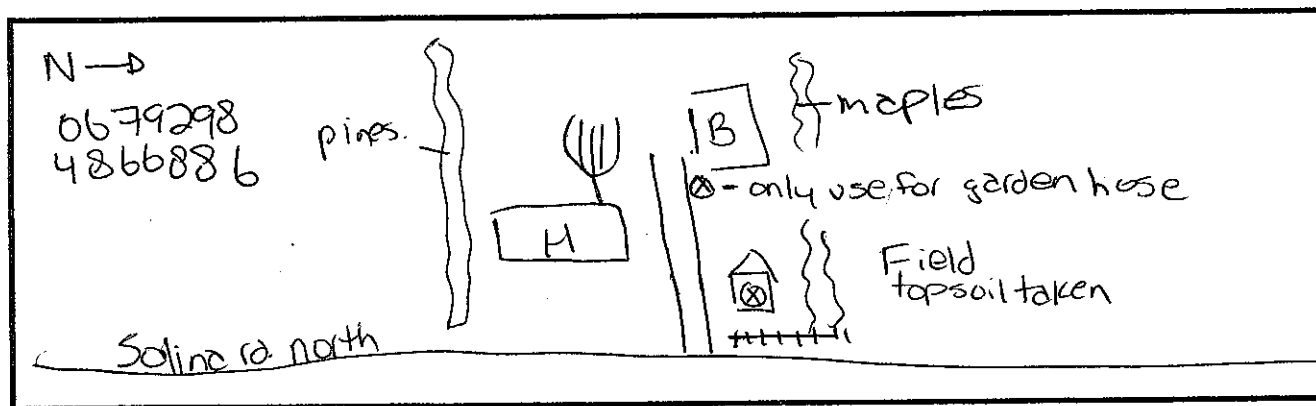
Does homeowner grant permission to obtain a water quality sample?

No

Yes

Signature

Location Sketch:



Field Visit: (to be completed by GLL staff)

Well Condition: inside wishing well, sealed but not caulked.

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?

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

Well #: 3221
MOE #:

Owner of Well:

Name: Clementine Dosholis Telephone (Bus.): ()
Address: 3856 Solina rd north. (Home): (905) 346-2531
Person Interviewed: Clementine Residence: _____
Date: April 4/08 Time: _____ 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: Clairington
GLL Map Sheet (to be completed by GLL Staff): _____

Well Construction Details:

Date Constructed: ~1958 Use: Domestic Contractor: _____
Type (drilled or dug): Dug Diameter: 28" Well Depth: 3 tiles - 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: N/A Age: newer than 1958
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. equipment
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?

1959

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:

NO

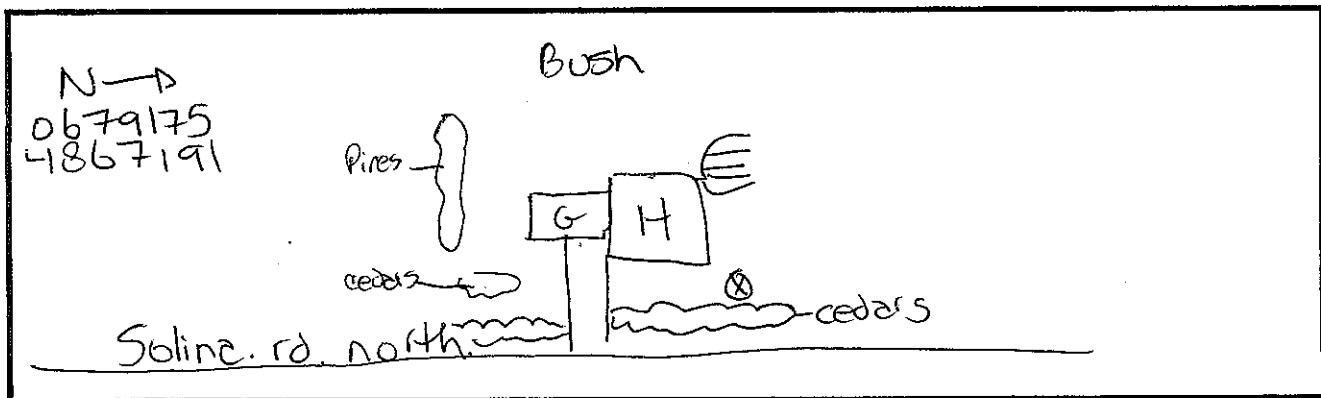
Does homeowner grant permission to obtain a water quality sample?

No

Yes

Signature

Location Sketch:



Field Visit: (to be completed by GLL staff)

Well Condition: lid has patio stone on top, tile has moss on it, no caulking

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?

- Mother naps in afternoons.
- 2 dogs, advised to go straight to house or workshop.

Water Well Survey

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

Well #: 3222
MOE #:

Owner of Well:

Name: Brandon Ulrich Telephone (Bus.): ()
Address: 3930 Solina rd. north. (Home): 905 436-0888
RR #3 Bowmanville, L1C 3K4
Person Interviewed: _____ Residence: _____
Date: April 4/08 Time: 11:20 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: Arlington
GLL Map Sheet (to be completed by GLL Staff): _____

Well Construction Details:

Date Constructed: Feb 0. Use: domestic/some chickens Contractor: _____
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: N/A Age: 1yr
How is your pump lubricated: _____
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: Pressure Capacity: 80 gallons
Do you have a: Chlorinator: _____ Water Softener: ☒ Water Filter: ☒ Filter Type: reverse osmosis
Water Use: Domestic: No: _____ Yes: ☒ No. of persons using water from well: 2 U.V. light
Livestock: No: ☒ Yes: ☒ No. of livestock watered from well: 20 chkn + 25 broilers
Lawn Watering: No: ☒ Yes: _____ Other: _____ Amount: + summer beer
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) reg. equipment tiles in ground, funnel to irrigation pond
Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: 20m
Well is: 1) Uphill _____ 2) Downhill: _____ 3) Same Grade ☒ 4) Update _____

Previous Problems:

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

~1985-1986.

Have you ever experienced any previous problems with your well?

1960 - Father originally
water shortages due to hydrant leak.

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?

fixed hydrant. water shortages

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

If so, why?

last summer.

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

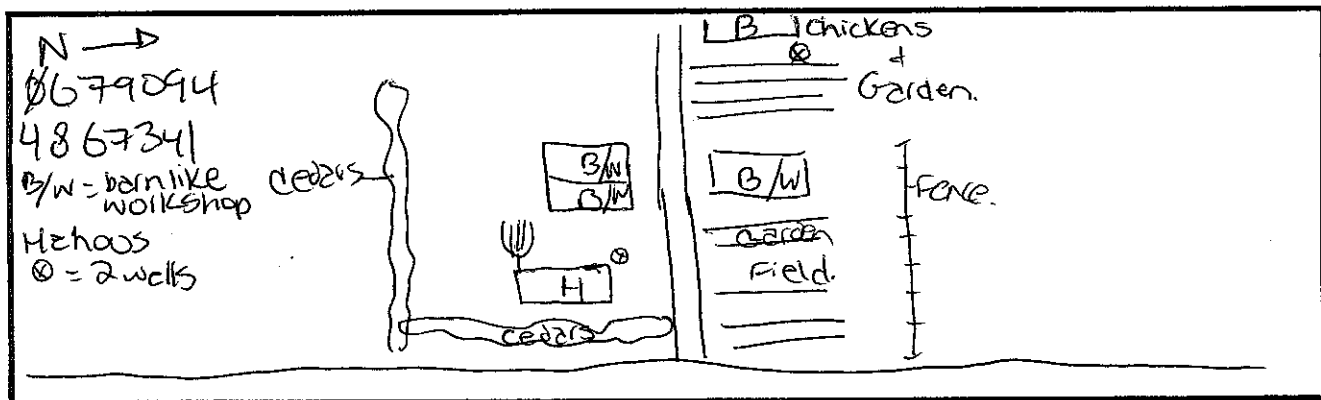
Does homeowner grant permission to
obtain a water quality sample?

No

Yes ☒

Signature: 

Location Sketch:



Field Visit: (to be completed by GLL staff)

Well Condition: <1ft above ground (just building newer house), metal plate lid, not sealed or caulked

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? _____

X 2 wells. well by barn used for chickens; garden (extensive)
has irrigated pond water, in summer he has cattle come in
for personal use.

Water Well Survey

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

Well #: 323
MOE #:

Owner of Well:

Name: Gwen Thiele Telephone (Bus.): ()
Address: 3252 Hancock St. (Home): 905 436-2406
Person Interviewed: Gwen Residence:
Date: April 4/08 Time: 12:20 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: ~48 yrs Use: Domestic Contractor:
Type (drilled or dug): Dug Diameter: 28" Well Depth: ~16-18 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: N/A Age: ~2-3 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: 10-20 gallons
Do you have a: Chlorinator: ☒ Water Softener: ☒ Water Filter: ☒ Filter Type: ☒
Water Use: Domestic: No: ☒ Yes: ☒ No. of persons using water from well: 2
Livestock: No: ☒ Yes: ☒ No. of livestock watered from well: ☒
Lawn Watering: No: ☒ Yes: ☒ Other: Don't drink Amount: ☒
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) reg. equipment

Private Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well: 20m
Well is: 1) Uphill 2) Downhill 3) Same Grade ☒ 4) Update

used to fill up inground pool + well wouldn't go dry: NO pool any more

Previous Problems:

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

~47-48 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:

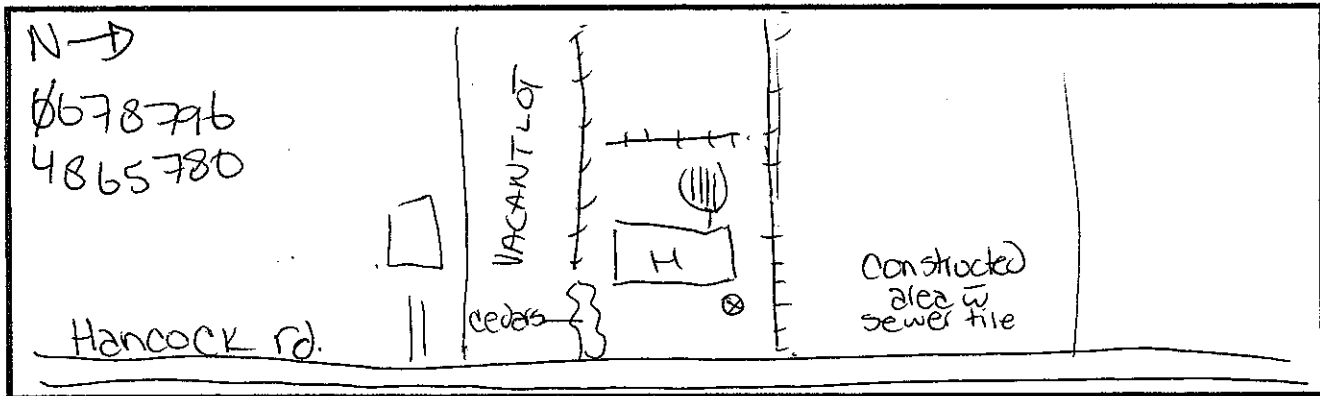
Does homeowner grant permission to obtain a water quality sample?

No

Yes

Signature

Location Sketch:



Field Visit: (to be completed by GLL staff)

Well Condition: >1ft above ground, log stuck in vent pipe on top, not 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?

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

Well #: 3240

MOE #:

Owner of Well:

Name: Tom Bagole Telephone (Bus.): ()
Address: 3150 Hancock Rd. North (Home): (905) 436-2589
Person Interviewed: Tom Residence:
Date: April 4/07 Time: 1:18 Interviewed By: DD, 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: N/A. > 47 yrs Use: Domestic Contractor: N/A
Type (drilled or dug): Dug Diameter: 28" Well Depth: 13 ft
Is well accessible for direct sampling? or buried:
Screen: Yes No If Yes, length: m Depth of top of screen: m

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

Original Water Level Depth: m

Subsequent Water Level Measurements

(give depths in m and dates)

Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence Pumping Capacity: Age: ~2-3 yrs

How is your pump lubricated:

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

Storage Tank: Type: Pressure Capacity: 5-10 gallons

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: 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:

Well is: 1) Uphill 2) Downhill 3) Same Grade 4) Update

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?

high bact.

If so, when?

~ 7-6 yrs.

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?

U.V. light

What were the effects of this problem?

could not 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:

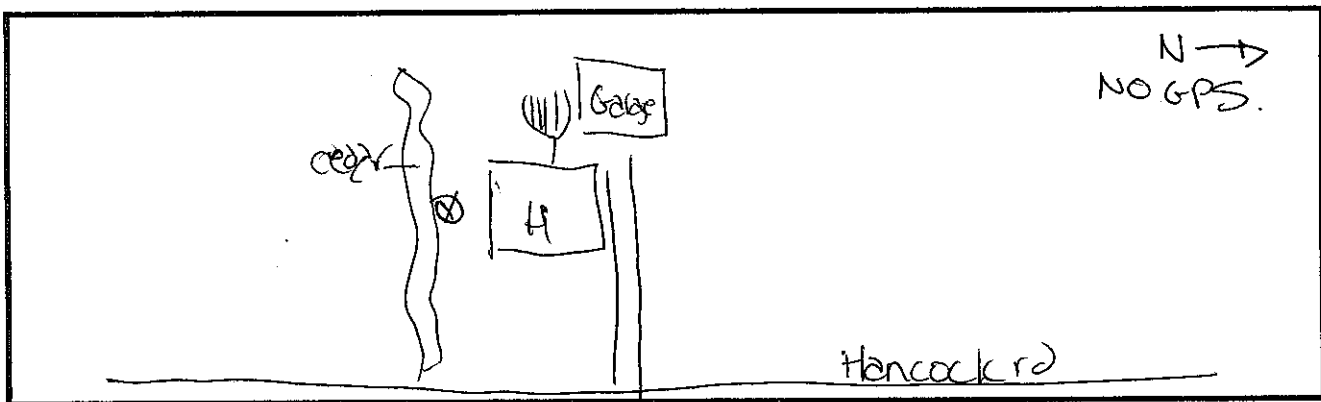
Does homeowner grant permission to obtain a water quality sample?

No ☒

Yes _____

Signature _____

Location Sketch:



Field Visit: (to be completed by GLL staff)

Did not visit, not too willing

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

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

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

Well #: 3243
MOE #:

Owner of Well:

Name: Frank Modica Telephone (Bus.): ()
Address: 3124 Hancock (Home): (905) 432-7472
Person Interviewed: Frank Residence:
Date: April 4/08 Time: 1:30 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: 22 Apr 05 Use: domestic Contractor:
Type (drilled or dug): 2 Dug Diameter: 28" Well Depth: 27 + 35 ft.
Is well accessible for direct sampling? or buried: only use one.
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: Summer '07
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 ~ kitchen
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?

20 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?

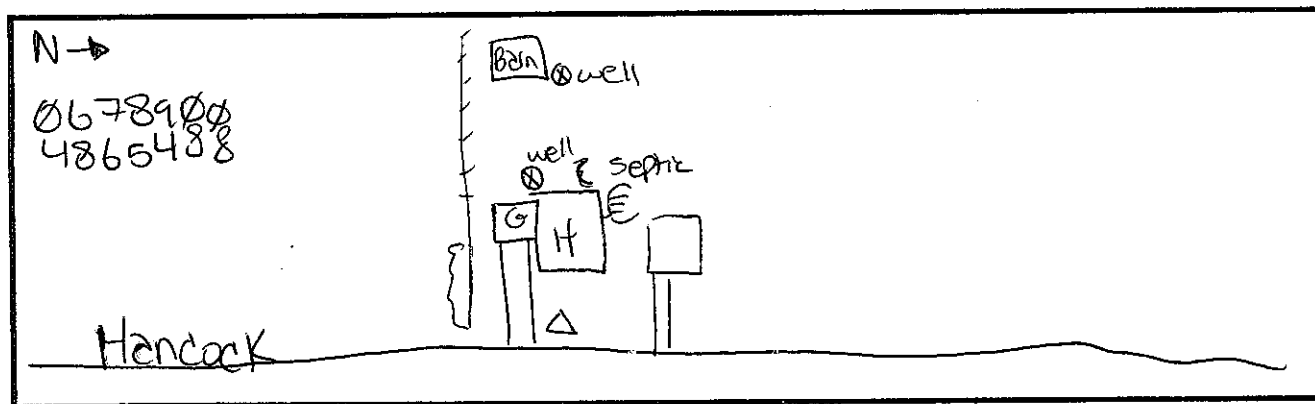
No

Yes

Signature

[Signature]

Location Sketch:



Field Visit: (to be completed by GLL staff)

Well Condition: well sealed & caulked, top hole is covered w plastic over lid.

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?

Photo #9

Water Well Survey

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

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

Well #: 3245
MOE #:

Owner of Well:

Name: John Siamani (Courtice Auto Recycling) Telephone (Bus.): ()
Address: 3040 Hancock (Home): ()
Person Interviewed: Julie Burt Residence:
Date: April 4/08 Time: 1:50 Interviewed By: AD, CC

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

Name: Julie Burt Telephone (Bus.): ()
Address: (Home): (905) 432-2516

Well Location:

Lot: Concession: E3 Township: Clarington
GLL Map Sheet (to be completed by GLL Staff):

Well Construction Details:

Date Constructed: 23 yrs. Use: domestic Contractor: N/A
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: 23 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: 20-30 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: 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?

3 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:

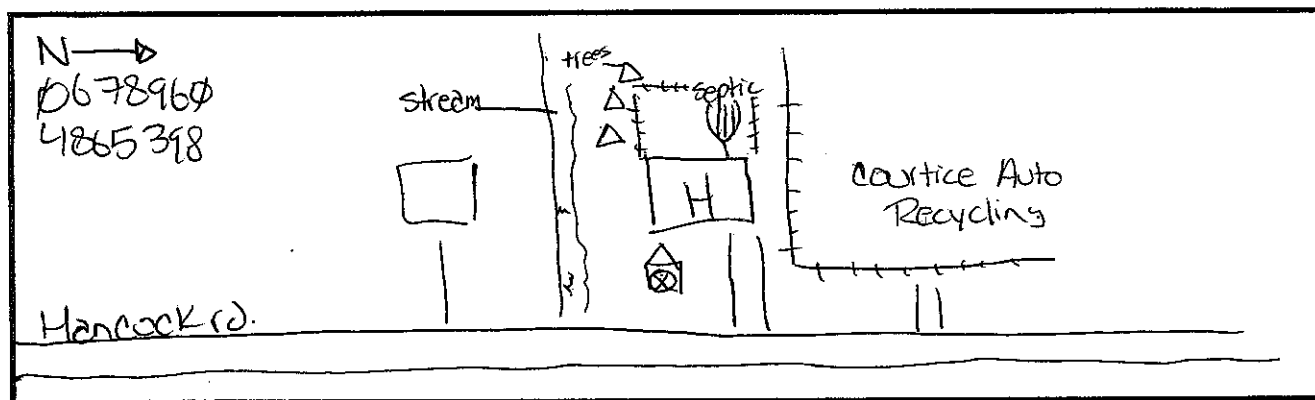
Does homeowner grant permission to obtain a water quality sample?

No

Yes

Signature

Location Sketch:



Field Visit: (to be completed by GLL staff)

Well Condition: in wishing well, top tile secured + sealed, lid not secured

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?

Photo #10.

Done

Water Well Survey

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

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

Well #: 3247
MOE #:

Owner of Well:

Name: JACQUELINE JAMES Telephone (Bus.): ()
Address: 1842 NASH ROAD (Home): (905) 436-2562
Person Interviewed: Jacqueline Residence: _____
Date: April 7, 2008 Time: 9:30 Interviewed By: RBC/AD

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

Name: same 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: ~ 1955 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: > 1999
How is your pump lubricated: _____
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: Pressure Capacity: ~ 20 gallons
Do you have a: Chlorinator: _____ Water Softener: _____ Water Filter: _____ Filter Type: _____
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: 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?

1999

Have you ever experienced any previous problems with your well?

high minerals, coliform + sodium: don't drink (recent).

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

Location Sketch:

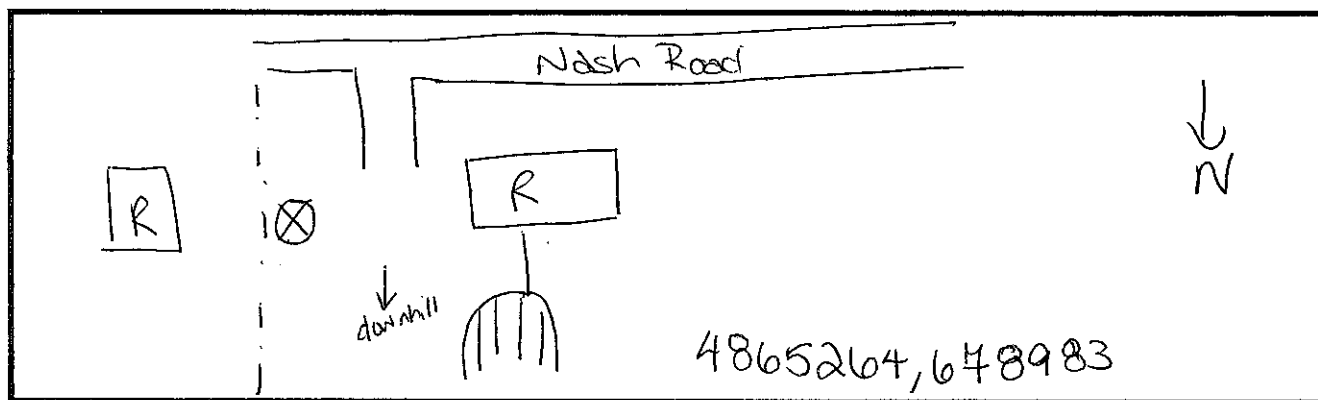


Photo #11 + 12.

Field Visit: (to be completed by GLL staff)

Well Condition: vent hole open, lid not caulked.

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, 3rd Floor, Downsview, ON M3M 1J8 1-866-840-5529

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

Well #: 3248
MOE #:

Owner of Well:

Name: Edward Theriault Telephone (Bus.): ()
Address: 1840 Nash (Home): (905) 436-2414
Person Interviewed: Edward
Date: April 7/08 Time: 9:45
Residence:
Interviewed By: AD, RBC

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: ~1940's Use: domestic Contractor:
Type (drilled or dug): Dug Diameter: 28" (7) Well Depth: 14 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: ~1950's
How is your pump lubricated:
Depth of Intake Setting: m (Original) m (Present) Pumping Rate: L/s
Storage Tank: Type: Pressure Capacity: 30 gallons
Do you have a: Chlorinator: Water Softener: Water Filter: Filter Type:
Water Use: Domestic: No: Yes: ☒ No. of persons using water from well: 3
Livestock: No: ☒ Yes: No. of livestock watered from well:
Lawn Watering: No: ☒ Yes: Other: Amount:
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) reg. equipment
Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: ?
Well is: 1) Uphill ☒ 2) Downhill: 3) Same Grade ☒ 4) Update

Previous Problems:

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

1960

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?

2 yrs ago, reg. maintenance.

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

Does homeowner grant permission to obtain a water quality sample?

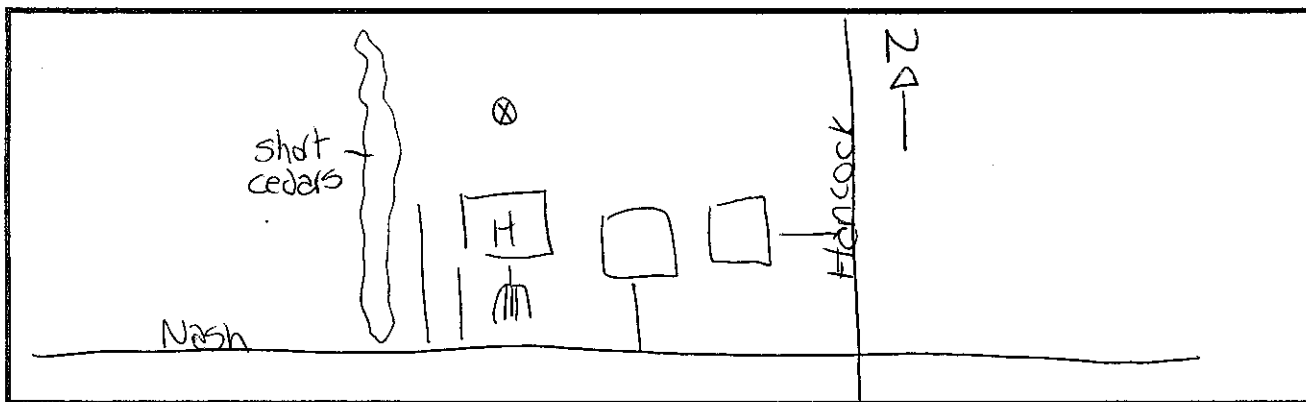
No

Yes

Signature

[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?

were't granted permission to back yard so don't know exactly where well is

Water Well Survey

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

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

Well #: 3251
MOE #:

Owner of Well:

Name: Marilyn & Ron Rousselle Telephone (Bus.): ()
Address: 1832 Nash rd. (Home): 905 434-9742
Person Interviewed: Marilyn & Ron Residence: _____
Date: April 7/08 Time: 10:00am Interviewed By: AD, RBC

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: 50 yrs Use: domestic Contractor: N/A
Type (drilled or dug): Dug Diameter: 28" Well Depth: ~23ft.
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: 20 gallons
Do you have a: Chlorinator: _____ Water Softener: _____ Water Filter: ☒ Filter Type: Fridge
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.) hot tub w well (2/yr)
Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: 20
Well is: 1) Uphill _____ 2) Downhill: _____ 3) Same Grade ☒ 4) Update _____

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 problems, yellow colour now

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?

1 year Jaxex

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

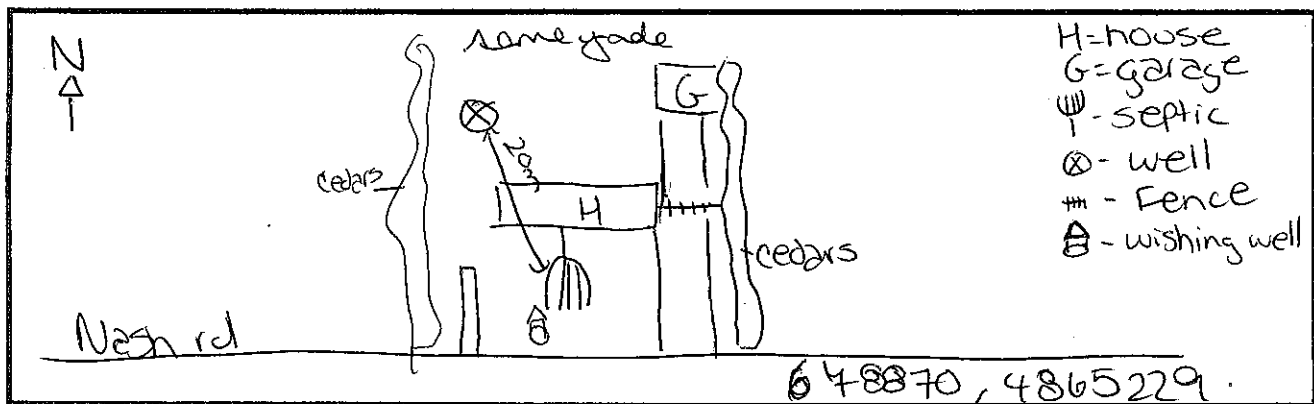
Does homeowner grant permission to obtain a water quality sample?

No

Yes

Signature

Location Sketch:



Field Visit: (to be completed by GLL staff)

Well Condition:

Well is covered w/ metal cover, ~~sealed~~ lid is caulked. Bird feeder is on top

Is there a depression around the well?

Of well, there is a 4" thick pad of sunflower seed

If the well is a dug well, and the lid can be lifted, is the first joint between the concrete tiles sealed?

garden shells around well.

Is there staining on the inside of the tiles?

Potential for bird excrement to collect around well in spring/summer.

photo B&14

Water Well Survey

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

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

Well #: 6136
MOE #: 190543

2 Dug well: GLL# 3259

Owner of Well:

Name: MTO. Telephone (Bus.): ()
Address: 1894 Nash road. (Home): ()
Person Interviewed: Valerie Residence:
Date: April 7/08 Time: 10:53 Interviewed By: AD, RBC

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

Name: Valerie Farrell Telephone (Bus.): ()
Address: 1894 Nash rd. (Home): (905) 436-6242

Well Location:

Lot: Concession: Township: Clarington
GLL Map Sheet (to be completed by GLL Staff): E3

Well Construction Details:

Date Constructed: ~ 4 yrs Use: Residential Contractor:
Type (drilled or dug): Drilled Diameter: Well Depth: 100ft
Is well accessible for direct sampling? or buried: Yes
Screen: Yes No If Yes, length: m Depth of top of screen: m

Well Water Levels:

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: 41 yr.

How is your pump lubricated:

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

Storage Tank: Type: Pressure Capacity: ~ 25 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

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 + Pool

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

Well is: 1) Uphill 2) Downhill 3) Same Grade 4) Update

Water Well Survey

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

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

Well #: 3260 + 3261
MOE #:

Owner of Well:

Name: P & E Limebeer
Address: 1901 Nash Rd RR 3
Person Interviewed: Mrs. Limebeer
Date: April 7/08 Time: 11:15 a.m.
Telephone (Bus.): ()
(Home): (905) 436-2759
Residence:
Interviewed By: AD, RBC

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: 1/32/15, 1/20/15 Use: domestic Contractor:
Type (drilled or dug): 2 Dug Diameter: 28 in 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: Pressure Capacity: ~ 20 gallons
Do you have a: Chlorinator: Water Softener: Water Filter: ☒ Filter Type: 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:
Well is: 1) Uphill 2) Downhill: 3) Same Grade 4) Update

Previous Problems:

How long have you owned, operated or lived on this property? 32 years.

Have you ever experienced any previous problems with your well? older well used to go dry so dug new well. One hooked up to laundry, other to all other appliances.

If so, when? ~20 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? Dug other well. Both in use

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:

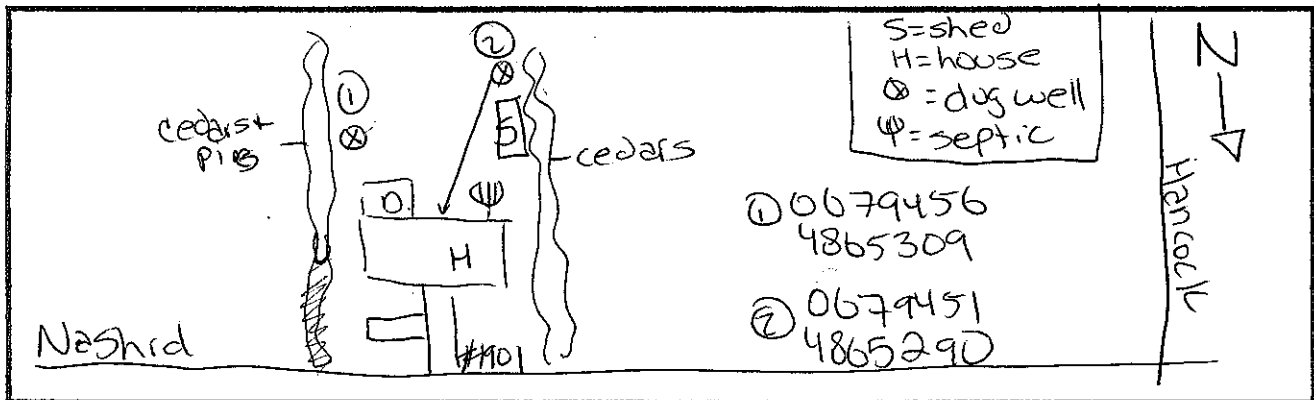
Does homeowner grant permission to obtain a water quality sample?

No

Yes ☒

Signature P. [Signature]

Location Sketch:



Field Visit: (to be completed by GLL staff)

Well Condition:

① cracked lid, but accessible

② lid not sealed

① good condition

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, 3rd Floor, Downsview, ON M3M 1J8 1-866-840-5529

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

Well #: 3273
MOE #: —

Owner of Well:

Name: Stephanie Rook Telephone (Bus.): ()
Address: 4100 Holt rd (Home): (905) 263-2982
Person Interviewed: Stephanie Residence: —
Date: April 7/08 Time: 1:00 pm Interviewed By: AD, RBC

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

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

Well Location:

Lot: 21 Concession: 4. Township: Clarington
GLL Map Sheet (to be completed by GLL Staff): E3 (edge of east side)

Well Construction Details:

Date Constructed: ~20 years Use: domestic Contractor: N/A
Type (drilled or dug): Drilled Diameter: 6" Well Depth: ~60 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: ~20 years
How is your pump lubricated: _____
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: Pressure Capacity: N/A
Do you have a: Chlorinator: _____ Water Softener: _____ Water Filter: _____ Filter Type: _____
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 filled w well water
Private Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well: 15-20m
Well is: 1) Uphill ☒ 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?

Advised not to drink water
High bacteria.

If so, when?

~4 years ago

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage _____

Interference: _____

Contamination: ☒

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

No differences noted

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

What action was taken to overcome this problem?

bleached system + drained, sand started
coming out.
New cap 1/2 yr old. Didn't drink, do now.

What were the effects of this problem?

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

If so, why?

Noted above.

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

Does homeowner grant permission to
obtain a water quality sample?

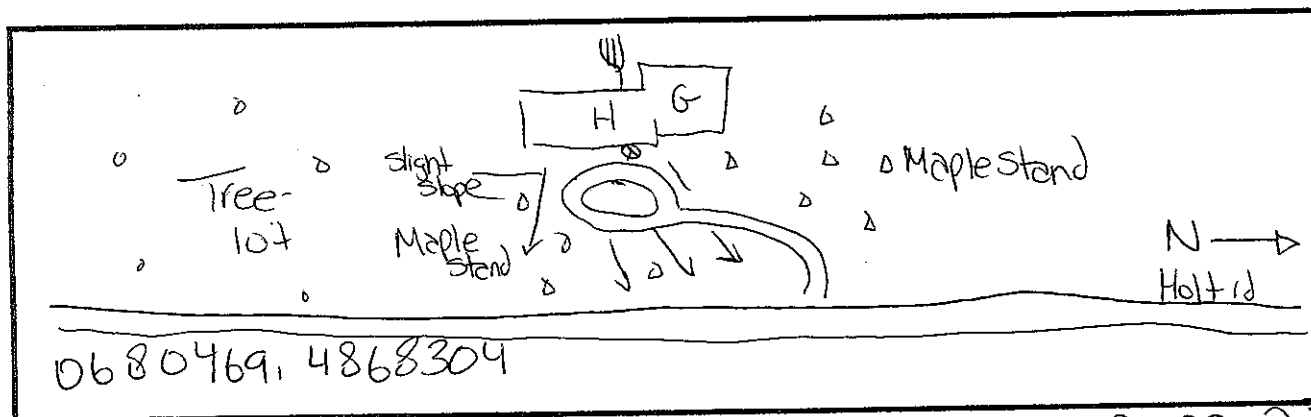
No

Yes ☒

Signature

[Signature]

Location Sketch:



Pic 22-123

Field Visit: (to be completed by GLL staff)

Well Condition:

Drilled well, 1ft above ground, edge of driveway

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, 3rd Floor, Downsview, ON M3M 1J8 1-866-840-5529

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

Well 1

Well #: 1905467
MOE #: 6312

Well 2: Well # 3274

Owner of Well:

Name: Robert + King Telephone (Bus.): ()
Address: 4278 Holt (Home): (905) 263-8571 or 2
Person Interviewed: Robert Residence: _____
Date: April 7/08 Time: 1:23 Interviewed By: AD, RBC

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: >16 years Use: domestic Contractor: _____
Type (drilled or dug): 2 Dug Diameter: 28" Well Depth: N/A
Is well accessible for direct sampling? _____ or buried: can see pump
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: >16 years
How is your pump lubricated: _____
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: _____ Capacity: _____
Do you have a: Chlorinator: _____ Water Softener: _____ Water Filter: _____ Filter Type: _____
Water Use: Domestic: No: _____ Yes: ☒ No. of persons using water from well: 3
Livestock: No: ☒ Yes: _____ No. of livestock watered from well: _____
Lawn Watering: No: ☒ Yes: _____ Other: _____ Amount: _____
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) reg. Equipment
Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: 480m
Well is: 1) Uphill ☒ 2) Downhill: _____ 3) Same Grade: _____ 4) Update: _____

Previous Problems:

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

~16 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?

-16 to 17 years ago clean

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

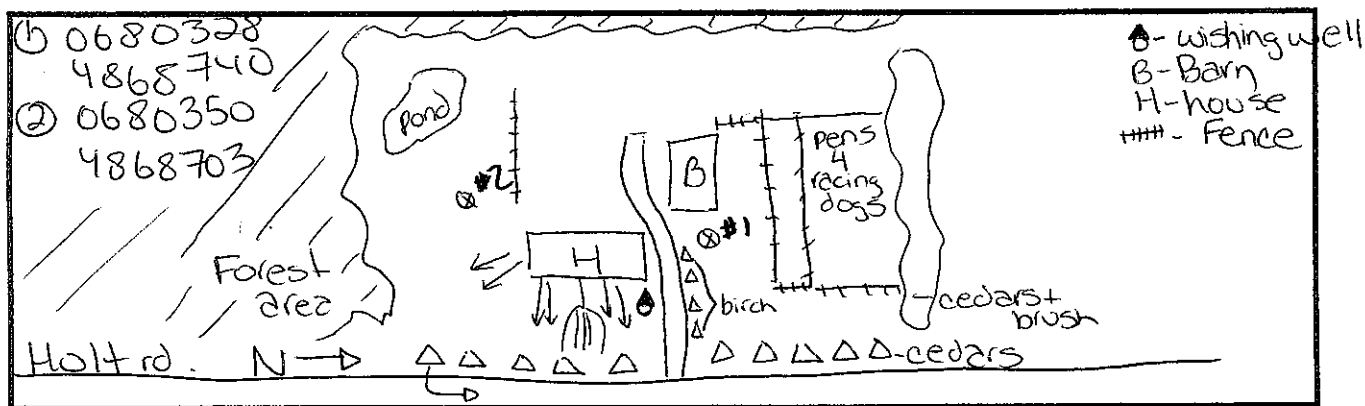
Does homeowner grant permission to
obtain a water quality sample?

No

Yes

Signature: _____

Location Sketch:



Picture #24+25

Field Visit: (to be completed by GLL staff)

Well Condition: lids not sealed, both w/in 5 m of ditch w standing water

Is there a depression around the well? No, both mounded.

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, 3rd Floor, Downsview, ON M3M 1J8 1-866-840-5529

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

3277-barn
Well #: 3276-House
MOE #:

Owner of Well:

Name: Lynn Fraser - Century Farm Telephone (Bus.): ()
Address: 4709 Holt (Home): (905) 263-4306
Person Interviewed: Lynn Residence: _____
Date: April 7/08 Time: 1:45 Interviewed By: AD, RBC

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 side of E3

Well Construction Details: old home 1800's.

Date Constructed: > 9yrs Use: domestic & Contractor: N/A
Type (drilled or dug): 2 Dug Diameter: 28" livestock Well Depth: 140ft
Is well accessible for direct sampling? No or buried: 130ft
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: 1-barn 4yr
1-house 9yr

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: ☒ No. of persons using water from well: 2
Livestock: No: _____ Yes: ☒ No. of livestock watered from well: 15 horses.
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: _____
Well is: 1) Uphill ☒ 2) Downhill: _____ 3) Same Grade _____ 4) Update _____

Previous Problems:

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

9 years

Have you ever experienced any previous problems with your well?

water getting low

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:

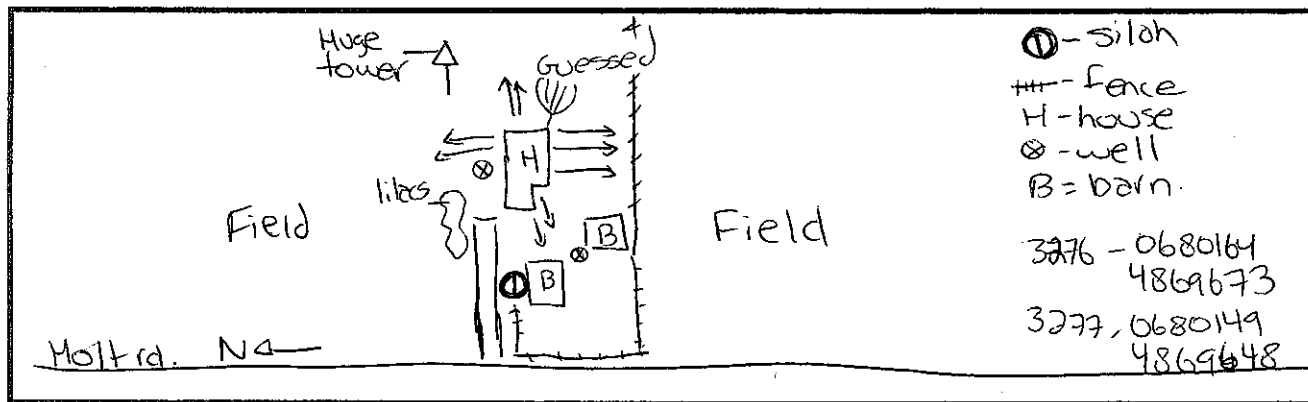
Does homeowner grant permission to obtain a water quality sample?

No

Yes

Signature

Location Sketch:



Field Visit: (to be completed by GLL staff)

Well Condition:

Both lids not caulked, vented,

Is there a depression around the well?

NO, mounded

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, 3rd Floor, Downsview, ON M3M 1J8 1-866-840-5529

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

Well #: 3080
MOE #:

Owner of Well:

Name: Karen Essery Telephone (Bus.): ()
Address: 4664 Rundel Rd, Hampton, ON L0B 1J0 (Home): (905) 263-4932
Person Interviewed: Karen Residence:
Date: Apr 7, 2008 Time: 14:44 Interviewed By: RBC/AD

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

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

Well Location:

Lot: Concession: Township: Darlington Twp.
GLL Map Sheet (to be completed by GLL Staff): RE2

Well Construction Details:

Date Constructed: 60's Use: Residential Contractor: DIA
Type (drilled or dug): Dug Diameter: 28' Well Depth: 14/15'
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: ~6' m
Subsequent Water Level Measurements: > estimated based on owner's visual inspection
(give depths in m and dates)

Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence Pumping Capacity: Age: 2 yrs
How is your pump lubricated:
Depth of Intake Setting: m (Original) m (Present) Pumping Rate: L/s
Storage Tank: Type: PRESSURE Capacity: 20 gallons
Do you have a: Chlorinator: Water Softener: ☒ Water Filter: ☒ Filter Type: UV
Water Use: Domestic: No: Yes: ☒ No. of persons using water from well: 2
Livestock: No: ☒ Yes: No. of livestock watered from well: 100
Lawn Watering: No: ☒ Yes: Other: Amount:
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) Pool, + regular stuff
Private Waste and Water Disposal: Type (septic tank, etc.): YES Distance to Well: ~30 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? 8 yrs

Have you ever experienced any previous problems with your well? No problems: not even during dry summers.

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:

new pump 2 yrs ago.

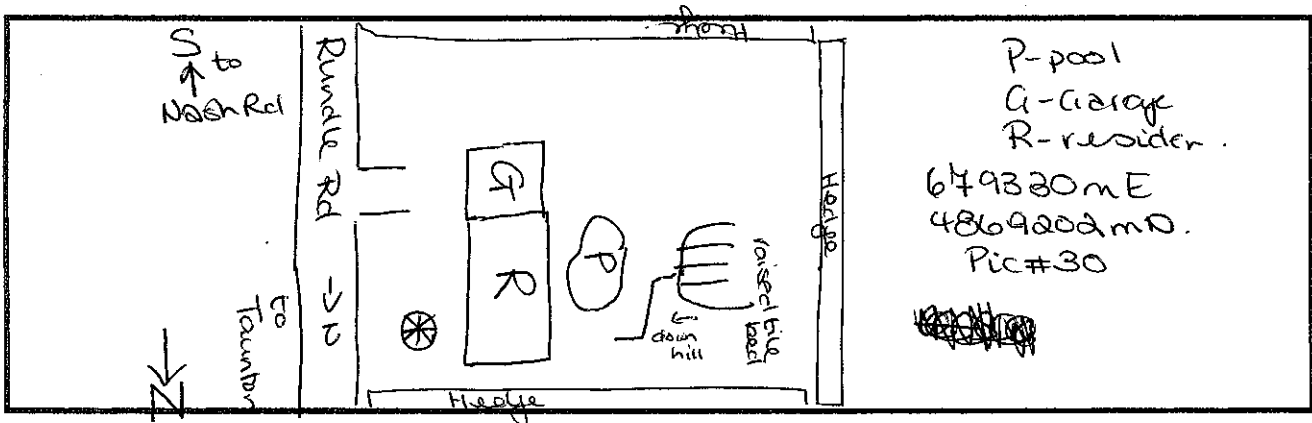
Does homeowner grant permission to obtain a water quality sample?

No

Yes

Signature

Location Sketch:



Field Visit: (to be completed by GLL staff)

Well Condition: Well lid is covered by dome shaped concrete slab w

Is there a depression around the well? bluebird statue, surrounded by a shrub.

If the well is a dug well, and the lid can be lifted, is the first joint between the concrete tiles sealed? lid is flush w

Is there staining on the inside of the tiles? ground. No visible depression. lid seal is below ground - uncertain if covered

Water Well Survey

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

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

Well #: 3281
MOE #:

381

Owner of Well:

Name: Liza Prins Telephone (Bus.): ()
Address: 4640 Rundle Rd, Hampton ON (Home): (905) 263-2334
Person Interviewed: Liza Residence: Yes
Date: Apr 4, 2008 Time: 15:26 Interviewed By: RBC/AD

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

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

Well Location:

Lot: _____ Concession: 1110 Township: Darlington
GLL Map Sheet (to be completed by GLL Staff): 1110

Well Construction Details:

Date Constructed: Fall 2003 Use: Residential Contractor: -
Type (drilled or dug): Drilled Diameter: 6" Well Depth: 70ish ft
Is well accessible for direct sampling? _____ 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 D/A
(give depths in m and dates)

Pumping Equipment:

Pump Type: Suction-lift _____ or Positive-submergence X Pumping Capacity: _____ Age: 4 1/2 yrs
How is your pump lubricated: 1 D/O
Depth of Intake Setting: _____ m (Original) D/O m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: Pressure tank Capacity: 40 gal
Do you have a: Chlorinator: No Water Softener: X Water Filter: No Filter Type: _____
Water Use: Domestic: No: _____ Yes: X No. of persons using water from well: 5 ppl
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.) Pool + regular
Private Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well: _____
Well is: 1) Uphill _____ 2) Downhill: X 3) Same Grade _____ 4) Update _____

Previous Problems:

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

4 1/2 yrs
High Iron

Have you ever experienced any previous problems with your well?

If so, when?

Original

What was the cause of the previous problem?

Drought: _____ Pump Failure: _____ Plugging: _____
Increased Usage _____ Interference: _____ Contamination: _____

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

Colour

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

What action was taken to overcome this problem?

Water Softener installed

What were the effects of this problem?

Did you ever have your well deepened 10a, or cleaned DG; or a new well constructed Da?

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?

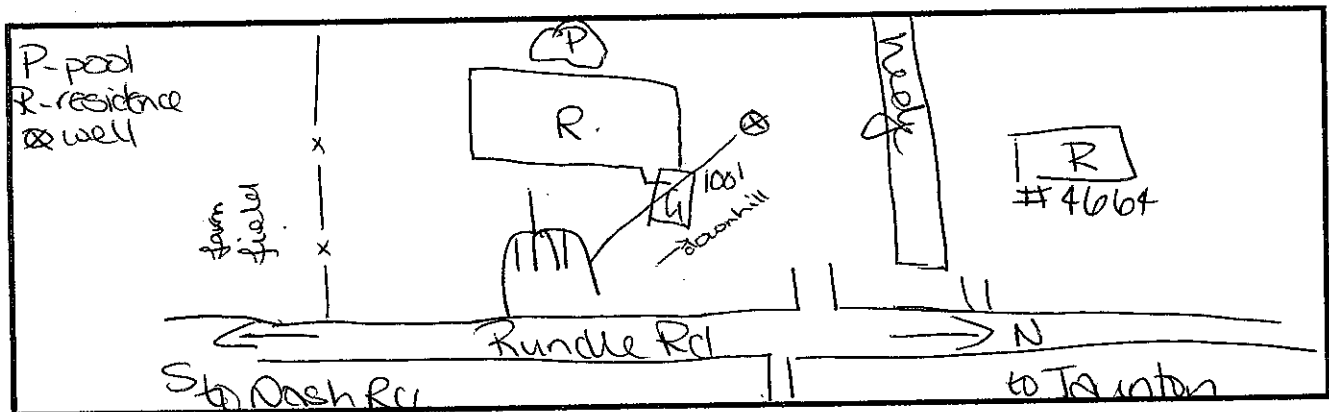
No

Yes

Signature

[Handwritten Signature]

Location Sketch:



Field Visit: (to be completed by GLL staff)

Well Condition: Slight depression on inside, 1/2 inch from cap well in

Is there a depression around the well? good cond. No well top

If the well is a dug well, and the lid can be lifted, is the first joint between the concrete tiles sealed? Photo# 37

Is there staining on the inside of the tiles? 679327mE, 4869158mD

Water Well Survey

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

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

Well #: 3286
MOE #:

Owner of Well:

Name: David King Telephone (Bus.): ()
Address: 2038 Hwy 2 (Home): 905 623.6739
Person Interviewed: David + wife Residence: Yes
Date: Apr 4, 2008 Time: 16:00 Interviewed By: RBC/AM

Occupant of House Served by Well: (if other than owner) - Person possibly original owner.

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

Well Location:

Lot: Concession: Township:
GLL Map Sheet (to be completed by GLL Staff): Map Sheet E-4

Well Construction Details:

Date Constructed: Dia < 4 yrs Use: Residential Contractor: Boadway Well Drilling
Type (drilled or dug): Drilled Diameter: 8.6' Well Depth: N/A
Is well accessible for direct sampling? or buried: Yes
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: Dia m
Subsequent Water Level Measurements Dia
(give depths in m and dates)

Pumping Equipment:

Pump Type: Suction-lift — or Positive-submergence X Pumping Capacity: — Age: 24 yrs
How is your pump lubricated: —
Depth of Intake Setting: — m (Original) — m (Present) Pumping Rate: — L/s
Storage Tank: Type: Pressure tank Capacity: 40 gallons
Do you have a: Chlorinator: ✓ Water Softener: Yes Water Filter: ✓ Filter Type: Iron
Water Use: Domestic: No: — Yes: X No. of persons using water from well: 4
Livestock: No: X Yes: — No. of livestock watered from well: N/A
Lawn Watering: No: X Yes: — Other: — Amount: —
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) hot tub + 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 4) Update —

Previous Problems:

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

Have you ever experienced any previous problems with your well? Hard water w iron

If so, when? Original

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)

YES

What action was taken to overcome this problem?

softener + chlorinator + filter

What were the effects of this problem?

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

If so, why?

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

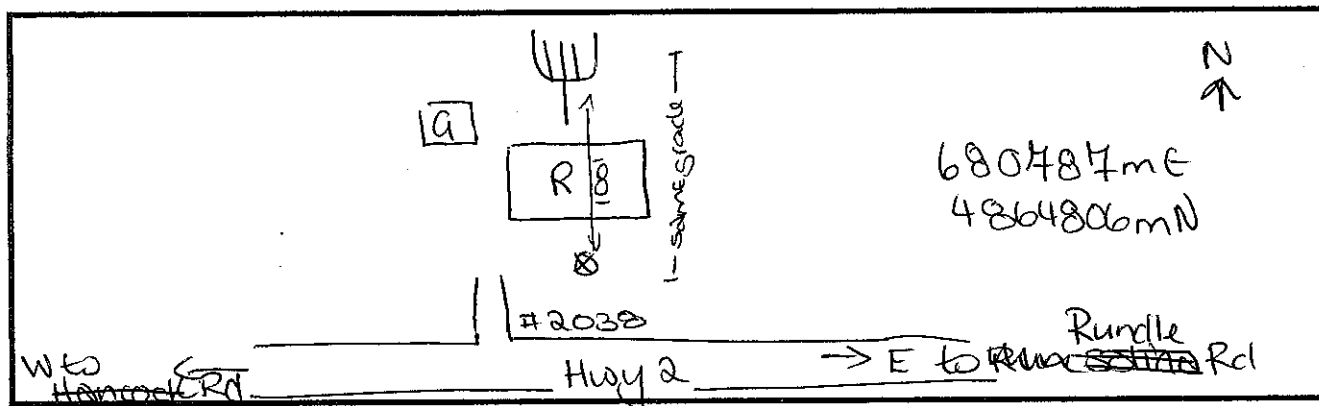
Does homeowner grant permission to obtain a water quality sample?

No

Yes X

Signature: Don R

Location Sketch:



Field Visit: (to be completed by GLL staff)

Well Condition: Stick up: 1 1/2 ft, Cap = Not Vermin Proof.

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? NO

Is there staining on the inside of the tiles? N/A

Water Well Survey

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

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

Well #: 32910
MOE #:

Owner of Well:

Name: Maria + Dominic Macari Telephone (Bus.): ()
Address: 2012 Hwy 2 (Home): (905) 623-7426
Person Interviewed: Maria Residence: Yes
Date: Apr 7, 2008 Time: 11:38 Interviewed By: AD/RBC

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): East 4

Well Construction Details:

Date Constructed: 40 yrs Use: Residential Contractor: N/A
Type (drilled or dug): Dug Diameter: 28" Well Depth: 12-15'
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: 100
Water Use: Domestic: No: Yes: X 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.) No
Private Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well: 100'
Well is: 1) Uphill 2) Downhill 3) Same Grade X 4) Update

Previous Problems:

How long have you owned, operated or lived on this property? Since 1968

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

If so, when? No

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

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

What action was taken to overcome this problem? Nil

What were the effects of this problem?

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

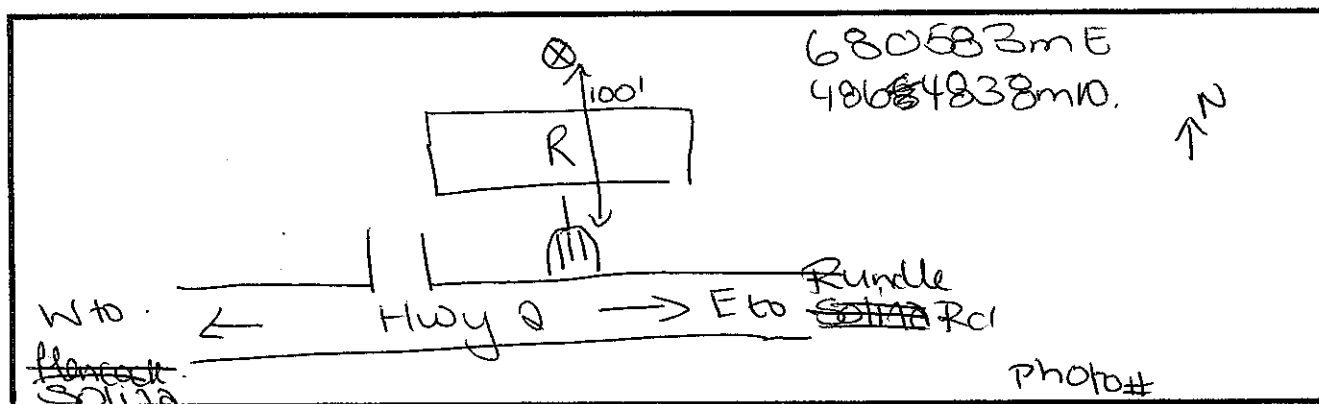
If so, why?

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

Replace pump

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

Location Sketch:



Field Visit: (to be completed by GLL staff)

Well Condition: Sealed on top, lid not sealed on side. No vent

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, 3rd Floor, Downsview, ON M3M 1J8 1-866-840-5529

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

Well #: 3291
MOE #:

Owner of Well:

Name: Eileen Owens Telephone (Bus.): ()
Address: 2000 Hwy 2 (Home): 905 623-2033
Person Interviewed: Eileen Residence: Y/S
Date: Apr 4 2008 Time: 16:55 Interviewed By: AD/RBC

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

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

Well Location:

Lot: Concession: E4 Township:
GLL Map Sheet (to be completed by GLL Staff):

Well Construction Details:

Date Constructed: 1956 Use: Residential Contractor:
Type (drilled or dug): Dug Diameter: 10 1/2" Well Depth: 3 tiles
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 1 tile of water
(give depths in m and dates)

Pumping Equipment:

Pump Type: Suction-lift: X 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: Pressure Capacity: 20-40 gal
Do you have a: Chlorinator: Water Softener: X Water Filter: Filter Type:
Water Use: Domestic: No: Yes: ✓ No. of persons using water from well: 1
Livestock: No: ✓ Yes: No. of livestock watered from well:
Lawn Watering: No: Yes: Other: Not for 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: <100'
Well is: 1) Uphill 2) Downhill 3) Same Grade X 4) Update

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?

No - last summer, levels

its so, when?

dropped 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 _____, or cleaned Yes, or a new well constructed _____?

If so, why?

Every 3 yrs - regular maintenance

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

Does homeowner grant permission to obtain a water quality sample?

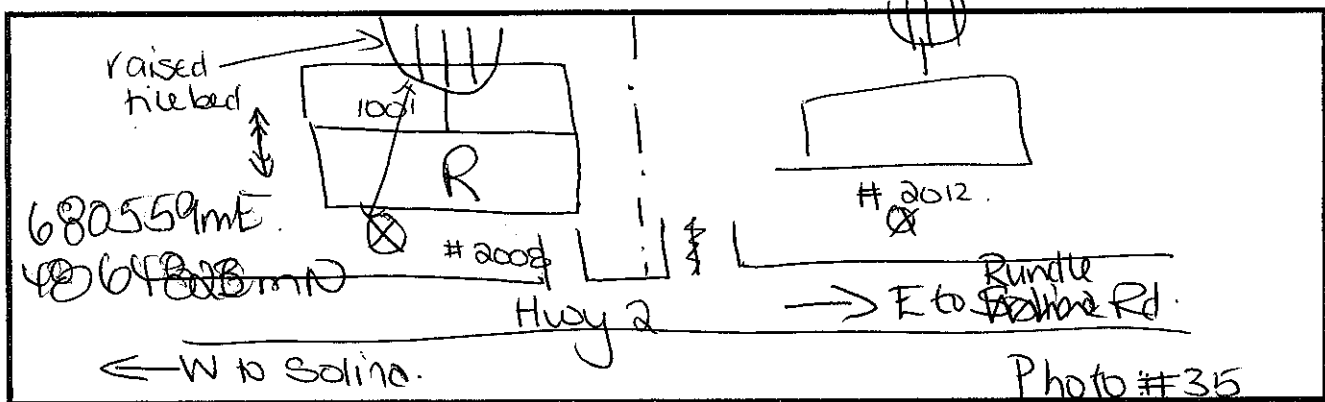
No

Yes ☒

Signature

Adam Owens

Location Sketch:



Field Visit: (to be completed by GLL staff)

Well Condition: Good. Lid caulked, top lid also caulked

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, 3rd Floor, Downsview, ON M3M 1J8 1-866-840-5529

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

Well #: 3298

MOE #: _____

Owner of Well:

Name: Ronald Sheridan Telephone (Bus.): ()
Address: 3700 Hancock Rd, Courtice (Home): 905 436-2193
Person Interviewed: Ronald L102MI Residence: Yes
Date: April 08/08 Time: 9:50 a.m. 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: 26, 27, 28 Concession: 3 Township: Clarington
GLL Map Sheet: (to be completed by GLL Staff) E3

Well Construction Details:

Date Constructed: 80-90 yrs Use: domestic + seasonal Contractor: _____
Type (drilled or dug): Dug Diameter: 28" Well Depth: ~60' ~~100'~~
Is well accessible for direct sampling? _____ or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

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

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

Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence _____ Pumping Capacity: _____ Age: 10 yrs.
How is your pump lubricated: _____

Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: 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
Livestock: No: _____ Yes: ☒ No. of livestock watered from well: ~40 cattle
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: _____
Well is: 1) Uphill ☒ 2) Downhill: _____ 3) Same Grade _____

Previous Problems:

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

37 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? when changed top 5 years ago, pumped out.

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

foot valve in bottom of well.

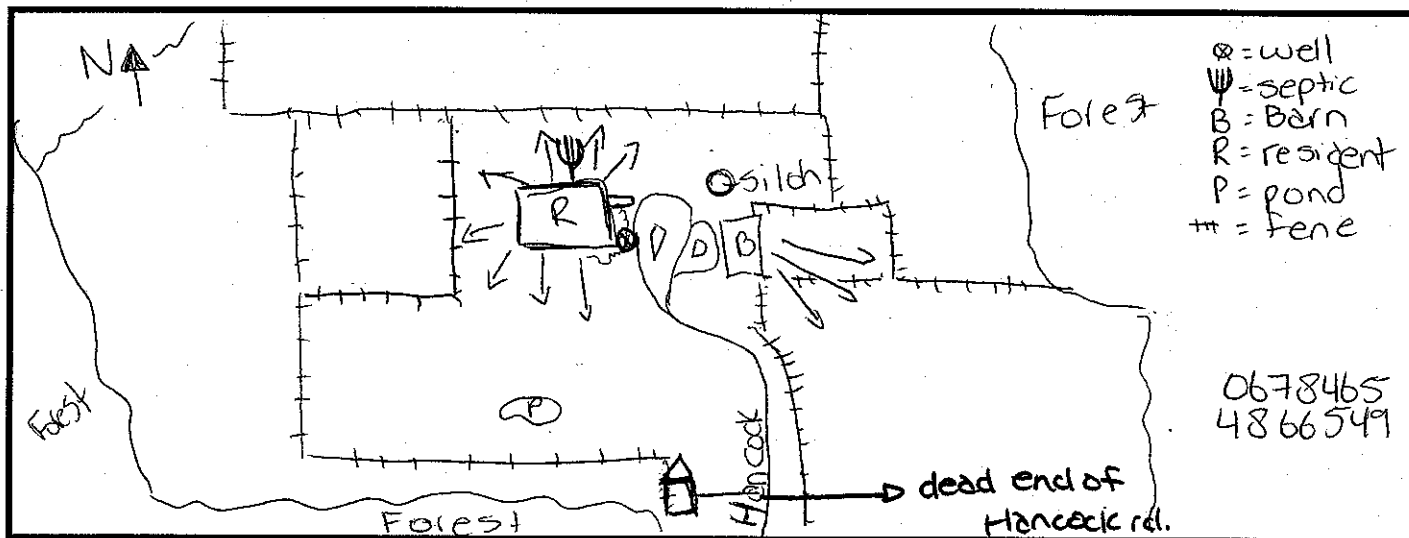
Does homeowner grant permission to obtain a water quality sample?

Yes

No

Signature: _____

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Pic #36

Well Condition:

well flush w ground, top not caulked & can't see if tile sealed below

Is there a depression around the well?



Yes



No

Photo Number:

36

*owner requests we don't give name, address, telephone# in reporting.

Water Well Survey

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

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

Well #: 3299

MOE #: _____

Owner of Well:

Name: Tom Renton Telephone (Bus.): ()
Address: 4059 Solina rd north Hampton (Home): (905) 440-4712
Person Interviewed: Tom Residence:
Date: Apr. 08/08 Time: 10:20 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: 26, 27, 28 Concession: E3 Township: Clarington
GLL Map Sheet: (to be completed by GLL Staff)

Well Construction Details:

Date Constructed: ~ 3 yrs Use: Contractor: Wilson
Type (drilled or dug): Drilled Diameter: 6" Well Depth: 87 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: ~ 20 gal/min ~ 3/4 HP Age: ~ 3 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: 5

Livestock: No: Yes: ☒ No. of livestock watered from well: Didn't want to say.

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

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

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

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

Previous Problems:

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

6 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?

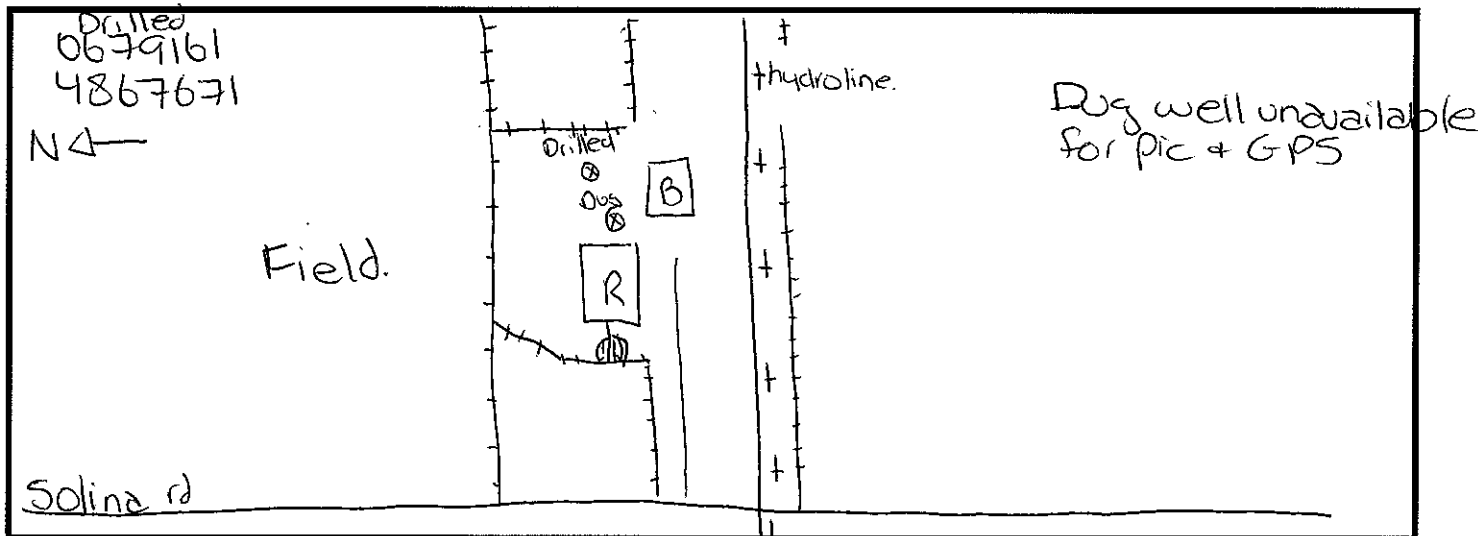
Yes

No

Signature:

T. Ranton

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

well #A022005

Well Condition:

2.5 ft stickup, vermin proof cap

Is there a depression around the well?



Yes



No

Photo Number:

37

Water Well Survey



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



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

Well #: 3301

MOE #: _____

Owner of Well:

Name: Angelina Sekul Telephone (Bus.): (____) _____
Address: 4392 Solina rd. north. (Home): (905) 571-7207
Person Interviewed: Angelina Residence: _____
Date: April 8/08 Time: 10:50 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: E2 Township: Clarington
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: ~45 yrs ago Use: _____ Contractor: _____
Type (drilled or dug): Drilled Diameter: 6" Well Depth: 200+ 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: _____ "good pressure" in 545 20 yrs.
Age: 20 yrs.
How is your pump lubricated: _____
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: Don't use cistern anymore / 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: 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 filled w well water
Private Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well: _____
Well is: 1) Uphill _____ 2) Downhill: _____ 3) Same Grade _____
Septics just pumped.

Previous Problems:

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

1962

Have you ever experienced any previous problems with your well?

No problems, tested reg. some 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?

← 5 yrs ago when ~~repaired~~ capped + put in new pump

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

3 years ago

everything pulled out of well + ~~repaired~~ ~ 10 days ago
wrong pump originally, put in a better pump.
capped + new jet pump

Does homeowner grant permission to obtain a water quality sample?

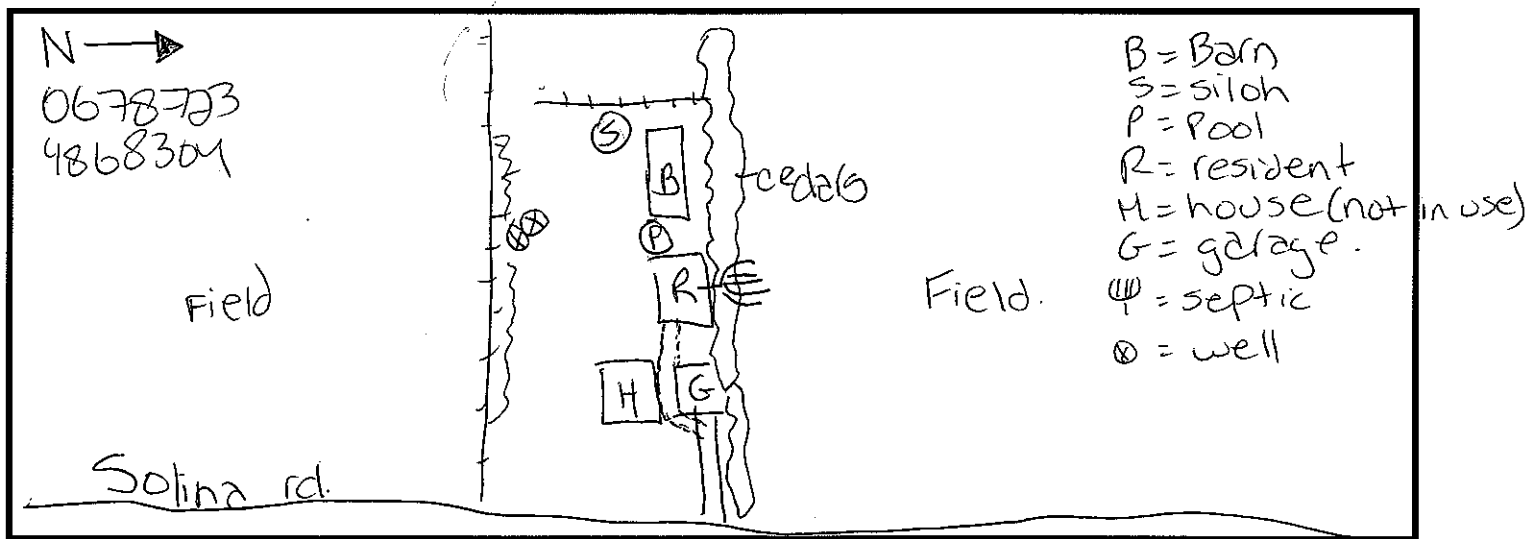
Yes

No

Signature:

est business card, will check w husband.

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

2 ~~well~~ cement casing (only 1 well) one has metal lid, one has plywood lid, however, drilled well has new cap.

Is there a depression around the well?



Yes



No

Photo Number:

38

Water Well Survey

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

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

Well #: 3303

MOE #: _____

Owner of Well:

Name: Angus Burnett Telephone (Bus.): ()
Address: 4560 Solina rd north, Hampton. (Home): (905) 433-2552
Person Interviewed: Angus & wife Residence: Yes
Date: April 8/08 Time: 11:15 am. 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: E2 Township: Clarington.
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: ~1967 Use: domestic Contractor: _____
Type (drilled or dug): Drilled Diameter: 6" Well Depth: 60ft.
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:

reworked old well 3 years ago
Pump Type: Suction-lift: _____ or Positive-submergence ☒ Pumping Capacity: N/A Age: 3 yrs.
How is your pump lubricated: _____

Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: Pressure Capacity: 200 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
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: 700ft
Well is: 1) Uphill ☒ 2) Downhill: _____ 3) Same Grade _____ From both septic

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 problem, no high 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?

Yes

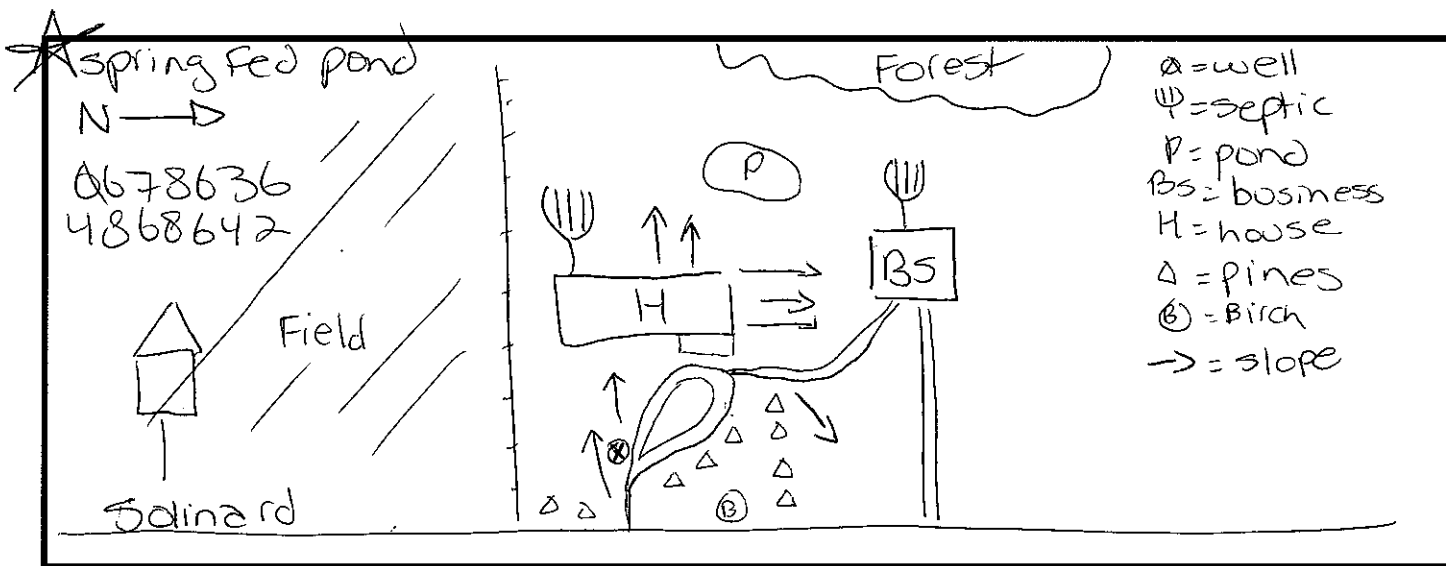


No

Signature:

Jean Burnett

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition: vermin proof cap, 10in stick up, in garden

Is there a depression around the well?



Yes



No

Photo Number:

48

Water Well Survey

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

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

Well #: 3307

MOE #: _____

Owner of Well:

Name: Antonio Cananillo Telephone (Bus.): () _____
Address: 4760 Solinard, (Home): (905) 725-4901
Person Interviewed: Antonio Residence: _____
Date: April 8/08 Time: 11:50 a.m. 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: _____ Township: Clarington
GLL Map Sheet: (to be completed by GLL Staff) E2

Well Construction Details:

Date Constructed: >20yrs Use: _____ Contractor: _____
Type (drilled or dug): Dug Diameter: 28" Well Depth: 37ft.
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 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: 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. equipment
Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: ~30m
Well is: 1) Uphill ☒ 2) Downhill: _____ 3) Same Grade _____

Previous Problems:

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

20 years

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?

2 or 3x professionally

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

~10-15 yrs ago replaced line

Does homeowner grant permission to obtain a water quality sample?

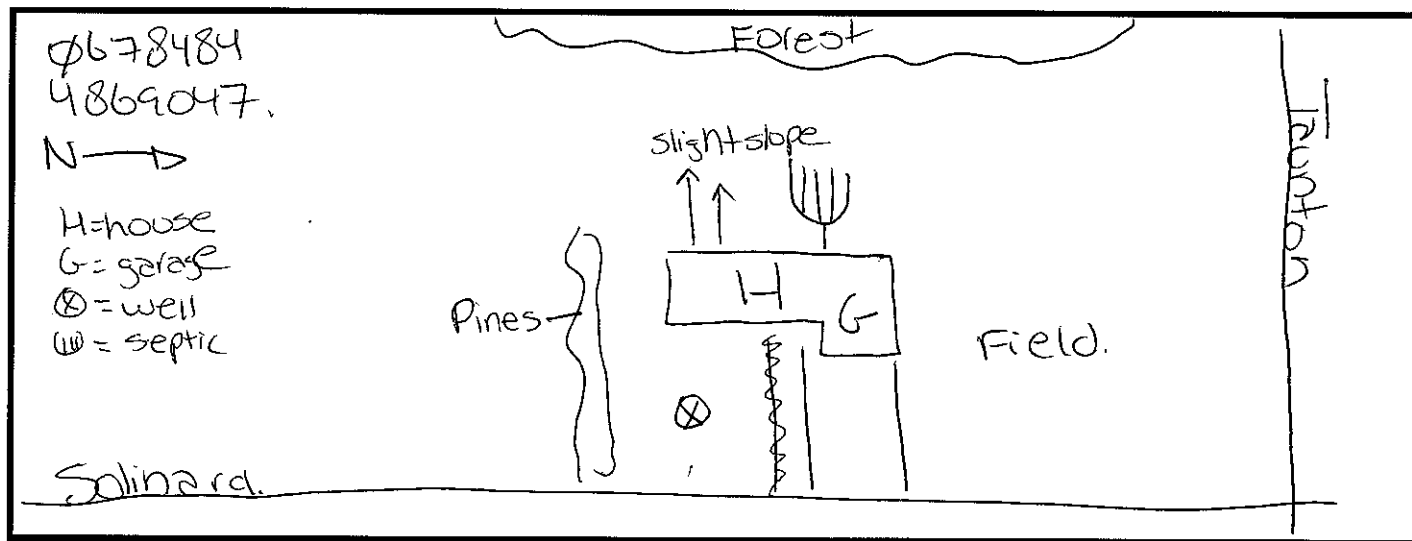
Yes

No

Signature:

Al. Canonic

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

top caulked, side not caulked, ~1 ft high

Is there a depression around the well?



Yes



No

Photo Number:

41

Water Well Survey

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



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

Well #: 3309

MOE #: _____

Owner of Well:

Name: Ken Ouellet Telephone (Bus.): (____) _____
Address: 4880 Solina Rd N Hampton (Home): (905) 434-5587
Person Interviewed: Ken Residence: Yes
Date: April 8/08 Time: 12:00 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: E2 Township: Clarington
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: ~ 14 yrs. Use: domestic Contractor: 416-372-4633 Kehoe
Type (drilled or dug): Drilled (Artesian) Diameter: 6" Well Depth: 25 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: 8 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: 2
Livestock: No: ☒ Yes: _____ No. of livestock watered from well: _____
Lawn Watering: No: ☒ Yes: _____ Other: _____ Amount: _____
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) pool, fill up w 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: _____

Previous Problems:

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

9 years

Have you ever experienced any previous problems with your well?

No problems, reg. checked
little iron. water softener

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?

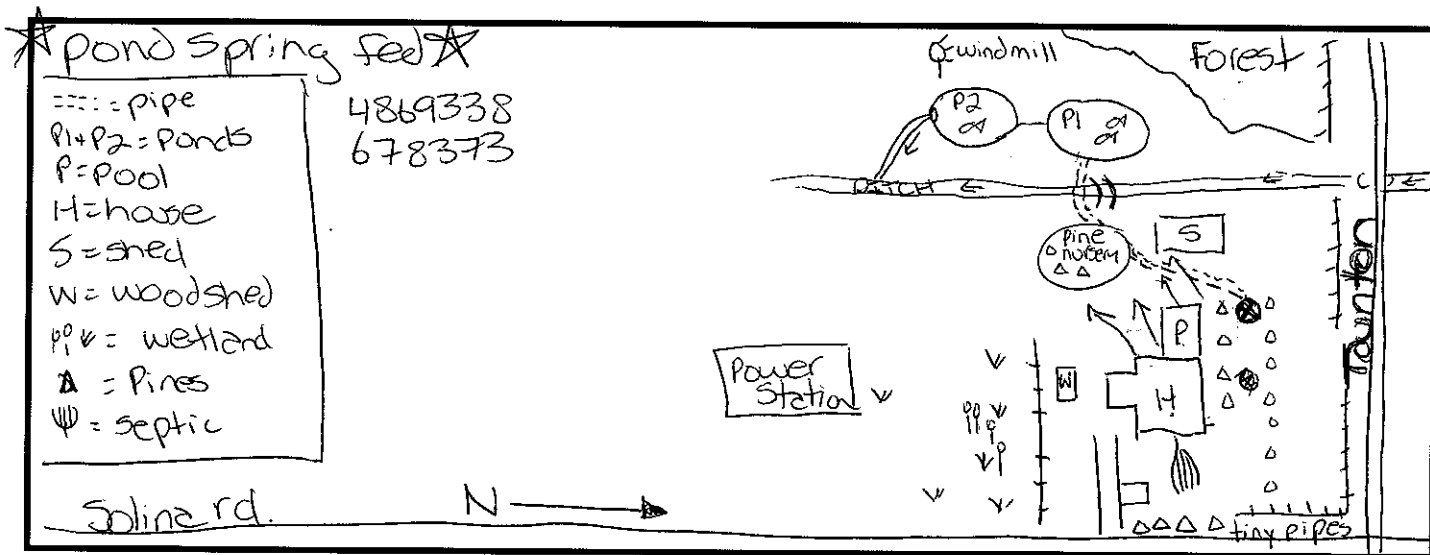
Yes

No

Signature:

Kim [Signature]

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition: did not verify proof
1m above ground, Artesian well if uncapped sprays 7ft
in air, underground pipe to P1, always flowing
P2 overflows back into ditch * Trout in pond *

Is there a depression around the well? ☐ Yes

☒ No

Photo Number:

42+43

pipes to pond gravity fed

Water Well Survey

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

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

Well #: 6310
MOE #: 1903599

Owner of Well:

Name: Rey Antonio Telephone (Bus.): 647-668-8664
Address: 4506 Solina rd. Hampton (Home): (905) _____
Person Interviewed: Rey Residence: _____
Date: April 8/08 Time: 11:00 Am 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: E2 Township: Clarington
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: > 5 yrs. Use: domestic 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: N/A. 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: N/A.
Do you have a: Chlorinator: _____ Water Softener: ☒ Water Filter: _____ Filter Type: _____
Water Use: Domestic: No: _____ Yes: ☒ No. of persons using water from well: 4 + 1 tenant
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: ~ 30m
Well is: 1) Uphill ☒ 2) Downhill: _____ 3) Same Grade: _____

Previous Problems:

How long have you owned, operated or lived on this property? 5 years

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

If so, when? _____

What was the cause of the previous problem?

Drought: _____
Increased Usage _____

Pump Failure: _____

Plugging: _____

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:

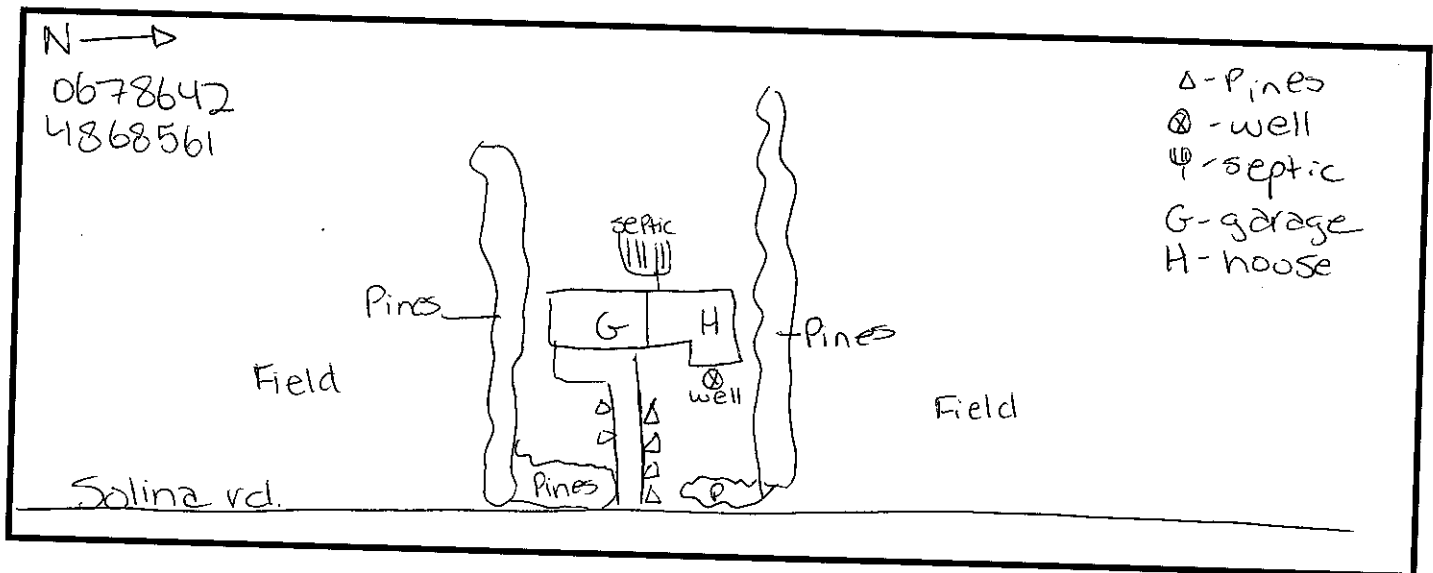
Does homeowner grant permission to obtain a water quality sample?

Yes ☒

No ☐

Signature: _____

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition: ~1 ft above ground, no verman proof cap

Is there a depression around the well?



Yes



No

Photo Number:

39

Water Well Survey



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



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

Well #: 3815

MOE #: _____

Owner of Well:

Name: Landlord lives in Brampton Telephone (Bus.): (____) _____
Address: "Sheema" (Home): (____) _____
Person Interviewed: Marilyn Residence: _____
Date: Apr 8, 2008 Time: 13:25 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: Marilyn Armstrong Telephone (Bus.): (____) _____
Address: 1970 Taunton Rd. ON (Home): 905-263-9923
(Rear Property)

Well Location:

Lot: _____ Concession: _____ Township: _____
GLL Map Sheet: (to be completed by GLL Staff) Sheet E2

Well Construction Details:

Date Constructed: _____ Use: Residential Contractor: _____
Type (drilled or dug): Dug Diameter: 28" Well Depth: 10'±
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)

Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence _____ Pumping Capacity: _____ Age: 1 yr
How is your pump lubricated: _____
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: Pressure tank Capacity: _____
Do you have a: Chlorinator: _____ Water Softener: _____ Water Filter: _____ Filter Type: _____
Water Use: Domestic: No: _____ Yes: ☒ No. of persons using water from well: 2 (Don't drink it)
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 tank Distance to Well: 100'
Well is: 1) Uphill ☒ 2) Downhill: _____ 3) Same Grade: _____

Previous Problems:

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

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)

~~Ans~~ No noticeable difference in colour

What action was taken to overcome this problem?

What were the effects of this problem?

Use bottled water to drink

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

If so, why?

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

Pump replaced last fall (2007) - pump burnt out well dry

Does homeowner grant permission to obtain a water quality sample?

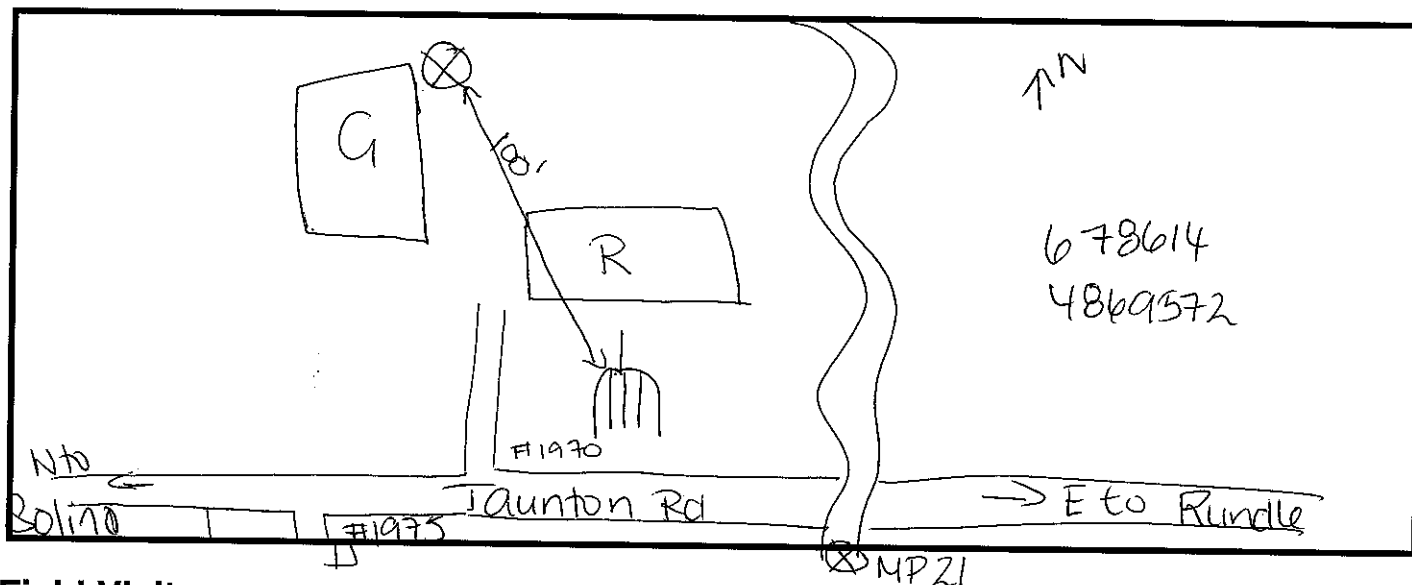
Yes

No

Signature:

→ Need landlord approval. Sheema ←

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

Top lid not sealed, huge hole in lid, spigot on side of well. Can see water if looking through hole. ~~the~~ Well is in an area covered by asphalt

Is there a depression around the well?

□

Yes

☒

No

Photo Number:

44

Water Well Survey

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

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

Well #: 3322
2323
MOE #: _____

Owner of Well:

Name: Katie Ryan - Duppette Telephone (Bus.): () _____
Address: 265 King Lane (Home): () 289 688 2545
Person Interviewed: Katie Residence: _____
Date: Apr 8, 2008 Time: 14:12 Interviewed By: RBC/AD
Name of Original Well Owner: (if different from above) Daughter may live @ 57 King Lane

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

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

Well Location: 2 wells - Bar n + house

Lot: _____ Concession: _____ Township: _____
GLL Map Sheet: (to be completed by GLL Staff) Sheet 3

Well Construction Details:

Date Constructed: ~ 60 yrs 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: X or Positive-submergence _____ Pumping Capacity: _____ Age: 10 yrs

How is your pump lubricated: _____

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

Storage Tank: Type: _____ Capacity: _____

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

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

Livestock: No: _____ Yes: X No. of livestock watered from well: 10 horses

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: _____

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

Previous Problems:

How long have you owned, operated or lived on this property? 7yr

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: _____

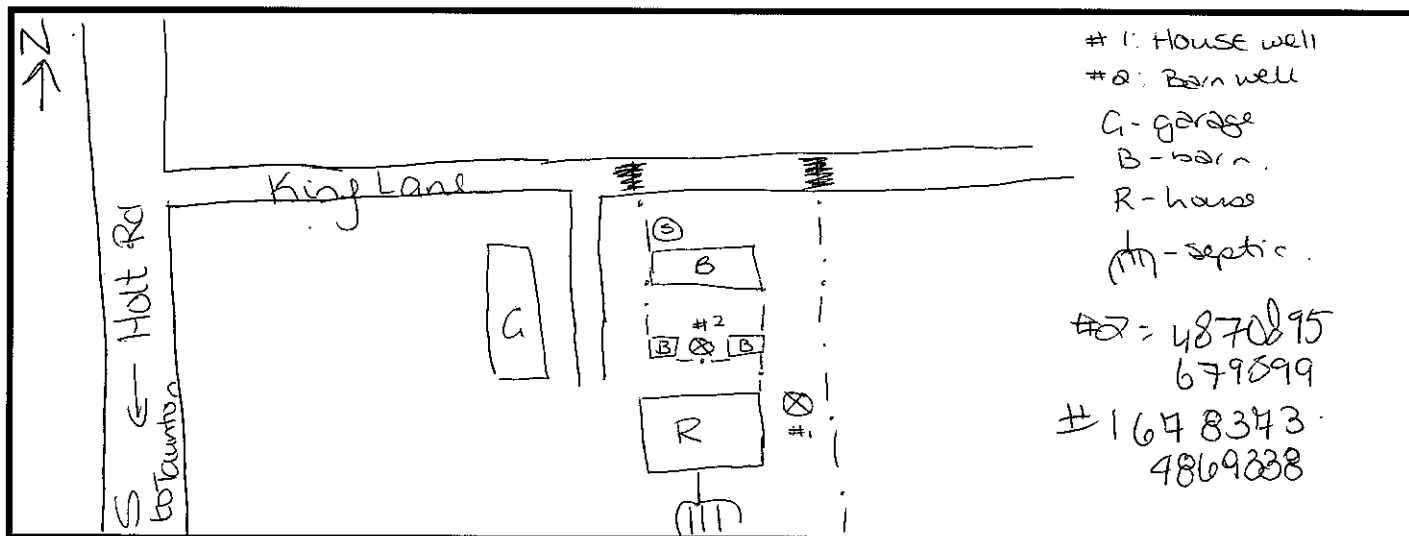
Does homeowner grant permission to obtain a water quality sample? _____

Yes ☒

No _____

Signature: [Signature]

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition: Well #1: No depression, 1/2 of lid broken-well now covered to plywood,
lid not sealed, concrete body cracked; Well #2

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

Photo Number: 44 + 45

Well #1

Well #2 2

★ would like drillers & archeological report
to come before May (crops) please pass
Water Well Survey on info.

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

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

3324
Well #: ~~3324~~

MOE #: _____

Owner of Well:

Name: Nicholas D'arcy Telephone (Bus.): (____) _____
Address: 5649 Rundle rd, Hampton. L6B 1W8 (Home): (905) 263-8393
Person Interviewed: Nicholas & wife Residence: Yes
Date: Apr 8, 2008 Time: 14:30 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: Darlington
GLL Map Sheet: (to be completed by GLL Staff) Sheet E8.21

Well Construction Details:

Date Constructed: 100 yrs? < 50 yrs Use: Resident Contractor: _____
Type (drilled or dug): Dug Diameter: 12" B" 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: X or Positive-submergence _____ Pumping Capacity: _____ Age: 415 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: _____ Water Filter: _____ Filter Type: _____

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

Livestock: No: X Yes: _____ No. of livestock watered from well: 80 cattle in past

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: _____

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

Previous Problems:

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

20 yrs =

Have you ever experienced any previous problems with your well?

No problems @ all to well

If so, when?

What was the cause of the previous problem?

Drought:

Pump Failure:

Plugging:

Increased Usage

Interference:

Contamination:

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

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

What action was taken to overcome this problem?

What were the effects of this problem?

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

If so, why?

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

Regular maintenance.
pump replacement 4 or 5 yrs ago

Does homeowner grant permission to obtain a water quality sample?

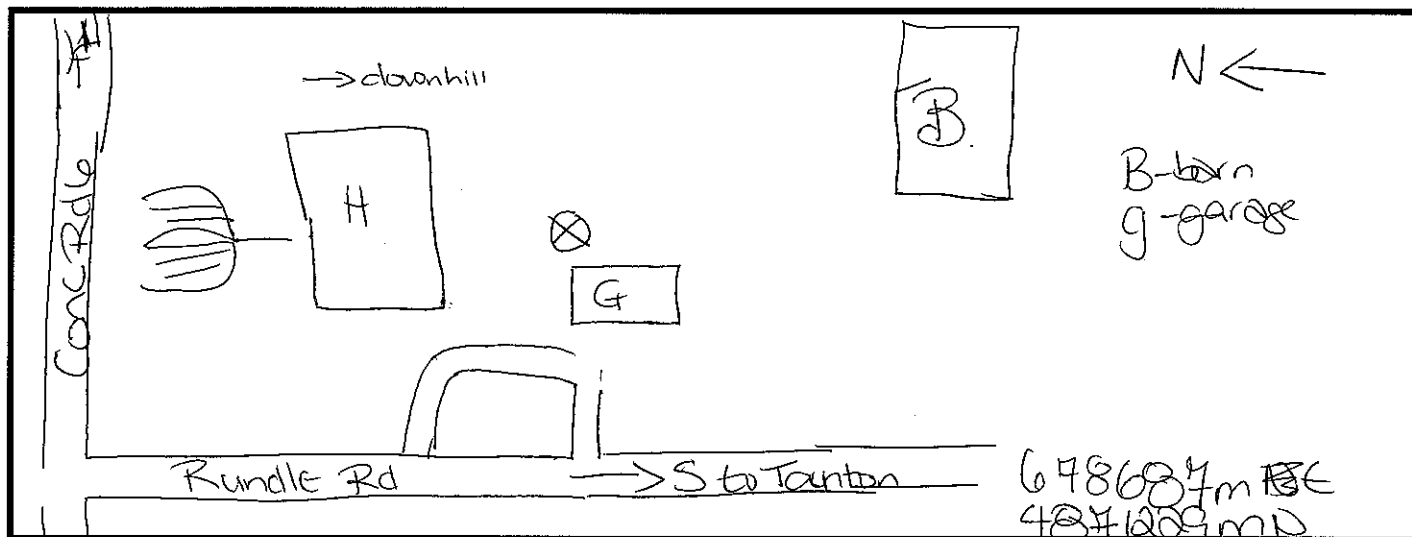
Yes

☒

No

Signature:

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

Lid + cover completely sealed. ~~Open~~ concrete seal around handpump is beginning to crack

Is there a depression around the well?



Yes



No

Photo Number:

47

Water Well Survey

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

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

Well #: 3325

MOE #: _____

Owner of Well:

Name: Sandy Best Cell Telephone (Bus.): 905 213-2618
Address: 2004 Taunton Rd. (Home): 905 263-2617
Person Interviewed: Sandy Residence: Yes
Date: 15.151 Time: Apr 8, 2008 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: 5 wells

Lot: _____ Concession: East 2 Township: Darlington
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: < 30 yrs Use: Domestic Contractor: _____
Type (drilled or dug): drilled Diameter: 28" + 6" Well Depth: 0 - 200' + deep
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: No storage tank Capacity: Pressure tank - 60 gal

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

Water Use: Domestic: No: _____ Yes: ☒ No. of persons using water from well: 5-10

Livestock: No: _____ Yes: ☒ No. of livestock watered from well: CATTLE - can handle 100

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

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

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

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

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?

1 well drilled not used because it has

if so, when? salt > 200' deep. No other problems. Drilled well decommissioned.

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?

well not used

(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 Yes

If so, why? New wells as needed for maintaining farm operations.

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

Replacement of pumps + lines occasionally as a result of regular wear and tear.

Does homeowner grant permission to obtain a water quality sample?

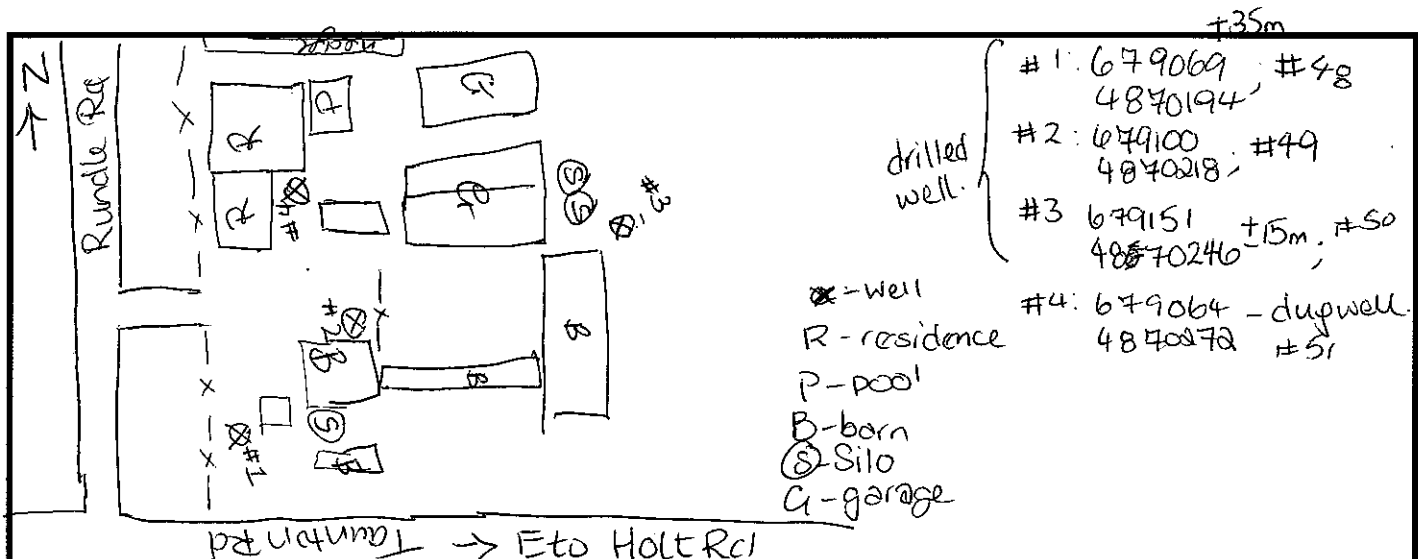
Yes

No

Signature:

Dandy Best

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

All drilled wells are finished within a concrete lined pit (resembles deep wells).
Dup well, right in front of (S) of garage. ~~is the well sealed~~

Is there a depression around the well?



Yes



No

Photo Number:

48-51

Water Well Survey

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

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

Well #: 3329

MOE #: _____

Owner of Well:

Name: Ann Aloise Telephone (Bus.): () _____
Address: 5389 Solina Rd (Home): (905) 263-8580
Person Interviewed: Ann Residence: YES
Date: Apr 8, 2008 Time: 11:30 Interviewed By: ADIRBC
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 3.

Well Construction Details:

Date Constructed: 10 yrs Use: Domestic Contractor: _____
Type (drilled or dug): Drilled Diameter: 6" Well Depth: 160 ft deep
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: 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: X Filter Type: _____

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

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 tank Distance to Well: > 100'

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

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? 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? _____

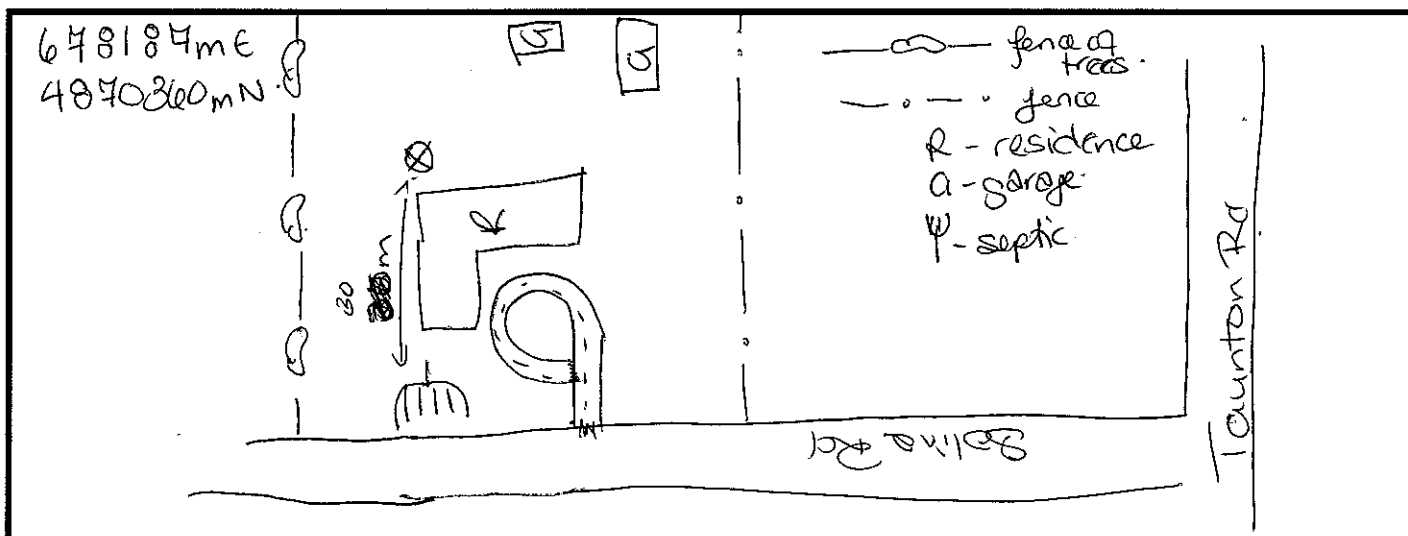
Outline briefly any previous repairs or changes in pumping equipment, and dates: _____

Does homeowner grant permission to obtain a water quality sample?

Yes ☒ No ☐

Signature: Ann Alouse

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition: Stick up 5ft. Vermin Proof Cap.

Is there a depression around the well?



Yes



No

Photo Number: #55

Water Well Survey

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

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

Well #: 3330

MOE #: _____

Owner of Well:

Name: Sue Olsen Telephone (Bus.): ()
Address: 5414 Edina Rd, Hampton, ON (Home): 905-263-2177
Person Interviewed: Sue (Susanna) Residence: Yes
Date: Apr 8, 2008 Time: 11:00 Interviewed By: RBC/AD
Name of Original Well Owner: (if different from above) Langmold (Mr + Mrs)

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

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

Well Location:

Lot: _____ Concession: East 2 Township: _____
GLL Map Sheet: (to be completed by GLL Staff)

Well Construction Details:

Date Constructed: 35-40 yrs. Use: Domestic Contractor: _____
Type (drilled or dug): Dug Diameter: 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: 12-20' of water in well
(give depths in m and dates)

Pumping Equipment:

Pump Type: Suction-lift: ~~X~~ n/a or Positive-submergence _____ Pumping Capacity: _____ Age: _____
How is your pump lubricated: n/a
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: n/a 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: 5-4
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.) Regular stuff
Private Waste and Water Disposal: Type (septic tank, etc.): Septic (south side well) Distance to Well: _____
Well is: 1) Uphill X 2) Downhill: _____ 3) Same Grade: _____

Previous Problems:

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

8 yrs.

Have you ever experienced any previous problems with your well?

yes - Water is hard - Thus the softener.

If so, when?

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage: _____

Interference: _____

Contamination: _____

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

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

What action was taken to overcome this problem?

What were the effects of this problem?

Did you ever have your well deepened _____, or cleaned YES - previous owners cleaned it, or a new well constructed NO?

If so, why?

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

Foot valve replaced, due to regular wear + tear in recent time

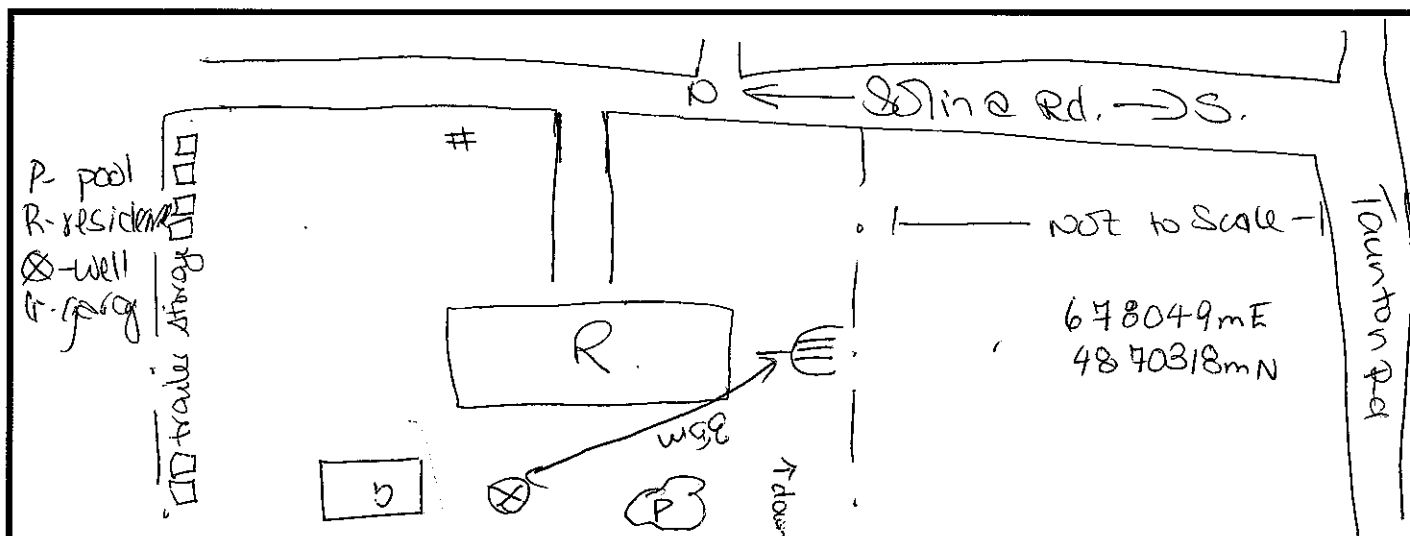
Does homeowner grant permission to obtain a water quality sample?

Yes ☒ No ☐

Signature: _____

Susanne Olsen

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition: Top lid sealed, but not caulked around perimeter

Is there a depression around the well?



Yes



No

Slight on east side.

Photo Number: _____

53.

Water Well Survey

DONE

Well #: 3331

MOE #: _____

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

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

Owner of Well:

Name: Del Property Mgmt. Telephone (Bus.): ()
Address: 5415 Rundle rd. (Home): ()
Person Interviewed: T.J. Residence: _____
Date: April 8/08 Time: 5:10 p.m. Interviewed By: AD, RBC
Name of Original Well Owner: (if different from above) _____

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

Name: Ben Sides Telephone (Bus.): (9)
Address: _____ (Home): (905) 263-8687

Well Location:

Lot: _____ Concession: E2. Township: Clarington
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: 2004 Use: domestic Contractor: Boadway
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: ☒ can shut off pump from basement or Positive-submergence _____ Pumping Capacity: N/A Age: 2005
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: 6.
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? 105

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

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:

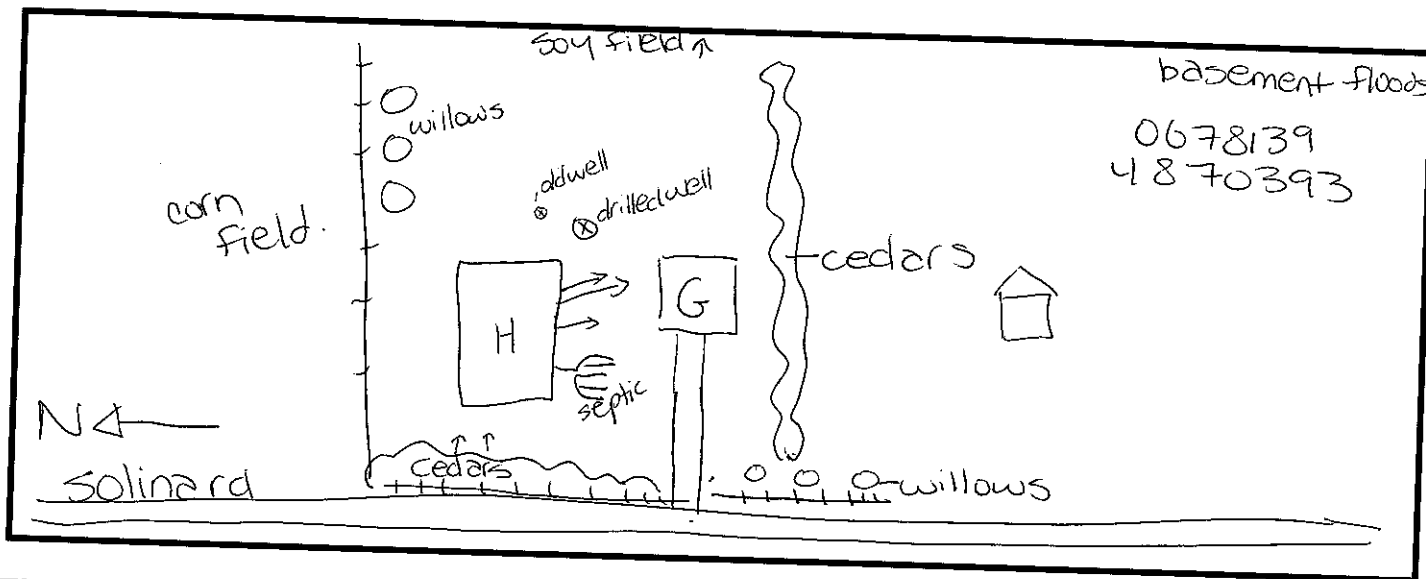
Does homeowner grant permission to obtain a water quality sample?

Yes _____

No _____

Signature: _____

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition: ~1m stickup, uemain proof cap.

Is there a depression around the well?



Yes





No

Photo Number:

54455

Water Well Survey

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

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

Well #: 3332

MOE #: _____

Owner of Well:

Name: John Monster Telephone (Bus.): () _____
Address: 5511 Squire Rd. N. Hampton (Home): (905) 263-4792
Person Interviewed: John Residence: _____
Date: April 9/08 Time: 9:40 a.m. Interviewed By: AD, ~~RBE~~ MVC
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) E

Well Construction Details:

Date Constructed: ~ 1974 Use: domestic Contractor: _____
Type (drilled or dug): Dug Diameter: 36" Well Depth: 36 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 8ft of water ~
(give depths in m and dates) _____

Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence _____ Pumping Capacity: _____ Age: 1974
How is your pump lubricated: _____
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: cistern (size of septic) hot Capacity: Pressure ~80 gallons x2
Do you have a: Chlorinator: _____ Water Softener: _____ Water Filter: ☒ Filter Type: ceramic
Water Use: Domestic: No: ☒ Yes: ☒ No. of persons using water from well: 6
Livestock: No: ☒ Yes: _____ No. of livestock watered from well: _____
Lawn Watering: No: ☒ Yes: _____ Other: _____ Amount: _____
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) reg. equipment
Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: _____
Well is: 1) Uphill _____ 2) Downhill: _____ 3) Same Grade _____

Previous Problems:

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

~15 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?

hard clay @ bottom, tried to clean

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

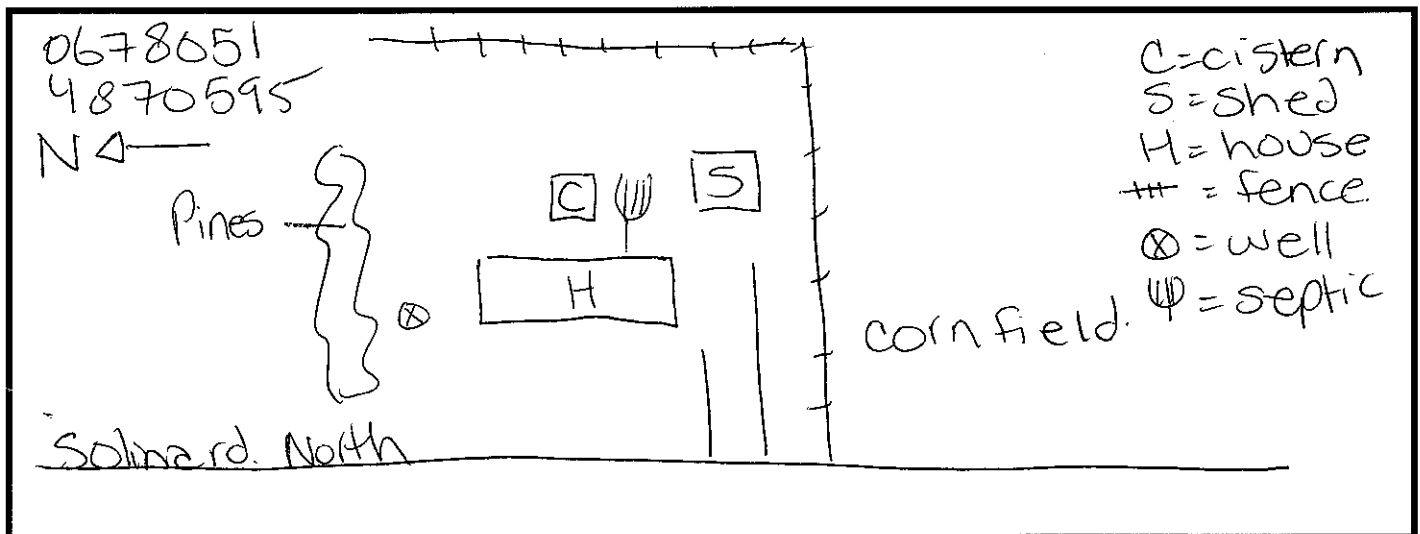
Does homeowner grant permission to obtain a water quality sample?

Yes

No

Signature:

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

well not sealed or caulked,

Is there a depression around the well?



Yes



No

Photo Number:

56

Water Well Survey

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

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

Well #: 3333

MOE #: _____

Owner of Well:

Name: Thelma Best. Telephone (Bus.): () _____
Address: 5577 Solina Rd. North. Hampton. (Home): 905 263-2216
Person Interviewed: Thelma (Pat) Best Residence: _____
Date: April 9/08 Time: 10:04 Interviewed By: AD, MVC
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: E1 Township: Clarington
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: ~20 yrs ago. Use: domestic Contractor: _____
Type (drilled or dug): Drilled Diameter: 6" Well Depth: very deep.
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: run water for 5 hrs worst shortages

Pump Type: Suction-lift: _____ or Positive-submergence ☒ Pumping Capacity: _____ Age: 20 yrs.
How is your pump lubricated: _____

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

Storage Tank: Type: Pressure Capacity: ~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

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: _____

Previous Problems:

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

20 years

Have you ever experienced any previous problems with your well?

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:

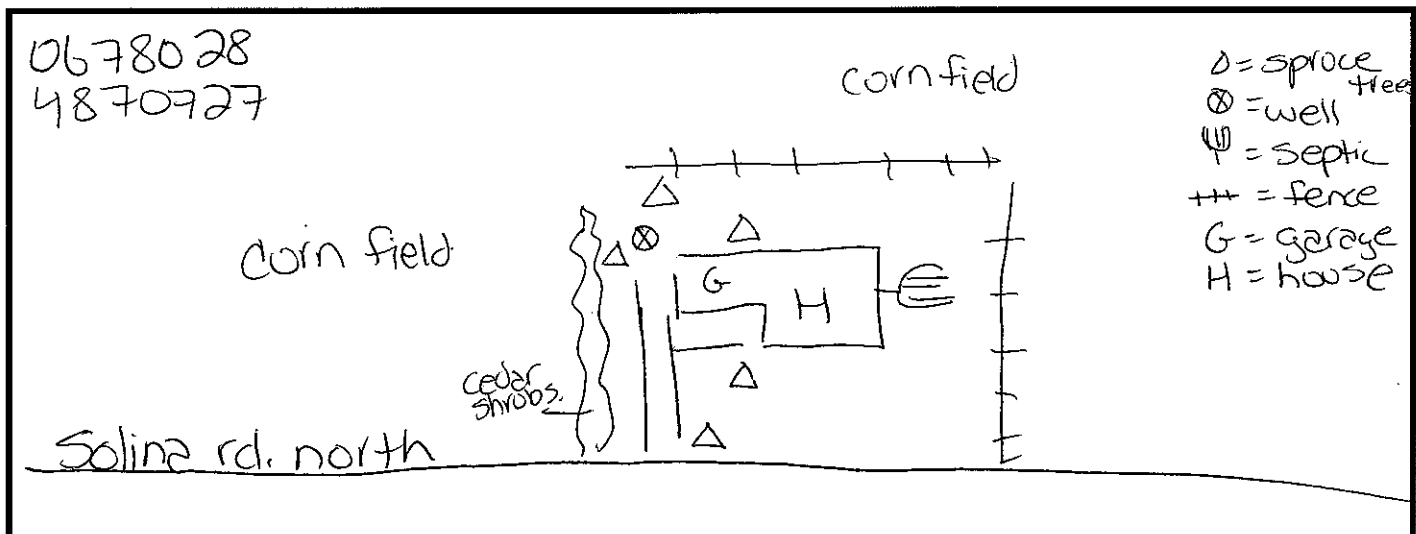
Does homeowner grant permission to obtain a water quality sample?

Yes

No

Signature: _____

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

< 1ft above ground, metal lid, not sealed, can't see file

Is there a depression around the well?



Yes



No

Photo Number:

57

Water Well Survey

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

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

Well #: 3334

MOE #: _____

Owner of Well:

Name: Barry Browes Telephone (Bus.): () _____
Address: 5641 Solina rd. N Hampton. (Home): (905) 263-2709
Person Interviewed: Barry & wife. Residence: _____
Date: April 09/08 Time: 10:30. Interviewed By: AD, MWC
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) E1

Well Construction Details:

Date Constructed: 1965 Use: domestic Contractor: Till
Type (drilled or dug): Dug Diameter: 36" inside Well Depth: 84 ft
40 ft down clay or buried: 36"
Is well accessible for direct sampling? _____
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: if runs 1/2 night it goes dm

Pump Type: Suction-lift: _____ or Positive-submergence ☒ Pumping Capacity: 3/4 HP. Age: 1986.
How is your pump lubricated: 2 1/2 ft off bottom
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: Pressure Capacity: ~50 gallons
Do you have a: Chlorinator: _____ Water Softener: _____ Water Filter: _____ Filter Type: UV in future
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: 30m
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?

bacteria

If so, when?

20 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?

too many crickets

What were the effects of this problem?

Son got sick a little

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

If so, why?

When son got sick, earwigs down well cleaned

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

Does homeowner grant permission to obtain a water quality sample?

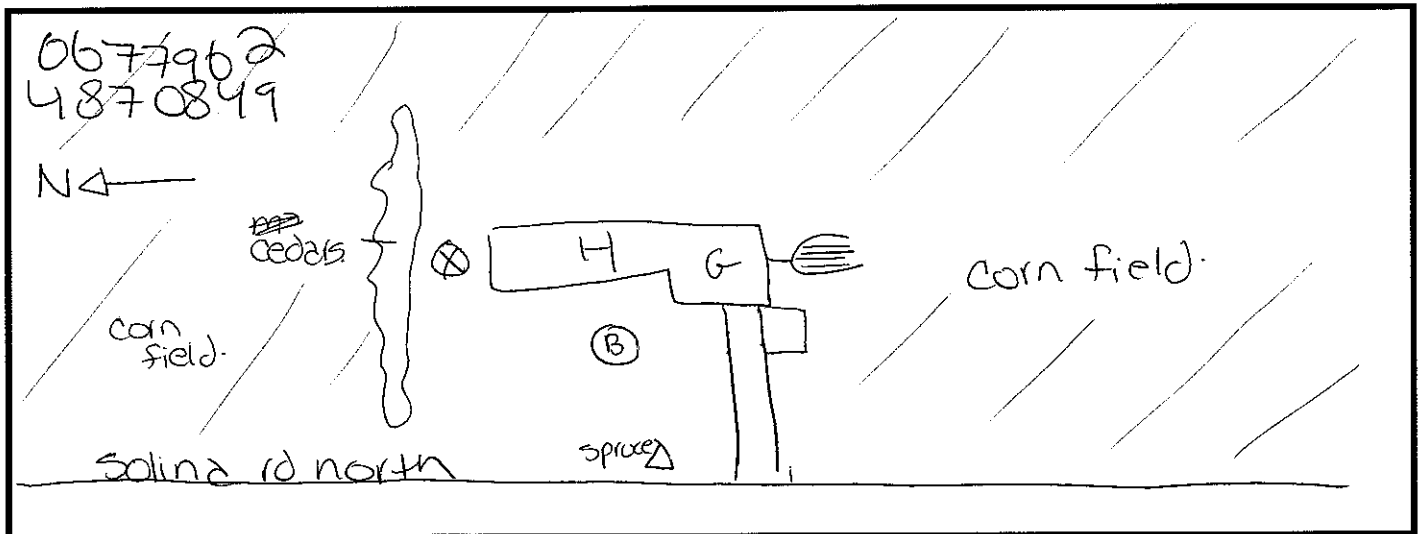
Yes

No

Signature:

Bany Brown

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

sealed 5 tiles down, 1ft above ground, good tile, lid on tight, no caulking

Is there a depression around the well?



Yes



No

Photo Number:

58

★ House is for sale, so must check with owners every sampling event ★
Water Well Survey (in case they don't approve)

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

Well #: 3338
MOE #: _____

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

Owner of Well:

Name: Allan Howe Telephone (Bus.): (____) _____
Address: 5749 Solina Rd. North, Hampton (Home): (905) 263-4651
Person Interviewed: Allan Residence: Yes
Date: April 9/08 Time: 11:20 Interviewed By: AP, M.V.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: E1 Township: Clarington
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: 1987 Use: domestic Contractor: Kawartha Well
Type (drilled or dug): Drilled Diameter: 6" Well Depth: 100 ft
Is well accessible for direct sampling? _____ or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

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

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

Pumping Equipment:

Pump Type: Suction-lift: _____ or Positive-submergence ☒ Pumping Capacity: _____ Age: ~1987
How is your pump lubricated: _____
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: Pressure Capacity: 50 gallons
Do you have a: Chlorinator: _____ Water Softener: ☒ Water Filter: ☒ Filter Type: Char
Water Use: Domestic: No: _____ Yes: ☒ No. of persons using water from well: 4 U.V. light & ceramic
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: 35 m
Well is: 1) Uphill ☒ 2) Downhill: _____ 3) Same Grade: _____

Previous Problems:

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

6 yrs.

Have you ever experienced any previous problems with your well?

previously slightly higher Bact.

If so, when?

~ 5 yrs

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?

U.V. light.

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?

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

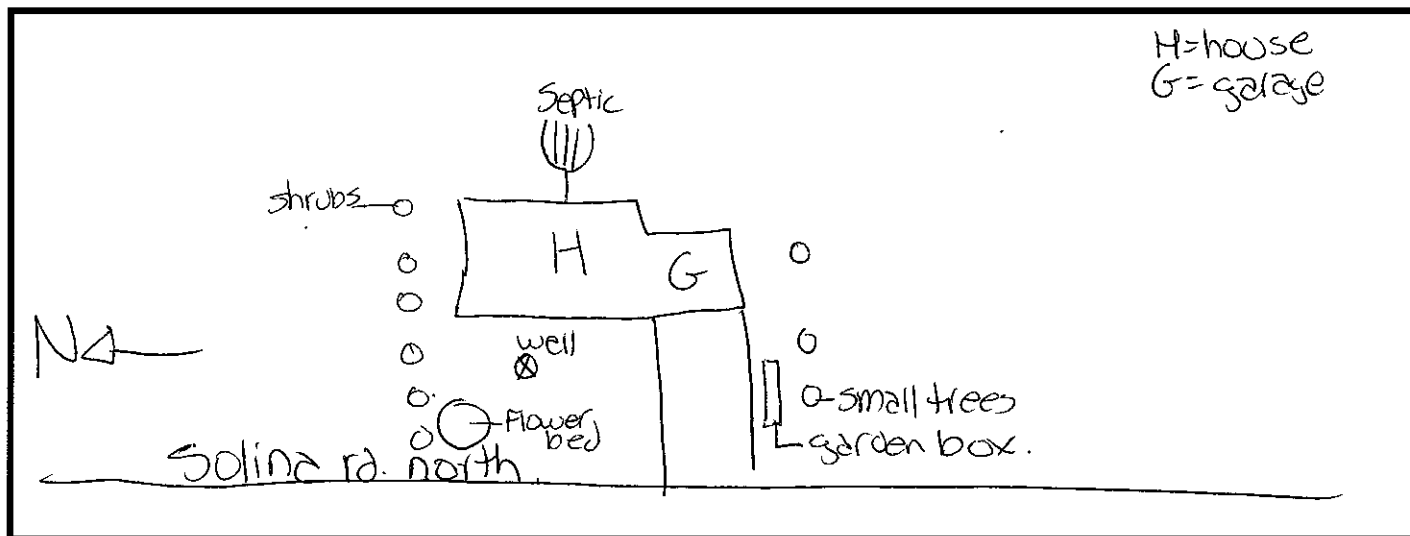
Does homeowner grant permission to obtain a water quality sample?

Yes ☒ No _____

Signature: _____

[Signature]

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

~1ft above ground, vermain proof cap.

Is there a depression around the well?



Yes





No

Photo Number:

60

Water Well Survey

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

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

Well #: 3339

MOE #: _____

Owner of Well:

Name: JACK CURRIE Telephone (Bus.): (____) _____
Address: 5761 Solina rd. north Hampton (Home): 905-263-4246
Person Interviewed: JACK Residence: Yes
Date: April 9/08 Time: 11:05 a.m. Interviewed By: AD, MVC
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: E1 Township: Clarington
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: ~20 yrs Use: _____ Contractor: _____
Type (drilled or dug): Drilled Diameter: 6" Well Depth: N/A. ~210
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: Pressure Capacity: ~50 gallons

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

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

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

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

Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) Hot tub, pool filled w well water

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

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

Previous Problems:

How long have you owned, operated or lived on this property? 2004

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

If so, when? 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? None.

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

What action was taken to overcome this problem? water after filter fine, in well
high coliform.

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:

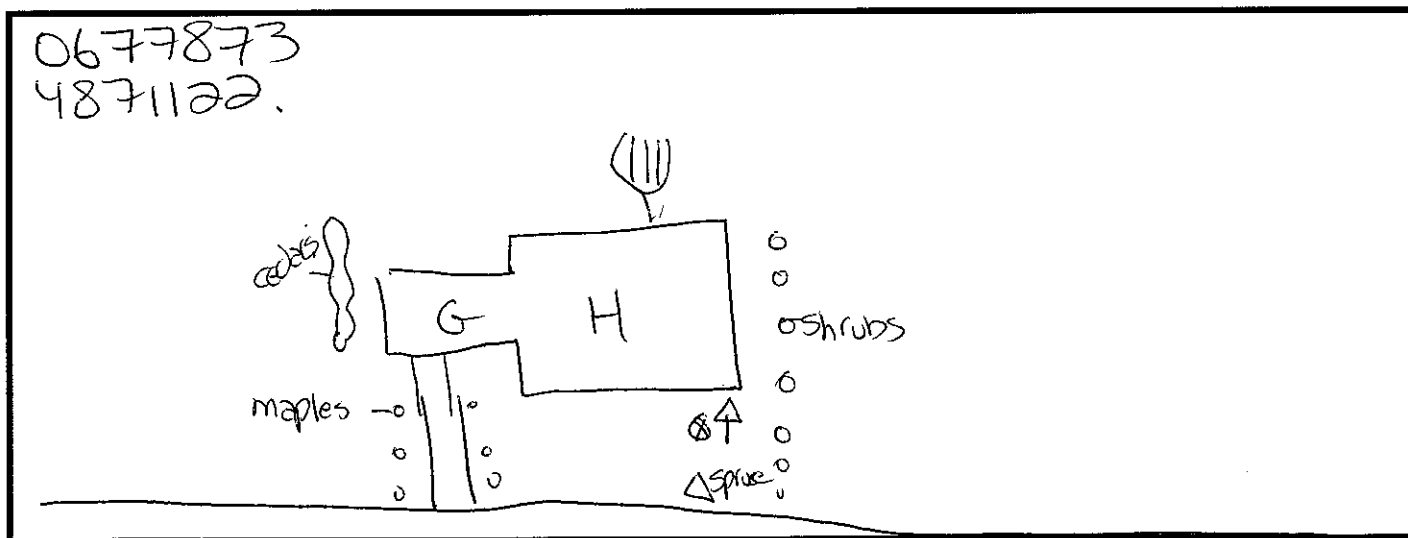
Does homeowner grant permission to obtain a water quality sample?

Yes ☒

No _____

Signature: J. Morris

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition: 1 ft above ground, vermain proof cap

Is there a depression around the well?



Yes



No

Photo Number: 59

Water Well Survey

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

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

Well #: 3346.

MOE #: _____

Owner of Well:

Name: Sherry Baker Telephone (Bus.): ()
Address: 20 Hockaday (Home): (905) 263-8321
Person Interviewed: Sherry Residence: Yes.
Date: April 9/08 Time: 11:52am Interviewed By: AD, MUC.
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) E1.

Well Construction Details:

Date Constructed: 1988 Use: domestic Contractor: _____
Type (drilled or dug): drilled Diameter: 6" Well Depth: N/A - deep
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: 1988.
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: 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: _____
Well is: 1) Uphill _____ 2) Downhill: _____ 3) Same Grade ☒

Previous Problems:

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

19 years

Have you ever experienced any previous problems with your well?

sanded in well

If so, when?

What was the cause of the previous problem?

Drought:

Pump Failure:

Plugging:

Increased Usage

Interference:

Contamination:

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

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

What action was taken to overcome this problem?

What were the effects of this problem?

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

If so, why?

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

change & pump pressure tank & lines

Does homeowner grant permission to obtain a water quality sample?

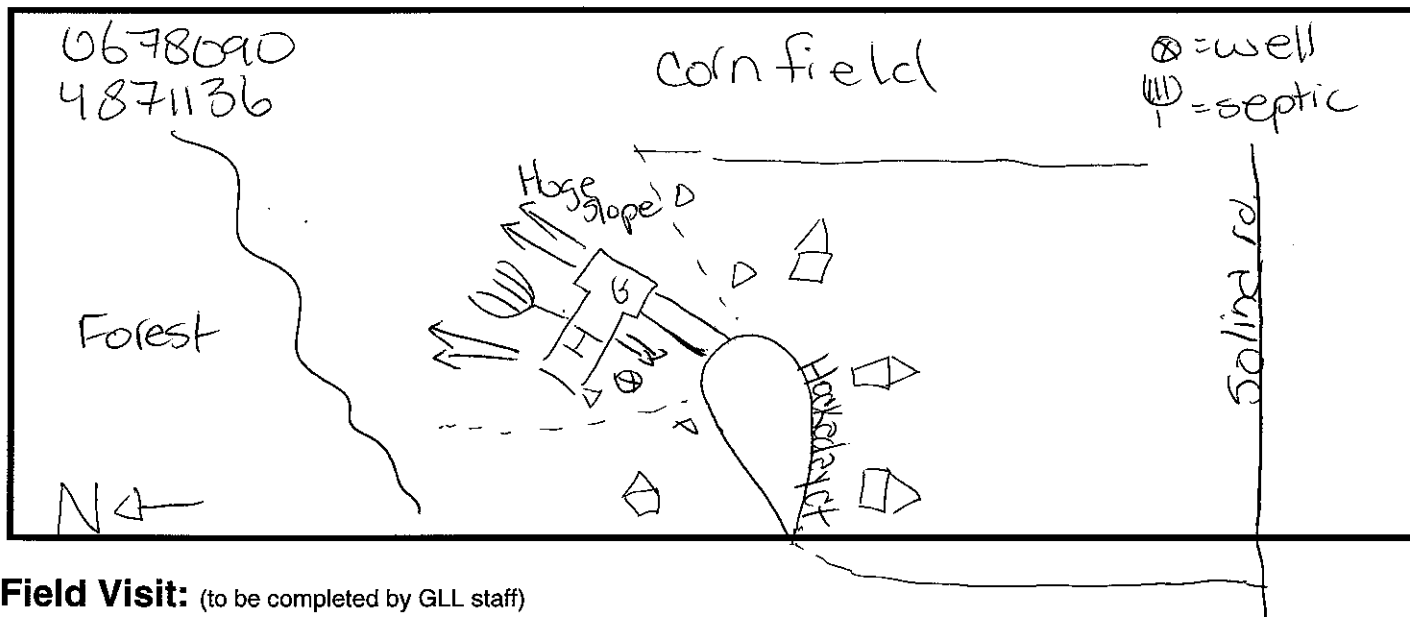
Yes

No

Signature:

Sherry Baker

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

1 ft high, not vermain proof.

Is there a depression around the well?



Yes



No

Photo Number:

61

Water Well Survey

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

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

Well #: 3350

MOE #: _____

Owner of Well:

Name: Sherry Phillips Telephone (Bus.): ()
Address: 12 Hockaday Hampton. (Home): 905, 263-4138.
Person Interviewed: Sherry Residence: Yes
Date: April 9/08 Time: 12:00 Interviewed By: AD, MVC
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: E1 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: 6" 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: 18 yrs
How is your pump lubricated: _____
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: Pressure Capacity: ~80 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
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 not in use
Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: 35 m
Well is: 1) Uphill ☒ 2) Downhill: _____ 3) Same Grade: _____

Previous Problems:

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

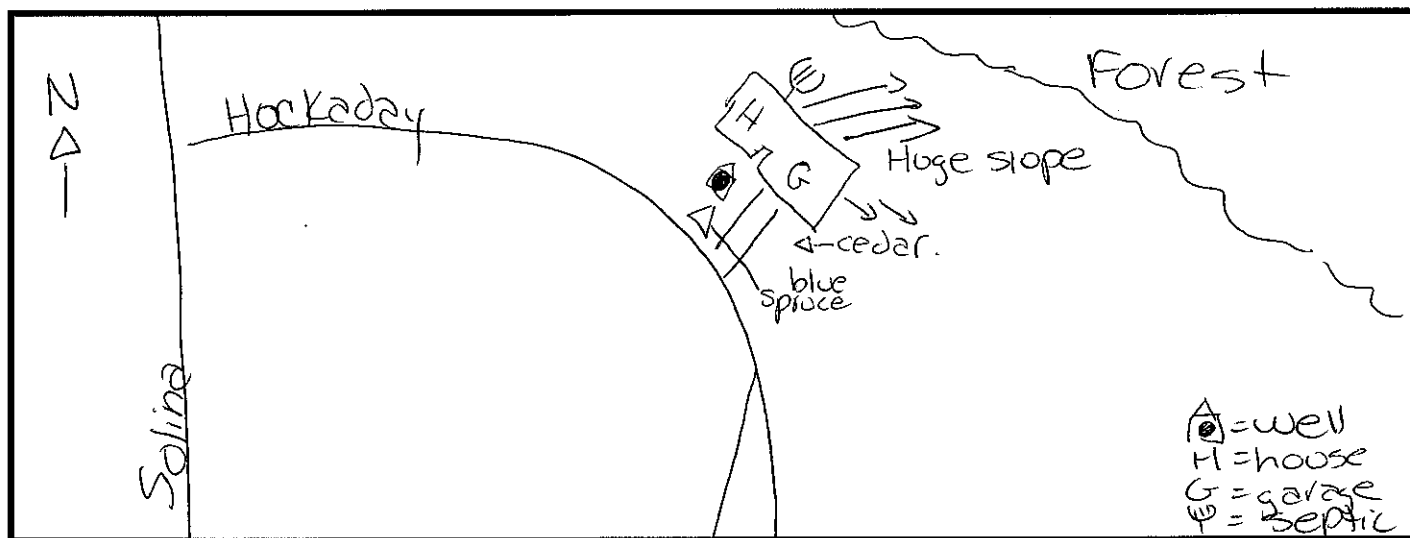
Does homeowner grant permission to obtain a water quality sample? _____

Yes ☒

No ☐

Signature: Sherry Rhillins

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition: not verman proof cap, ~1ft high, inside tiny wishing well

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

Photo Number: 62

★ Says it's okay to collect sample if not home... cottage in summer

Water Well Survey

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

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

Well #: 3355

MOE #: _____

Owner of Well:

Name: Debbie + Dave MacGregor Telephone (Bus.): (____) _____
Address: 5788 Solina rd. North Hampton (Home): (905) 263-8197
Person Interviewed: Debbie Residence: Yes
Date: April 9/08 Time: 12:30 Interviewed By: AD, MVC
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) E3

Well Construction Details:

Date Constructed: 1986 Use: domestic Contractor: Kowarth Dr.
Type (drilled or dug): Drilled Diameter: 6" Well Depth: ~75 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 20ft of last August (07)
(give depths in m and dates)

Pumping Equipment:

Pump Type: Suction-lift: _____ or Positive-submergence ☒ Pumping Capacity: _____ Age: 1986
How is your pump lubricated: _____
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: Pressure Capacity: ~60-70 gal. 40 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: 2 (20 yrs 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: 30m
Well is: 1) Uphill ☒ 2) Downhill: _____ 3) Same Grade: _____

Previous Problems:

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

Have you ever experienced any previous problems with your well?

If so, when?

What was the cause of the previous problem?

Drought:

Pump Failure:

Plugging:

Increased Usage

Interference:

Contamination:

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

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

What action was taken to overcome this problem?

What were the effects of this problem?

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

If so, why?

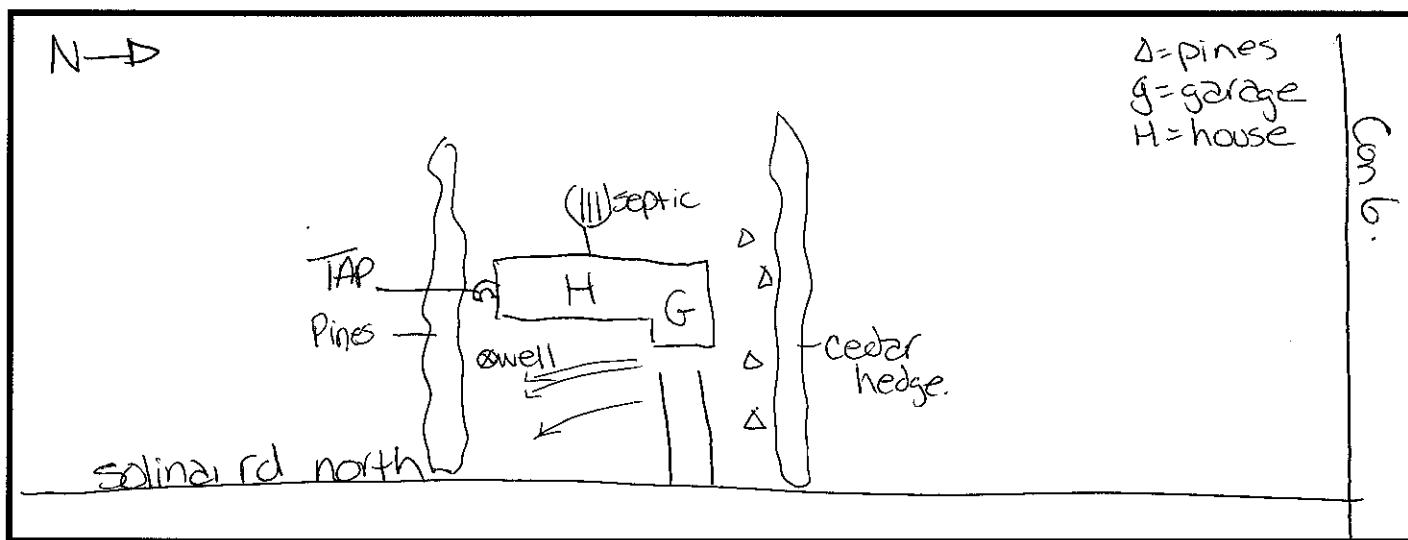
Outline briefly any previous repairs or changes in pumping equipment, and dates:

Does homeowner grant permission to obtain a water quality sample?

Yes ☒ No ☐

Signature:

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:

63

Water Well Survey

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

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

Well #: 3357

MOE #: _____

Owner of Well:

Name: Gayle Watton Telephone (Bus.): (____) _____
Address: 5806 Salina Hampton (Home): (905) 263-8313
Person Interviewed: Gyle Residence: yes
Date: April 9 Time: 1320 Interviewed By: AD MVC
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: E1 Township: Clarington
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: last 10 year Use: domestic 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 drilled
Subsequent Water Level Measurements _____
(give depths in m and dates) _____

Pumping Equipment:

Pump Type: Suction-lift: _____ or Positive-submergence ☒ Pumping Capacity: _____ Age: ~10 yrs
How is your pump lubricated: _____
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: N/A 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.) not in working
Private Waste and Water Disposal: Type (septic tank, etc.): yes Distance to Well: _____
Well is: 1) Uphill 30m 2) Downhill: _____ 3) Same Grade _____

Previous Problems:

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

10 yrs
N/A

Have you ever experienced any previous problems with your well?

If so, when?

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage _____

Interference: _____

Contamination: _____

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

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

What action was taken to overcome this problem?

What were the effects of this problem?

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

If so, why?

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

Does homeowner grant permission to obtain a water quality sample?

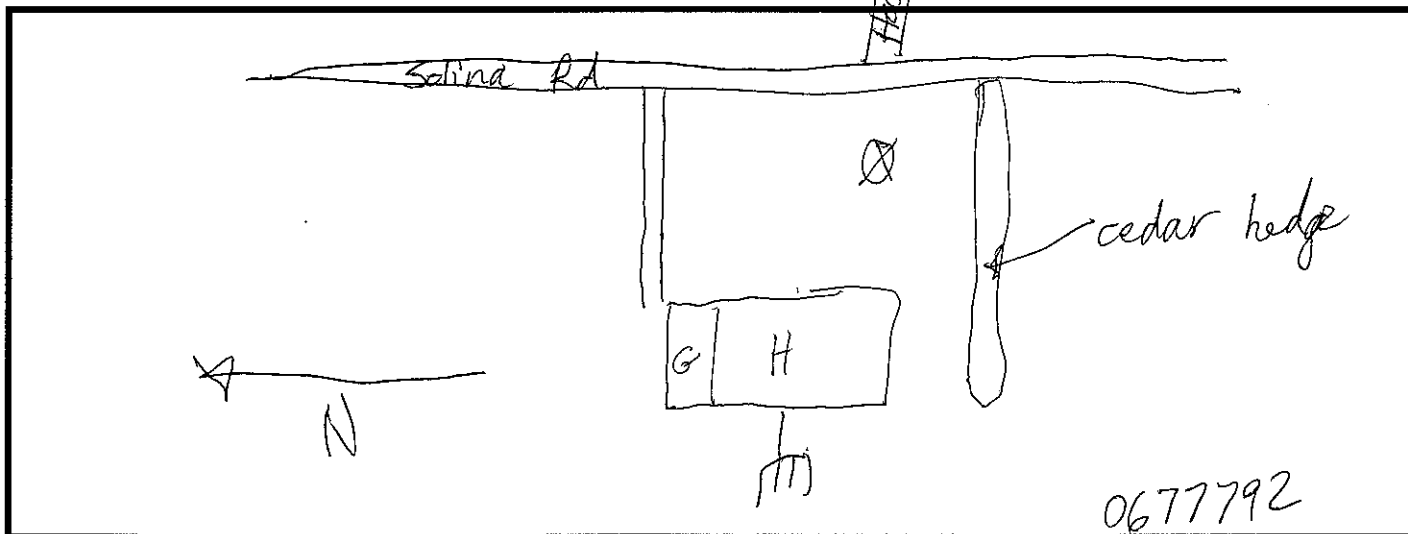
Yes

No

Signature: _____

needed to ask husband

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

can't see the top of the well, there is a pot on top

Is there a depression around the well?



Yes




No

Photo Number:

64, 65

Water Well Survey

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

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

Well #: 3358

MOE #: _____

Owner of Well:

Name: Elaine Watter Telephone (Bus.): (____) _____
Address: 5834 Salina rd. N., Hampton (Home): (905) 263-4487
Person Interviewed: Elaine Residence: _____
Date: April 9 Time: 1345 Interviewed By: AD MVC
Name of Original Well Owner: (if different from above) _____

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

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

Well Location:

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

Well Construction Details:

Date Constructed: more than 30 yrs old Use: School house 100 Contractor: _____
Type (drilled or dug): drilled Diameter: 6" Well Depth: 190 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: ~50 yrs
How is your pump lubricated: _____
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: yes don't know Capacity: UV light
Do you have a: Chlorinator: _____ Water Softener: _____ Water Filter: _____ Filter Type: R/O system
Water Use: Domestic: No: _____ Yes: ☒ No. of persons using water from well: 3
Livestock: No: ☒ Yes: _____ No. of livestock watered from well: _____
Lawn Watering: No: _____ Yes: _____ Other: _____ Amount: _____
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) _____
Private Waste and Water Disposal: Type (septic tank, etc.): yes Distance to Well: _____
Well is: 1) Uphill 30 m 2) Downhill: _____ 3) Same Grade _____

3 people

Previous Problems:

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

~35 yrs

Have you ever experienced any previous problems with your well?

high 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 few years ago, or a new well constructed _____?

If so, why?

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

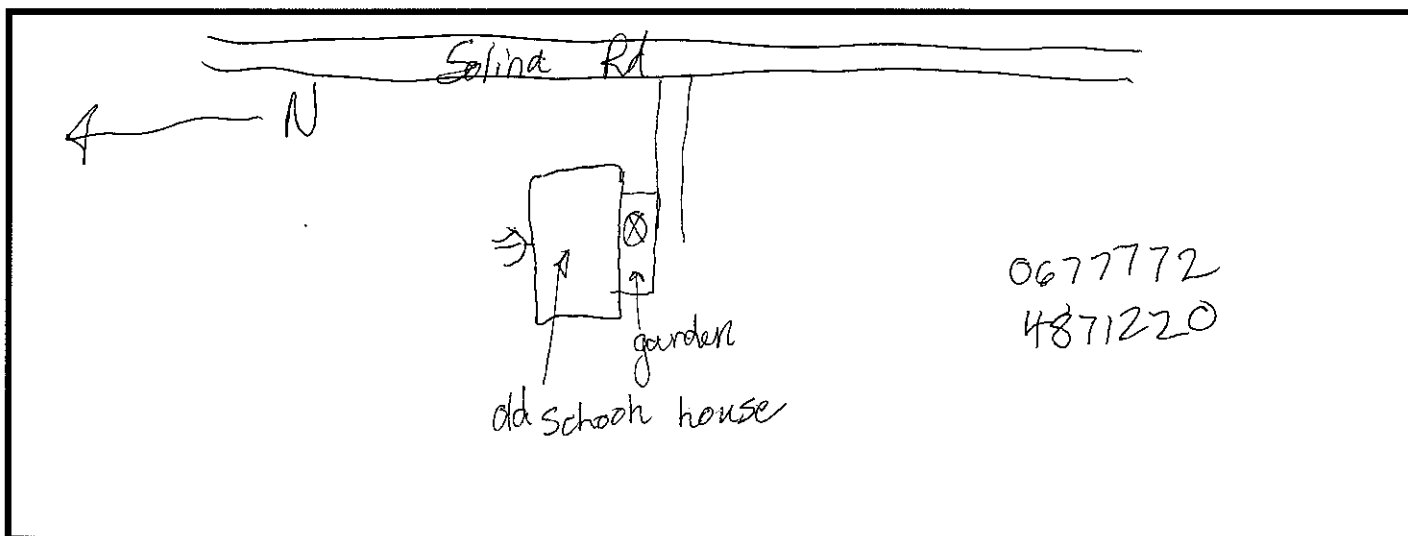
Does homeowner grant permission to obtain a water quality sample?

Yes

No

Signature: _____

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

could only find a dug well

Is there a depression around the well?



Yes



No

Photo Number:

69

Water Well Survey

1964

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

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

Well #: 3362

MOE #: _____

Owner of Well:

Name: C. Gibson Telephone (Bus.): (____) _____
Address: _____ (Home): (905) 263-2016
Person Interviewed: _____ Residence: _____
Date: April 9 Time: 1420 Interviewed By: AD MVC
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: E1 Township: Clarington
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: _____ Use: domestic Contractor: _____
Type (drilled or dug): dug Diameter: 28" Well Depth: 60-80 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: replaced once

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 NO Water Filter: X NO Filter Type: _____

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

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

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

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

Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: 10m

Well is: 1) Uphill 10m 2) Downhill: _____ 3) Same Grade _____

Previous Problems:

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

well good water

Have you ever experienced any previous problems with your well?

If so, when?

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage _____

Interference: _____

Contamination: _____

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

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

What action was taken to overcome this problem?

What were the effects of this problem?

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

If so, why?

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

Does homeowner grant permission to obtain a water quality sample?

Yes

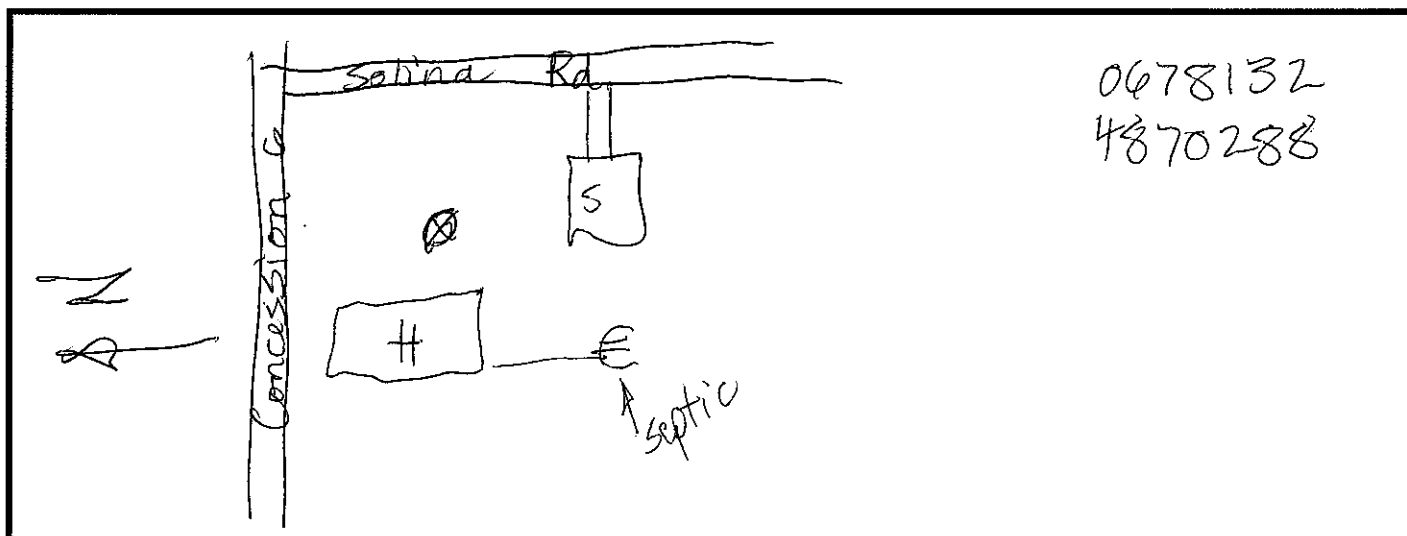


No

Signature:

Mr. C. Gilson

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

less than 1ft stick-up, tile not caked or sealed, chip out of tile

Is there a depression around the well?



Yes



No

Photo Number:

68

Water Well Survey

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

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

Well #: 3365
MOE #: _____

Owner of Well:

Name: [Signature] Telephone (Bus.): (____) _____
Address: 6150 Werry Rd (Home): (____) _____
Person interviewed: _____ Residence: _____
Date: April 9 Time: 1450 Interviewed By: AD, MVC
Name of Original Well Owner: (if different from above) _____

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

Name: Wayne Blackwell Telephone (Bus.): 905 263 8149
Address: _____ (Home): (____) _____

Well Location:

Lot: _____ Concession: 1E 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 [Signature] 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: n/a Water Filter: n/a 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.) _____

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? n/a lyn.

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

If so, when? _____

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage: _____

Interference: _____

Contamination: _____

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

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

What action was taken to overcome this problem? _____

What were the effects of this problem? _____

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

If so, why? _____

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

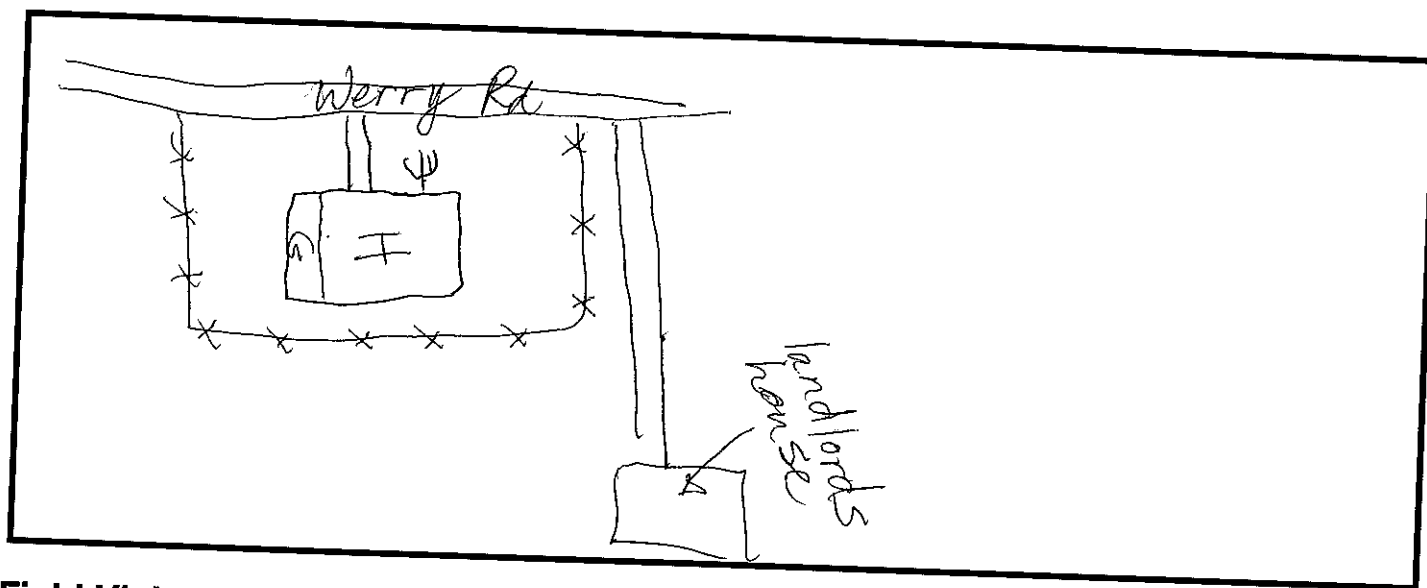
Does homeowner grant permission to obtain a water quality sample? _____

Yes _____

No _____

Signature: _____

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition: think that the well is on the adjacent property (property owner)

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

Photo Number: _____

No picture taken

Water Well Survey

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

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

Well #: 3366

MOE #: _____

Owner of Well:

Name: Danna MacDuff Telephone (Bus.): () _____
Address: _____ (Home): (905) 263-8386
Person Interviewed: _____ Residence: _____
Date: April 9 Time: 1510 Interviewed By: AD MVC
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: 1E Township: Clarington
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: 1970 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: 15 ft to water m
Subsequent Water Level Measurements _____
(give depths in m and dates) _____

Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence _____ Pumping Capacity: _____ Age: 5
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: 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.) _____

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?

1978

Have you ever experienced any previous problems with your well?

~~By~~ ~~the~~ coliforms, put in UV

If so, when?

filter 5 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?

UV filter

What were the effects of this problem?

Did you ever have your well deepened _____,

or cleaned

yes

15-20 years ago

, 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?

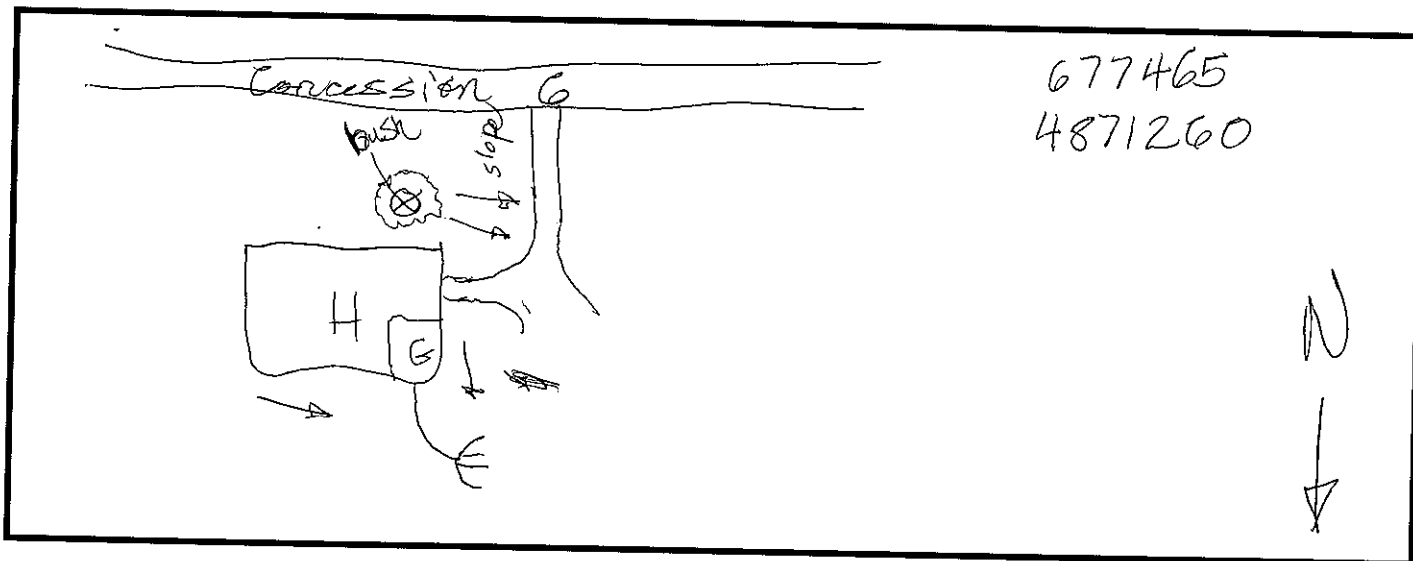
Yes

No

Signature:

Li Mac Duff

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

lid wasn't sealed, surrounded by bushes
1 ft stickup

Is there a depression around the well?

☐

Yes

☐

No

Photo Number:

69

Water Well Survey

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

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

Well #: 3367

MOE #: _____

Owner of Well:

Name: Jim & Pat Fetchison Telephone (Bus.): (____) _____
Address: 1920 Con. 6. RRI Hampton (Home): (____) 263-2096
Person Interviewed: Jim & Pat Residence: yes
Date: April 9/08 Time: 4:00 Interviewed By: AD, MVC
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: E1 Township: Clarington
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: 100yr old house Use: domestic Contractor: _____
Type (drilled or dug): dug x 2 Diameter: 36" Well Depth: don't know
Is well accessible for direct sampling? well not in use. or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

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

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

Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence _____ Pumping Capacity: _____ Age: ~3 yrs
How is your pump lubricated: _____
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: Pressure Capacity: pressure tank, ~40 gal
Do you have a: Chlorinator: _____ Water Softener: no Water Filter: yes Filter Type: UV filter
Water Use: Domestic: No: _____ Yes: ☒ No. of persons using water from well: 4
Livestock: No: ☒ Yes: _____ No. of livestock watered from well: _____
Lawn Watering: No: _____ Yes: _____ Other: Don't drink Amount: _____
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) reg. equipment, pool (bright in H₂O)
Private Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well: 40+m
Well is: 1) Uphill ☒ 2) Downhill: _____ 3) Same Grade _____

60 gal hot water tank

3

Water Well Survey

DONE

Well #: 3370

MOE #: _____

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

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

Owner of Well:

Name: Bruce Hopson Telephone (Bus.): () _____
Address: 1942 Con: 6, Hampton (Home): (905) 263-4223
Person Interviewed: Bruce Residence: Yes
Date: April 9/08 Time: 4:20 Interviewed By: AD, MVC
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: E1 Township: Clarington
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: ~ 1955 house built Use: domestic Contractor: _____
Type (drilled or dug): Dug Diameter: 28" Well Depth: 270/25 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: 250/27 g/min 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 gallons
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, reg equipment
Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: 10m
Well is: 1) Uphill ☒ 2) Downhill: _____ 3) Same Grade _____

Previous Problems:

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

~10-12 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? in 1997 when house bought

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

2 new pipe lines & foot valves. added new tile to be above ground.

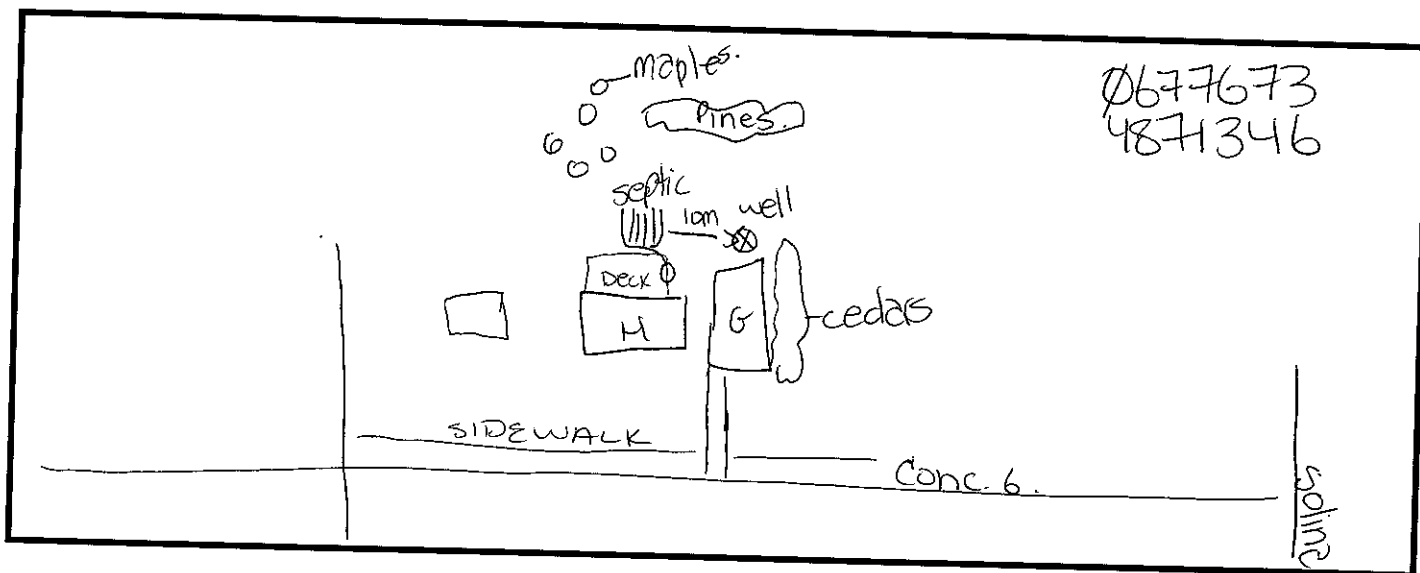
Does homeowner grant permission to obtain a water quality sample?

Yes ☒

No ☐

Signature: Darcey Hopton

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition: ~1.5 ft stickup, lid sealed, tile not caulked.

Is there a depression around the well?



Yes



No

Photo Number: 71

Water Well Survey



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



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

Well #: 3343

MOE #: _____

Owner of Well:

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

Address: 190 King Lane (Home): 905, 263-2212

Person Interviewed: _____ Residence: Yes

Date: Apr 11, 2007 Time: 9:50 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: Hampton

GLL Map Sheet: (to be completed by GLL Staff) East 14

Well Construction Details:

Date Constructed: 18 yrs ago Use: Domestic Contractor: Bondway Well Drilling

Type (drilled or dug): Drilled Diameter: 6" Well Depth: n/a

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

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

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

Original Water Level Depth: _____ m

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

Pumping Equipment:

Pump Type: Suction-lift: X or Positive-submergence _____ Pumping Capacity: n/a Age: <10 yrs

How is your pump lubricated: _____

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

Storage Tank: Type: Pressure Capacity: 20/40 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

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.): same Distance to Well: 7100 ft

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

well fast, slip back.

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? 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? _____

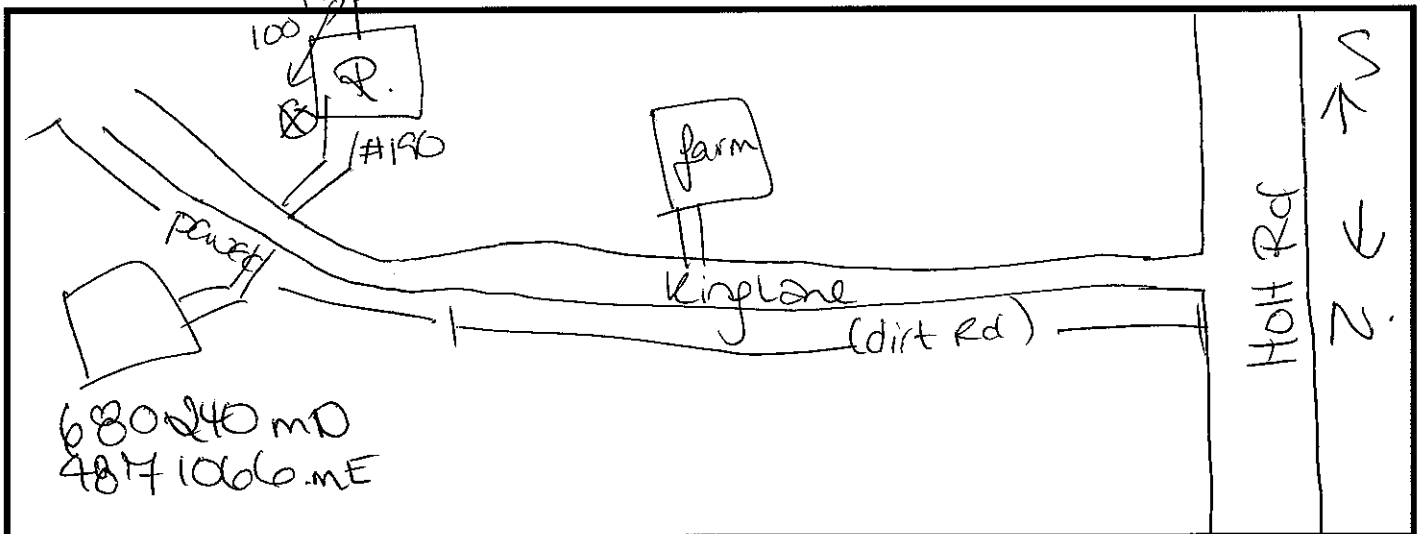
Outline briefly any previous repairs or changes in pumping equipment, and dates: _____

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: Well in front (North) of house in corner of raised bed garden. Stick up is a few inches above soil. Cap is not very much proof.


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

Photo Number: 1+2

↳ although can't tell if it has a good seal because garden built up around it.

Water Well Survey

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

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

84
Well #: 38

MOE #: _____

Owner of Well:

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

Address: 24 Millstream Lane (Home): 905 263-8263

Person Interviewed: Ron Residence: _____

Date: Apr 12, 2008 Time: 10:30 Interviewed By: RBC/AD

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: East 7 Township: _____

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

Well Construction Details:

Date Constructed: 430 yrs Use: Domestic Contractor: N/A

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 Varies from 20ft in Spring, to low in summer
(give depths in m and dates)

Pumping Equipment:

Pump Type: Suction-lift: X or Positive-submergence _____ Pumping Capacity: _____ Age: 10 yrs

How is your pump lubricated: _____

Depth of Intake Setting: 2 m (Original) _____ m (Present) Pumping Rate: _____ L/s

Storage Tank: Type: Pressure tank Capacity: 10 gallons

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: 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 stuff

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?

30 yrs

Have you ever experienced any previous problems with your well?

Regular in summer Yes

If so, when?

dry well in summer, e.g. '08.

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?

Used water from neighbour.

What were the effects of this problem?

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

If so, why?

Cleaned about 10 yrs ago, area was flooded 2 springs in row.

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

Regular maintenance on pump. New septic tank last yr; (had some as old).

Does homeowner grant permission to obtain a water quality sample?

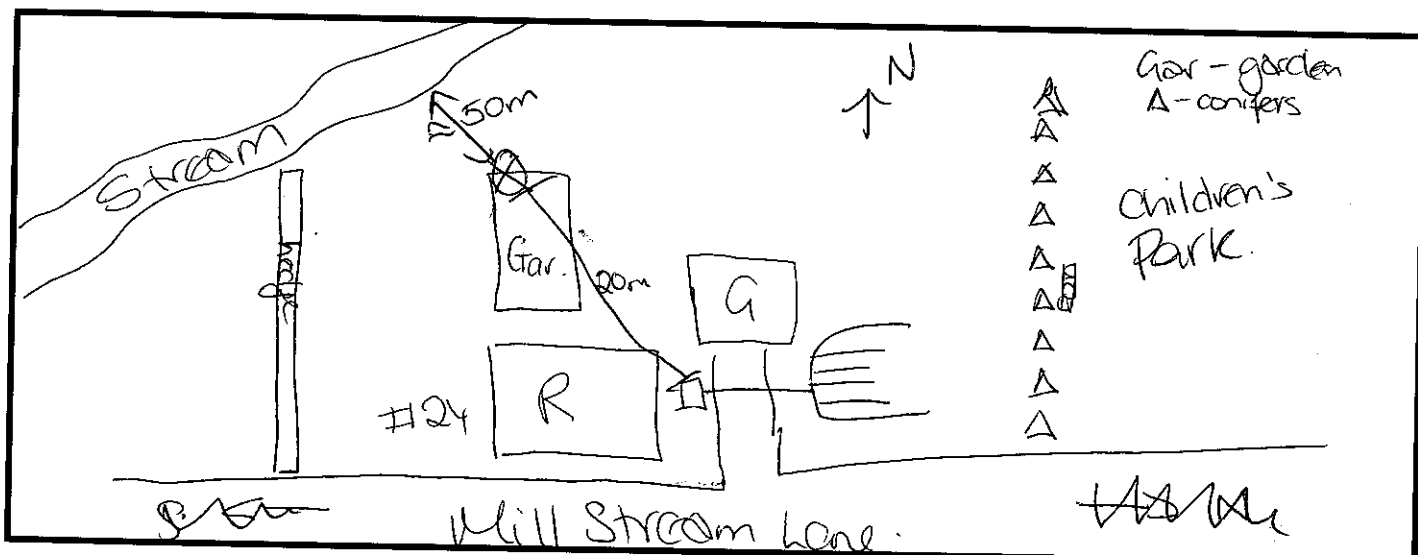
Yes ☒

No ☐

Signature:

Ronald Hayes.

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

68°04'26m E, 48°10'13m D

Well Condition:

Well at edge of garden. lid not sealed or caulked.
Moss growing on lid. Slight slope to south.
Wooden chip in outer body of well.

Is there a depression around the well?



Yes



No

Photo Number:

5-

Water Well Survey

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

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

Well #: 3382
MOE #: _____

Owner of Well:

Name: Mr Jim Higgins Telephone (Bus.): () _____
Address: 16 Millstream Lane (Home): () _____
Person interviewed: Jim Residence: Yes
Date: Apr 12, 2008 Time: 11:00 AM Interviewed By: RBC/AD
Name of Original Well Owner: (if different from above) n/a (original blacksmith's shop for town)

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) East 7

Well Construction Details:

Date Constructed: 1966 (Drilled) Use: Domestic Contractor: n/a
Type (drilled or dug): Drilled inside dug Diameter: 28" / 6" Well Depth: 28' + 265'
stone well from early 1900's
Is well accessible for direct sampling? _____ or buried: Yes
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: Artesian m
Subsequent Water Level Measurements Drilled well is artesian, overflow goes to nearby stream.
(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: Pressure Capacity: 25 gallons
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: 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: ~100'
Well is: 1) Uphill _____ 2) Downhill: _____ 3) Same Grade X

Previous Problems:

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

Since birth (50 yrs).

Have you ever experienced any previous problems with your well?

Yes.

If so, when?

Before 1966

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 well put in.

What were the effects of this problem?

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

If so, why?

See above

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

Pressure tank replaced.

Regular pump repairs due to wear + tear.

Well cleaned to 1000' and 2000'.

Does homeowner grant permission to obtain a water quality sample?

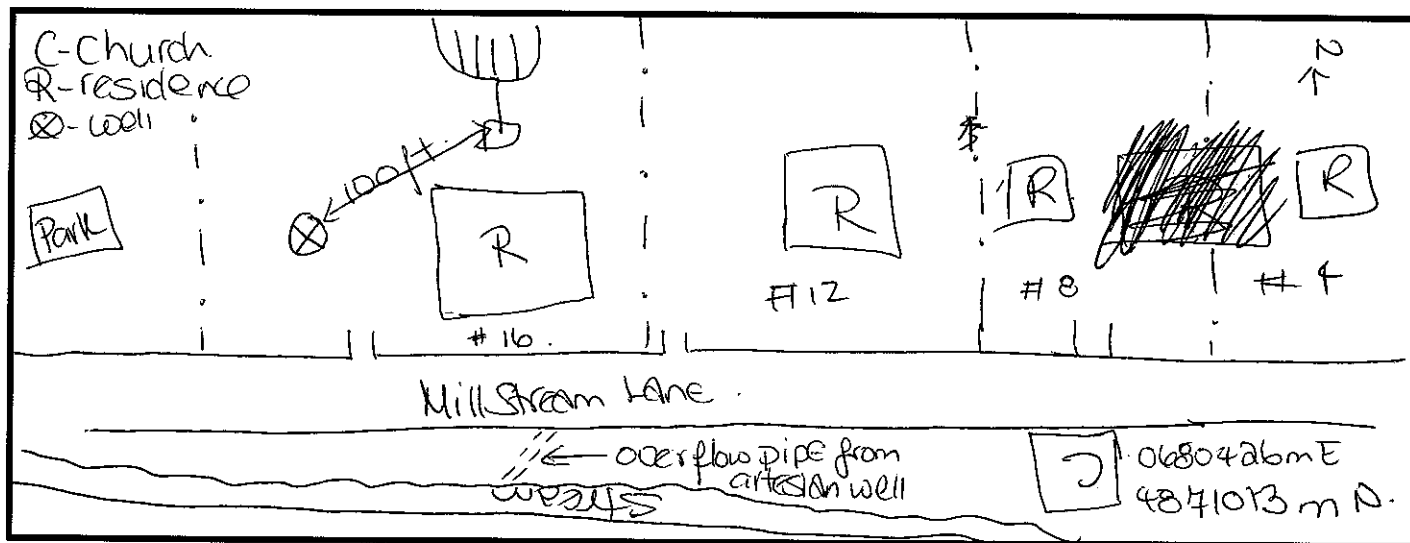
Yes

No

X

Signature:

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

Well is buried, but ~~the~~ lid is concrete to wooden boards ~~and~~, and a layer of plywood on top. Vermin can access well pit (saw centipede).

Is there a depression around the well?



Yes



No Unknown

Photo Number:

8+7

Water Well Survey

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

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

Well #: 3388

MOE #: _____

Owner of Well:

Name: ~~Mr. + Mrs. Pak~~ Mr. + Mrs. Pak Telephone (Bus.): () _____

Address: 16 Washington St. (Home): () _____

Person Interviewed: (Wife) Residence: Yes

Date: April 2, 2008 Time: 11:40 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: _____

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

Well Construction Details:

Date Constructed: 35 yrs Use: Domestic Contractor: _____

Type (drilled or dug): Drilled Diameter: 6" Well Depth: 165' 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 tank Capacity: 25 gallons

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

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

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

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

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

Raised till bed, higher than well.

Previous Problems:

How long have you owned, operated or lived on this property? 13 yrs

Have you ever experienced any previous problems with your well? No But has iron + is hard.

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:

Cleaned to Jones regular basis

Does homeowner grant permission to obtain a water quality sample?

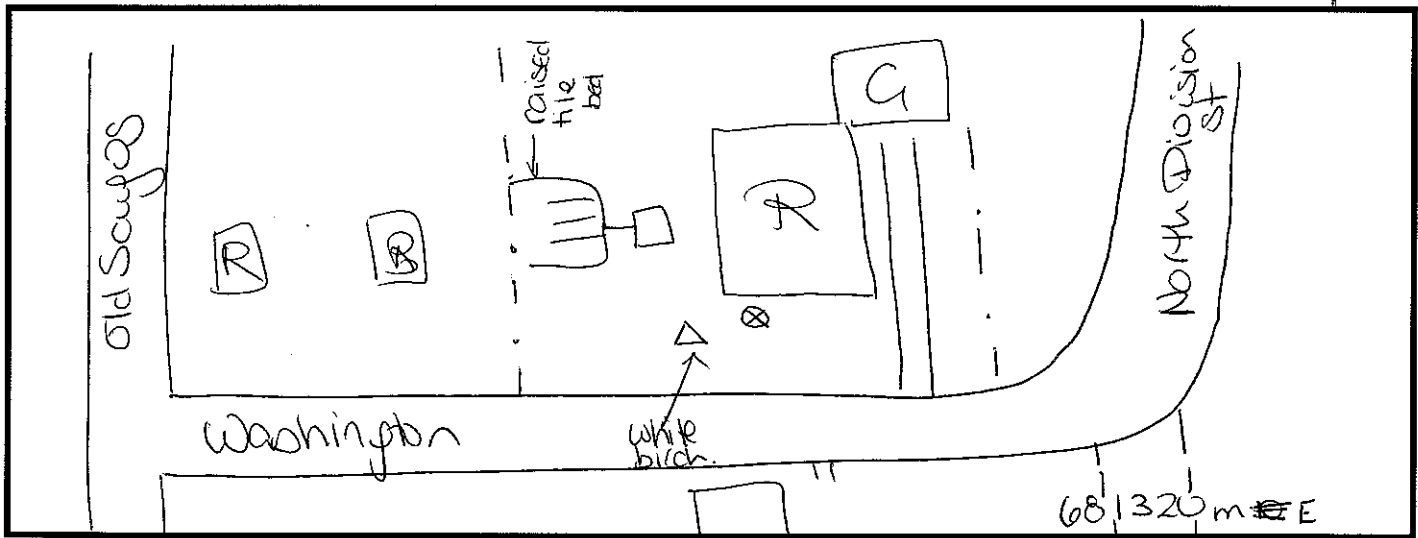
Yes _____

No _____

☒ Signature: _____

Needs to check w husband. (she dida sent in her form agreeing to the sampling AD)

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

Cap not vermin proof; 1 ft stick up.

Is there a depression around the well?



Yes



No

Photo Number:

9

Water Well Survey

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



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

Well #: 3391

MOE #: _____

Owner of Well:

Name: Wilma Kantor Telephone (Bus.): (____) _____
Address: 10 North Division ~~East~~ Street (Home): (905) 263-2645
Person Interviewed: Wilma Residence: Yes
Date: April 2/2008 Time: 12:10 Interviewed By: RBC/FJD
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: E0814 Township: _____
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: < 33 yrs Use: Domestic Contractor: _____
Type (drilled or dug): Dug Diameter: 2 8" 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 ≈ 15 ft
(give depths in m and dates) _____

Pumping Equipment:

Pump Type: Suction-lift or Positive-submergence _____ Pumping Capacity: _____ Age: 12 yrs
How is your pump lubricated: _____
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: Pressure tank Capacity: 10 gallons
Do you have a: Chlorinator: _____ Water Softener: _____ Water Filter: X Filter Type: UV
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.) Regular
Private Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well: > 100'
Well is: 1) Uphill _____ 2) Downhill: _____ 3) Same Grade X

Previous Problems:

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

33 yrs

Have you ever experienced any previous problems with your well?

Yes

If so, when?

Before 14 yrs 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

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

What action was taken to overcome this problem?

Installed w/ filter

What were the effects of this problem?

Did you ever have your well deepened

Yes

or a new well constructed

?

If so, why?

Regular maintenance

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

Regular repairs to pumping equipment (w/cover + tank)

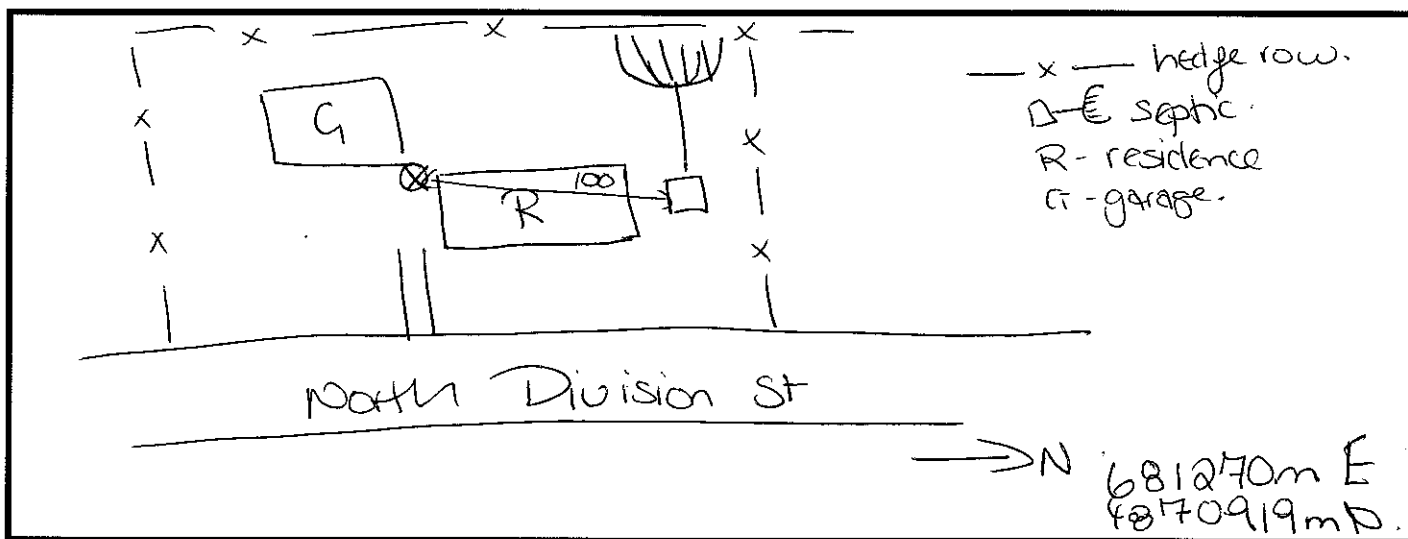
Does homeowner grant permission to obtain a water quality sample?

Yes X No

Signature:

Wilma Kantor

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

Tile/lids not sealed or caulked. Piece of wood in hole.
≈ 3" in diameter in lid. Wood held down by well

Is there a depression around the well?



Yes



No

Photo Number:

70

Water Well Survey

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

Well #: 3396 ✓

MOE #: _____

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

Owner of Well:

Name: Sylvia Barr Telephone (Bus.): ()
Address: 360 Liberty St (Home): (905) 203 8586
Person Interviewed: Sylvia Residence:
Date: Apr 12, 2002 Time: 12:00 Interviewed By: JEC/AD
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: East 17 Township: _____
GLL Map Sheet: (to be completed by GLL Staff)

Well Construction Details:

Date Constructed: 40 yrs Use: Domestic Contractor: N/A
Type (drilled or dug): Dig Diameter: 28" Well Depth: 15'
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: - Don't drink water.

Pump Type: Suction-lift: X or Positive-submergence _____ Pumping Capacity: N/A Age: 22 yrs
How is your pump lubricated: _____

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

Storage Tank: Type: Pressure Tank Capacity: 20 gallons

Do you have a: Chlorinator: _____ Water Softener: _____ Water Filter: 4 Filter Type: _____

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

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: 100 ft (at least)

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

Slight

Previous Problems:

How long have you owned, operated or lived on this property? 22 yrs.

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

If so, when? _____

What was the cause of the previous problem? _____

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage _____

Interference: _____

Contamination: _____

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

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

What action was taken to overcome this problem? _____

What were the effects of this problem? _____

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

If so, why? _____

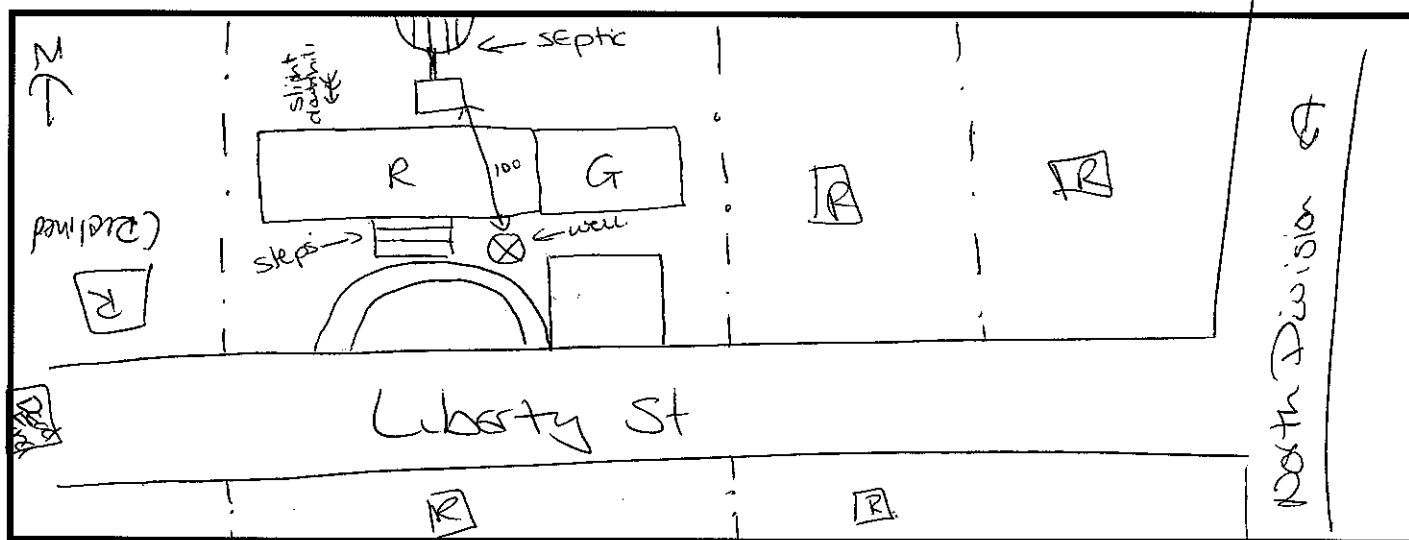
Outline briefly any previous repairs or changes in pumping equipment, and dates: _____

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

Yes ☒ No _____

Signature: Sylvia Barr

Location Sketch: (to be completed by GLL staff)



681274mE, 4871109mN.

Field Visit: (to be completed by GLL staff)

Well Condition: Lid fully sealed + caulked, no vent

stickup minimal, i.e. lid is sitting is almost level to ground. Statue of 3 bears on top of well

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

Photo Number: 117

Water Well Survey

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

Well #: 3898

MOE #: _____

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

Owner of Well:

Name: Cathy Brooks Telephone (Bus.): ()
Address: 29 Liberty St. (Home): 905 263-4551
Person Interviewed: Cathy Residence: Yes
Date: Apr 12, 2008 Time: 13:36 Interviewed By: RECAD
Name of Original Well Owner: (if different from above) K-A

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

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

Well Location:

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

Well Construction Details:

Date Constructed: ~~Mar 15, 1984~~ Mar 15, 1984 Use: Drilled (in use) Contractor: Faulkner
Type (drilled or dug): Dug + Drilled Diameter: 6" Well Depth: 83 ft
Is well accessible for direct sampling? Yes or buried: No
Screen: Yes No If Yes, length: 4 ft m Depth of top of screen: 79 ft 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: 24 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: X Water Filter: _____ Filter Type: _____

Water Use: Domestic: No: _____ Yes: X No. of persons using water from well: 4
Livestock: No: X Yes: _____ No. of livestock watered from well: _____
Lawn Watering: No: X Yes: _____ Other: water not drunk 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' (?)

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

Septic upgraded 10 yrs.

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 (But dug well did go

If so, when? dry one summer due to usage - hooked up drilled well

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage _____

Interference: _____

Contamination: _____

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

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

What action was taken to overcome this problem?

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:

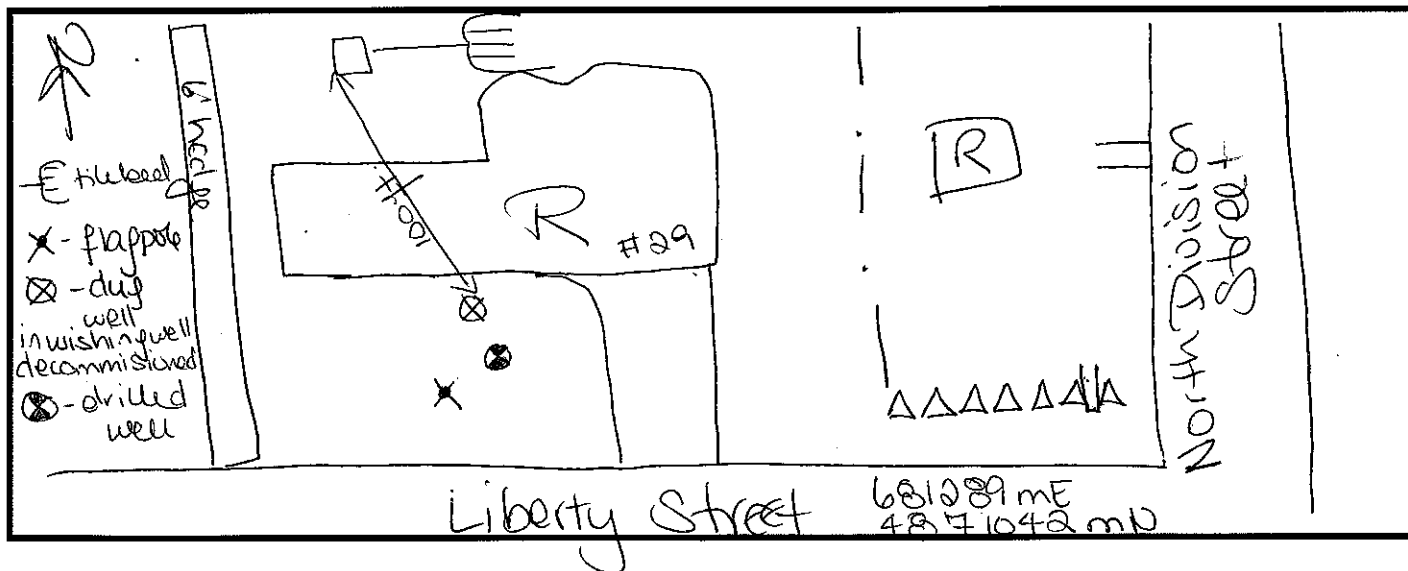
Does homeowner grant permission to obtain a water quality sample?

Yes ☒

No ☐

Signature: B. Booles

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition: Drilled well - stick up = 1 1/2 ft, lid is not vermin proof + not secured properly. Dug well was decommissioned, however concrete structure still in place + surrounded by wishp well

Is there a depression around the well?



Yes



No

Photo Number:

#12