

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

3403, and
Well #: ~~3403~~
3411
MOE #: _____

Owner of Well:

Name: NOT given (father of house) Telephone (Bus.): (____) _____
Address: 45 North Division St (Home): (____) _____
Person Interviewed: father of house Residence: Yes
Date: May 5 / 2008 Time: 1:00:00 Interviewed By: RBC / HSA
Name of Original Well Owner: (if different from above) _____

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

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

Well Location:

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

Well Construction Details:

Date Constructed: 10yrs / 40yrs Use: domestic Contractor: Bondway
Type (drilled or dug): Drilled/Dug Diameter: _____ Well Depth: 125' / 30'
Is well accessible for direct sampling? Yes or buried: Yes (dug) dig
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: water flows outtop in spring
(give depths in m and dates) _____

Pumping Equipment:

Pump Type: Suction-lift: _____ or Positive-submergence X Pumping Capacity: 5gpm Age: 10yrs
How is your pump lubricated: _____
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: _____ Capacity: _____
Do you have a: Chlorinator: X Water Softener: ✓ Water Filter: ✓ Filter Type: UV
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
Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: 100'
Well is: 1) Uphill _____ 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, except for drilling new well.

If so, when?

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage _____

Interference: _____

Contamination: _____

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

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

What action was taken to overcome this problem?

What were the effects of this problem?

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

If so, why?

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

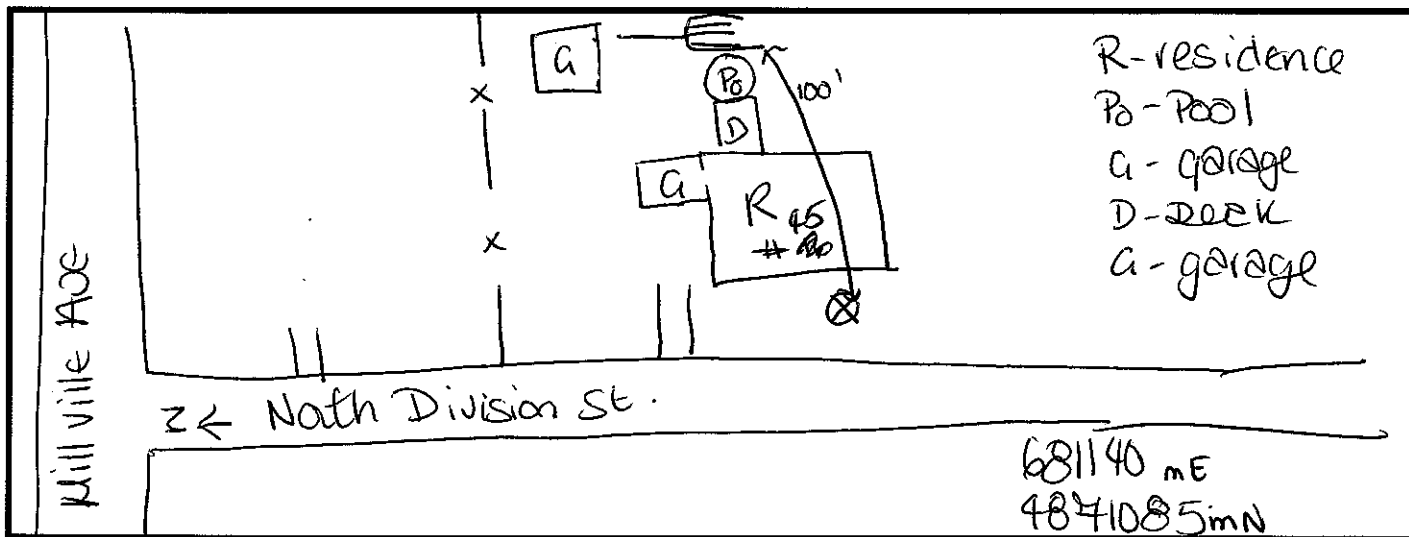
Does homeowner grant permission to obtain a water quality sample?

Yes _____

No _____

Signature: _____

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

Could not locate dug well / might be buried, told it was at front of house. Drilled well has 2 1/2 ft stick up. Casings has ironing staining from seasonal overflow. Cap not vermin proof

Is there a depression around the well?



Yes



No

Photo Number:

4

(of drilled well):

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 #: 3408

MOE #: _____

Owner of Well:

Name: Joan Ritze Telephone (Bus.): (905) 263 4466
Address: 34 North Division St (Home): () _____
Person Interviewed: Joan Ritze Residence: _____
Date: May 5, 2008 Time: 14:40 Interviewed By: RBC/HA
Name of Original Well Owner: (if different from above) _____

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

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

Well Location:

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

Well Construction Details:

Date Constructed: 1972 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: Water is not used for drinking

Pump Type: Suction-lift: ☒ or Positive-submergence _____ Pumping Capacity: _____ Age: 6 yrs
How is your pump lubricated: _____
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: Pressure Capacity: 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.) _____
Private Waste and Water Disposal: Type (septic tank, etc.): 4 man septic Distance to Well: 100'
Well is: 1) Uphill _____ 2) Downhill: ☒ 3) Same Grade _____

Previous Problems:

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

Since 1977

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:

Pressure tank repaired due to rust.

Does homeowner grant permission to obtain a water quality sample?

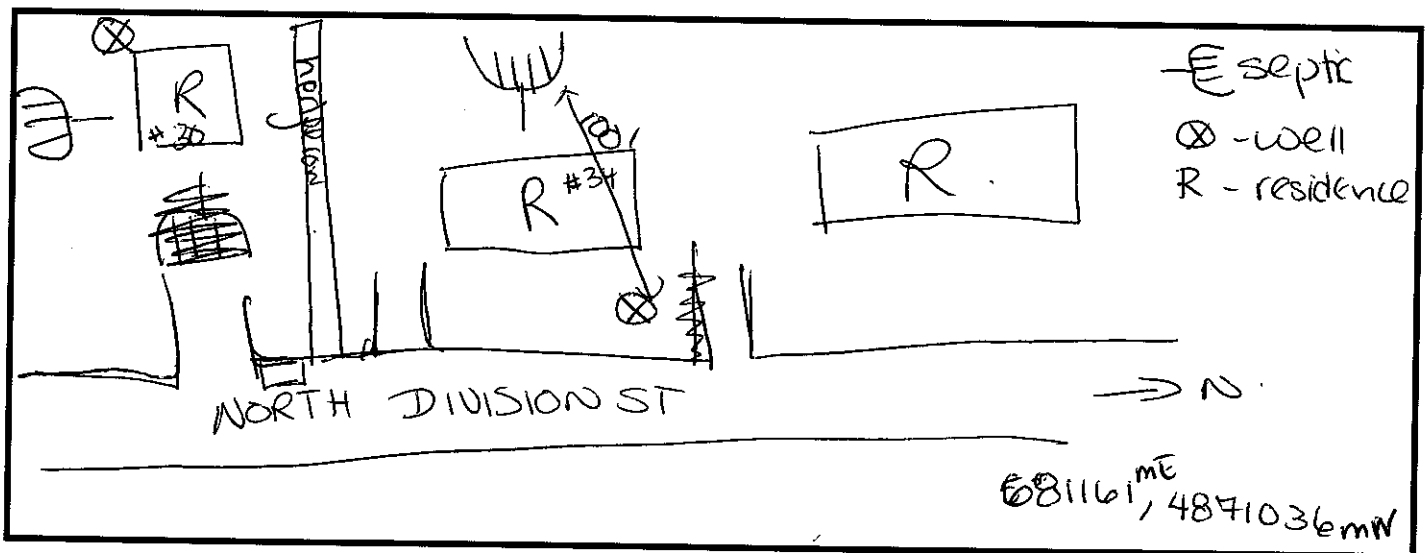
Yes ☒

No _____

Signature: _____

Joan Ritzer

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition: lid unsealed, concrete body, house in good condition, well is finished 4" above ground. Two metal handles on top of lid. one on square center piece

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

Photo Number: _____

5197

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 #: 3409

MOE #: _____

2 wells drilled inside
dup at same locn

Owner of Well:

Name: Doug Carriner Telephone (Bus.): (____) _____
Address: #30 North Division St. (Home): (905) 260-9622
Person Interviewed: Doug Residence: _____
Date: May 5/2008 Time: 15:00 Interviewed By: RBC/HA
Name of Original Well Owner: (if different from above) N/A

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

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

Well Location:

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

Well Construction Details: Two wells.

Date Constructed: 60/70 yrs + 20 yrs. Use: Domestic Contractor: - -
Type (drilled or dug): Dug Drilled Diameter: 28" + 6" Well Depth: 11/12', 95'
Is well accessible for direct sampling? Yes or buried: dug drilled
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 Dug well water level is at or near surface.
(give depths in m and dates)

Pumping Equipment:

Pump Type: Suction-lift: _____ or Positive-submergence X Pumping Capacity: _____ Age: 5 yrs (drilled)
How is your pump lubricated: _____
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: Pressure tank Capacity: 40 gals
Do you have a: Chlorinator: - Water Softener: - Water Filter: - Filter Type: -
Water Use: Domestic: No: _____ Yes: X No. of persons using water from well: 3
Livestock: No: X Yes: _____ No. of livestock watered from well: _____
Lawn Watering: No: X Yes: X Other: - - Amount: - -
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) Fish pond (top up) + Regu
Private Waste and Water Disposal: Type (septic tank, etc.): Yes Distance to Well: 100 ft
Well is: 1) Uphill X 2) Downhill: _____ 3) Same Grade: _____

Previous Problems:

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

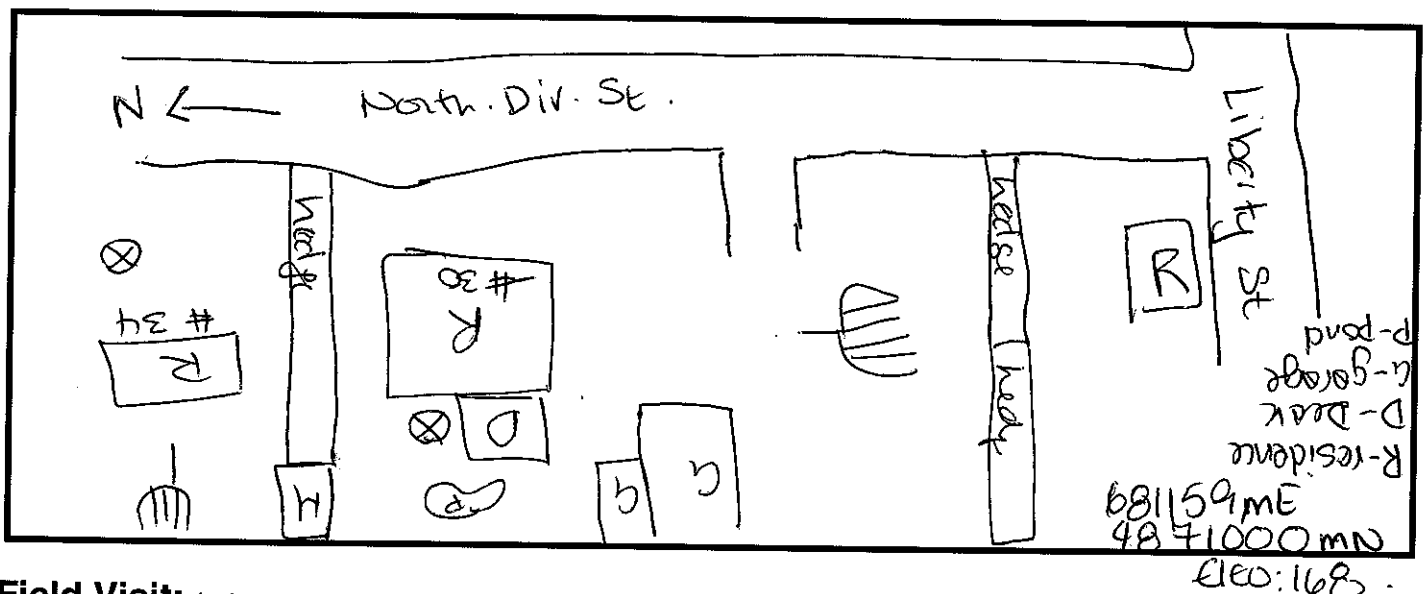
Regular maintenance.

Does homeowner grant permission to obtain a water quality sample?

Yes ☒ No ☐

Signature: D. [Signature]

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition: Drilled well in inside dry well. Dry well is not sealed to allow for access to drilled well.

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

Photo Number: 2

Wells is at north west corner of deck, has wooden ~~deck~~ square lid in center

Water Well Survey

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



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

Well #: <u>3410</u>
MOE #: _____

Owner of Well:

Name: Not given Telephone (Bus.): (____) _____
Address: #116 Liberty St. (Home): (____) _____
Person Interviewed: Female living at house (wife) Residence: _____
Date: May 5 Time: 15:48 Interviewed By: PBC/HN
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: _____ Township: _____
GLL Map Sheet: (to be completed by GLL Staff) East 7

Well Construction Details:

Date Constructed: 750 yrs Use: Domestic Contractor: _____
Type (drilled or dug): Dug Diameter: 28" Well Depth: 10'
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: 10/12 yrs
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: 100
Lawn Watering: No: X Yes: B Other: _____ Amount: _____
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) Regula
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? 47 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:

Regular due to wear + tear

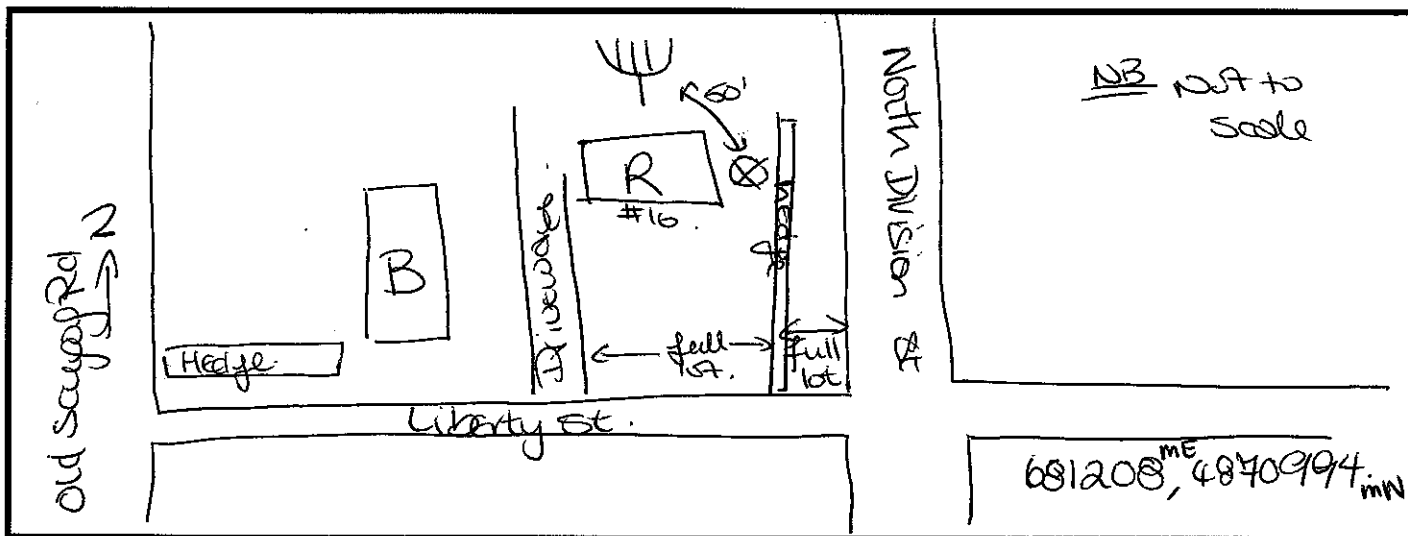
Does homeowner grant permission to obtain a water quality sample?

Yes _____

No X

Signature: _____

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

Well surrounded by wishing well structure.

Is there a depression around the well?

☐

Yes


☒

No

Photo Number:

3

Water Well Survey

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

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

Well #: 3412
MOE #: _____

Owner of Well:

Name: Mr. ~~Dolson~~ Balson Telephone (Bus.): () P/A
Address: 59 ~~Millville Ave~~ Millville Ave (Home): () _____
Person interviewed: Mr. Balson Residence: Yes
Date: May 5/2008 Time: 16:20 Interviewed By: RBC/HA
Name of Original Well Owner: (if different from above) _____

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

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

Well Location:

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

Well Construction Details:

Date Constructed: ~50 yrs. Use: ~~Domestic~~ Domestic Contractor: _____
Type (drilled or dug): Drilled Diameter: 6" Well Depth: —
Is well accessible for direct sampling? Yes or buried: NO
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

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

Original Water Level Depth: _____ m
Subsequent Water Level Measurements active overflows in spring/fall
(give depths in m and dates) _____

Pumping Equipment:

Pump Type: Suction-lift: X 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: 20 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: _____ Yes: X Other: _____ Amount: _____
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) NO/Regular amounts.
Private Waste and Water Disposal: Type (septic tank, etc.): Septic 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:

Regular due wear + tear.

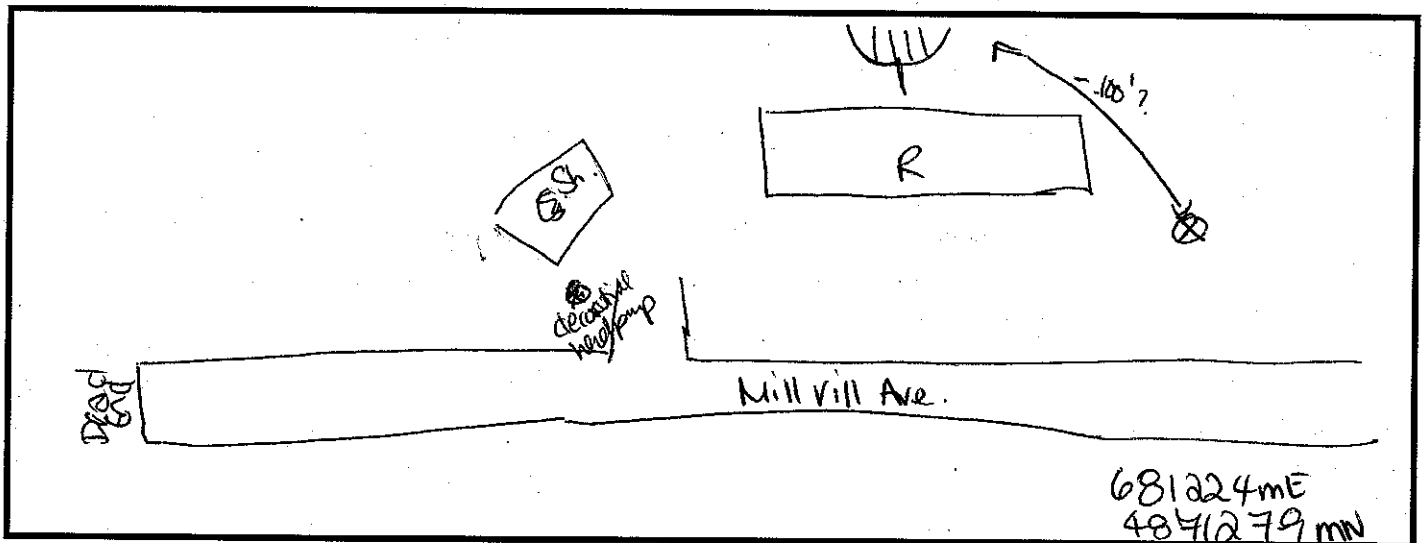
Does homeowner grant permission to obtain a water quality sample?

Yes

No

X Signature:

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition: Stick up of 4", 2" pipe coming from top to convey overflow to wetland area in back of house.

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 #: 3413

MOE #: _____

Owner of Well:

Name: Mr. Gilbert Ervin Telephone (Bus.): (____) _____
Address: 64 Mill ~~Valley~~ Ave, Hampton, ON (Home): (905) 263. 2732
Person Interviewed: Mr. Ervin Residence: _____
Date: May 5, 2008 Time: 16:30 Interviewed By: RBC / HA
Name of Original Well Owner: (if different from above) _____

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

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

Well Location:

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

Well Construction Details:

Date Constructed: 1985 Use: Domestic Contractor: Himself
Type (drilled or dug): Dug Diameter: 30' Well Depth: 23'
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 At ground surface \approx 20'
(give depths in m and dates) _____

Pumping Equipment:

Pump Type: Suction-lift: X or Positive-submergence _____ Pumping Capacity: _____ Age: 23 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: 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: 60'

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

2

Water Well Survey

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

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

Well #: <u>34714</u>
MOE #: _____

Owner of Well:

Name: Ronald Barrett Telephone (Bus.): (____) _____
Address: 55 Millville Rd, Abene, Hampton (Home): (905) 263-8524
Person Interviewed: Mr. Barrett Residence: Yes
Date: May 5, 2008 Time: 17:10 Interviewed By: RBC/HSA
Name of Original Well Owner: (if different from above) _____

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

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

Well Location:

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

Well Construction Details: (maybe 50 yrs)

Date Constructed: ~ 50 yrs Use: Domestic Contractor: N/A
Type (drilled or dug): Drilled Diameter: 6" Well Depth: No
Is well accessible for direct sampling? NO 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: N/A m
Subsequent Water Level Measurements Seasonal overflow to pond overflow out back
(give depths in m and dates)

Pumping Equipment: Water not used for drinking

Pump Type: Suction-lift: X 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 tank Capacity: 20 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: 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: ~ 60'
Well is: 1) Uphill X 2) Downhill: _____ 3) Same Grade: _____

Previous Problems:

How long have you owned, operated or lived on this property? 23 yrs

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

If so, when? _____

What was the cause of the previous problem? _____

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage _____

Interference: _____

Contamination: _____

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

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

What action was taken to overcome this problem? _____

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

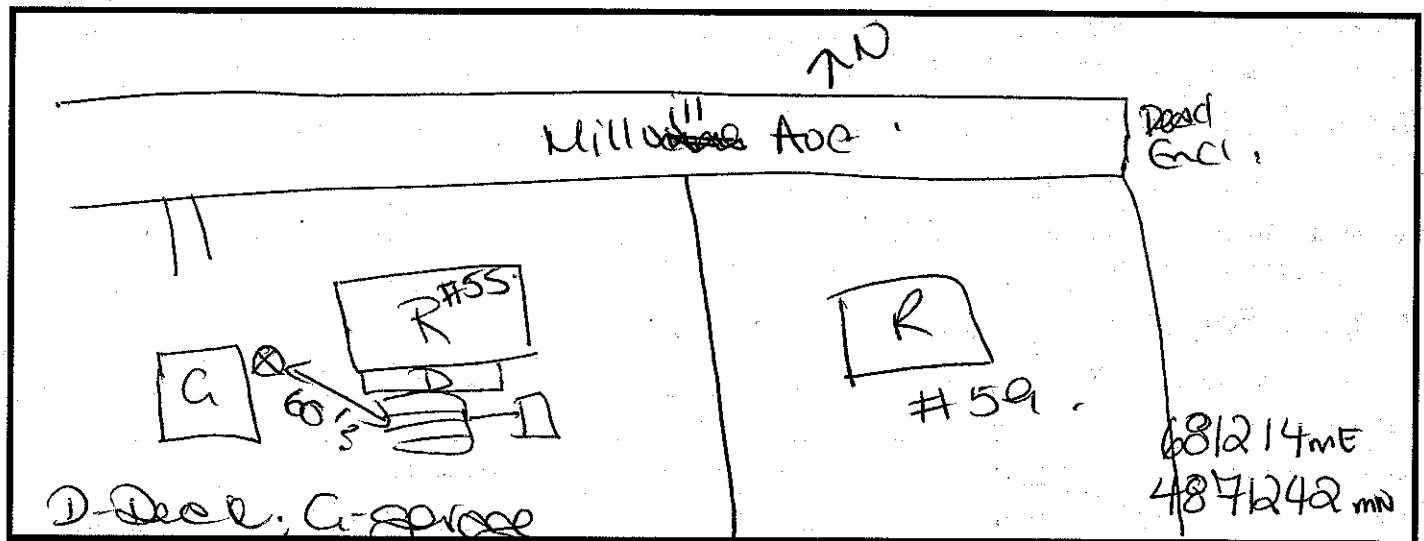
Does homeowner grant permission to obtain a water quality sample? _____

Yes ☒

No _____

Signature: Ronald Barrett

Location Sketch: (to be completed by GLL staff)




Field Visit: (to be completed by GLL staff)

Well Condition: Well is finished below ground in old filled in dry well. Just to the left of the garage/shed. Cannot inspect condition.

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

Photo Number: 6

Water Well Survey

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

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

3415-Dup1
Well #: 3416-Dup2
MOE #: _____

Owner of Well:

Name: Georg Krohn Telephone (Bus.): () _____
Address: 50 Mill Hill Avenue (Home): 905-263-8012
Person Interviewed: Georg Residence: YES
Date: May 5/2008 Time: 17:30 Interviewed By: RBC/HSA
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: 1974 (Dup1) - 34 Use: Domestic Contractor: _____
Type (drilled or dug): Dup1 + Dup2 Diameter: 28" Well Depth: 15' + 40'
Is well accessible for direct sampling? Yes or buried: Dup1 Dup2
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 to 25 ft hrs. in Dup2
(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: 20 gallon

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

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.) N/A Regular

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

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

Previous Problems:

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

1974

Have you ever experienced any previous problems with your well?

No not new one

If so, when?

What was the cause of the previous problem?

Drought:

Pump Failure:

Plugging:

Increased Usage

Interference:

Contamination:

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

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

What action was taken to overcome this problem?

What were the effects of this problem?

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

If so, why? 5 yrs ago - cleaned + sealed to bring up to code

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

Regular due to wear + tear.

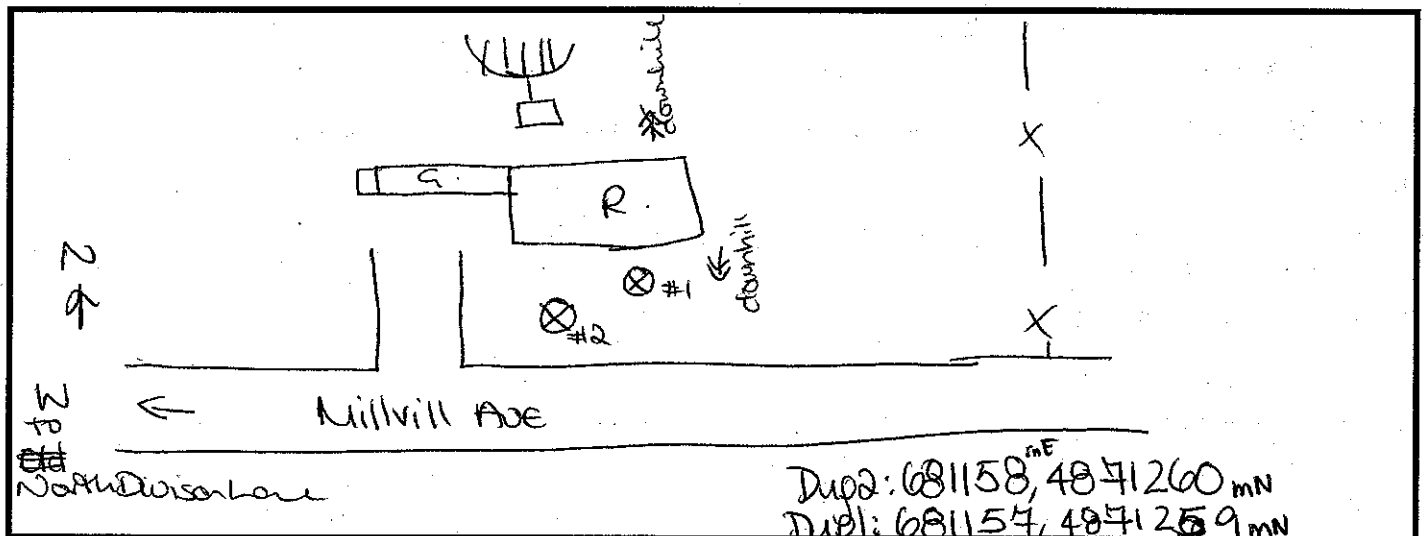
Does homeowner grant permission to obtain a water quality sample?

Yes X No

Signature:

[Signature]

Location Sketch: (to be completed by GLL staff)




Field Visit: (to be completed by GLL staff)


Well Condition: Dup1 is older well has a old metal hand pump on top. Lid not sealed
Dup2 is newer well, the lid + cap have been sealed +
caulked completely

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

Photo Number: 6

Water Well Survey

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

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

Well #: 3422

MOE #: _____

Owner of Well:

Name: Mr. Hambly Telephone (Bus.): () _____
Address: 40 Millville Avenue (Home): () _____
Person Interviewed: Mr. Hambly Residence: _____
Date: _____ Time: _____ Interviewed By: _____

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

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) E047

Well Construction Details:

Date Constructed: 36 yrs old Use: Domestic Contractor: -
Type (drilled or dug): Dug Diameter: 28" Well Depth: 30ft
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 20ft of water in well, at least 16' in summer
(give depths in m and dates)

Pumping Equipment:

Pump Type: Suction-lift: X or Positive-submergence _____ Pumping Capacity: _____ Age: 20 yrs old
How is your pump lubricated: _____
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: Pressure tank Capacity: 2 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: 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: 75'
Well is: 1) Uphill X 2) Downhill: _____ 3) Same Grade: _____

Previous Problems:

How long have you owned, operated or lived on this property? 36 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 No?

If so, why? _____

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

Repairs due to general wear + tear.

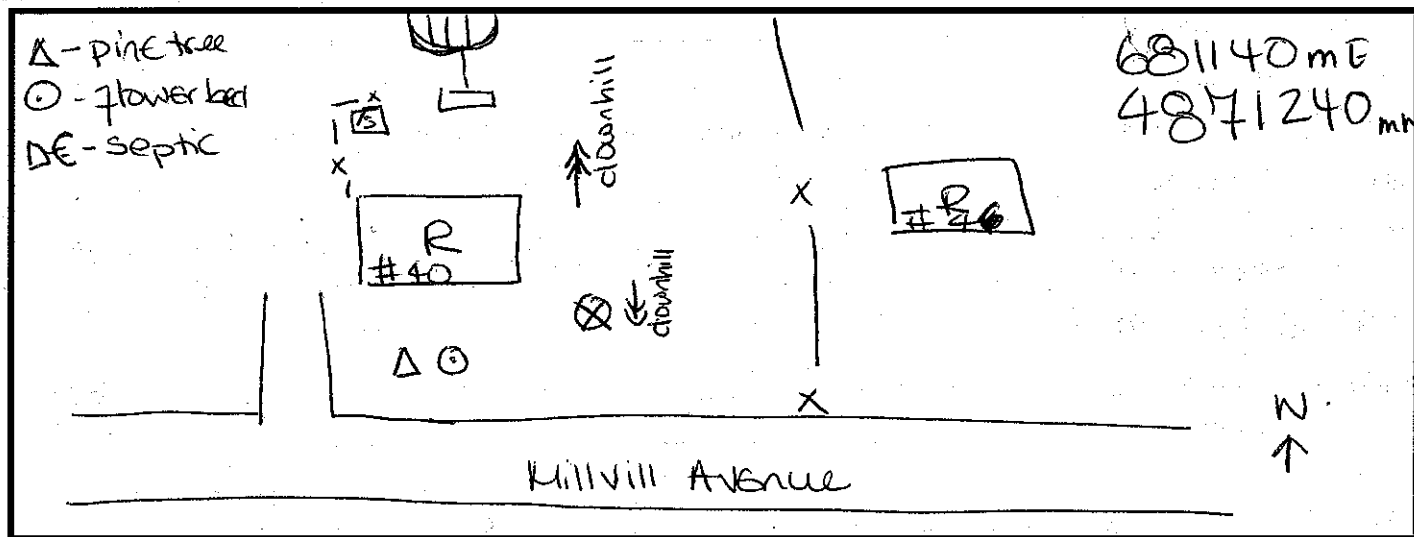
Does homeowner grant permission to obtain a water quality sample?

Yes _____

No ☒

Signature: _____

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition: Well lid + cover are fully sealed + caulked. Well is in front of house

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 #: 3424

MOE #: _____

Owner of Well:

Name: Marion Johnston Telephone (Bus.): ()
Address: 28 Millville Ave. (Home): (905) 263-8653
Person Interviewed: Marion Johnston Residence: Yes
Date: May 5/2008 Time: 18:30 Interviewed By: 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: East 14 Township: _____
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: 24 yrs old Use: Domestic Contractor: _____
Type (drilled or dug): Dug Diameter: 20" Well Depth: 25'
Is well accessible for direct sampling? Yes or buried: _____
Screen: Yes No If Yes, length: _____ m Depth of top of screen: _____ m

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

Original Water Level Depth: _____ m

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

Pumping Equipment: usually drink bottled water

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: Plastic N/A Capacity: _____

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

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

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

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

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

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

24 yrs.

Have you ever experienced any previous problems with your well?

Well goes dry / Coliform.

If so, when?

Summer; 5 yrs first 5 yrs of use.

What was the cause of the previous problem?

Drought: ☒

Pump Failure: ☐

Plugging: ☐

Increased Usage: ☐

Interference: ☐

Contamination: ☒

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

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

What action was taken to overcome this problem?

Monitor / conserve water use
install UV 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:

Septic lines replaced No.

Does homeowner grant permission to obtain a water quality sample?

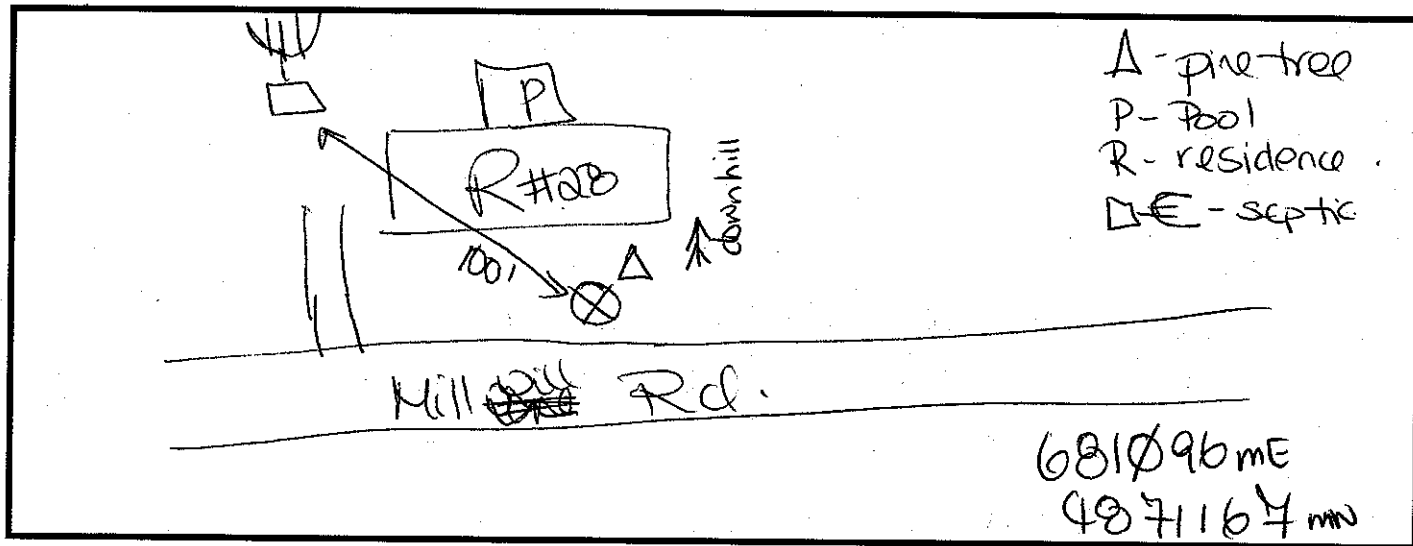
Yes ☒

No ☐

Signature:

Marion Johnston

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

Well is surrounded by decorative blocks.
lid + cover are secured.

Is there a depression around the well?



Yes



No

Photo Number:

10

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

Owner of Well:

Name: Brenda Jeffs Telephone (Bus.): ()
Address: 24 Millville Ave. (Home): (905) 263-4150
Person Interviewed: Brenda Jeffs Residence: _____
Date: May 5/2008 Time: 19:30 Interviewed By: RBC / B.H.S.A.
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: _____ Township: _____
GLL Map Sheet: (to be completed by GLL Staff) East 7-

Well Construction Details:

Date Constructed: 2004 Use: Domestic Contractor: _____
Type (drilled or dug): Dug Diameter: 28" Well Depth: 13 1/2'
Is well accessible for direct sampling? Yes or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

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

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

Pumping Equipment:

Pump Type: Suction-lift: X or Positive-submergence _____ Pumping Capacity: _____ Age: _____
How is your pump lubricated: _____
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: PRESSURE Capacity: 20 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: 4 to 5
Livestock: No: X Yes: _____ No. of livestock watered from well: _____
Lawn Watering: No: X Yes: _____ Other: Pool Amount: _____
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) _____
Private Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well: 100'
Well is: 1) Uphill 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? Total Coliform

If so, when? In past 2/3 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?

Starting drinking bottle water, bleached well

What were the effects of this problem?

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

If so, why?

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

Well relined when moved in;

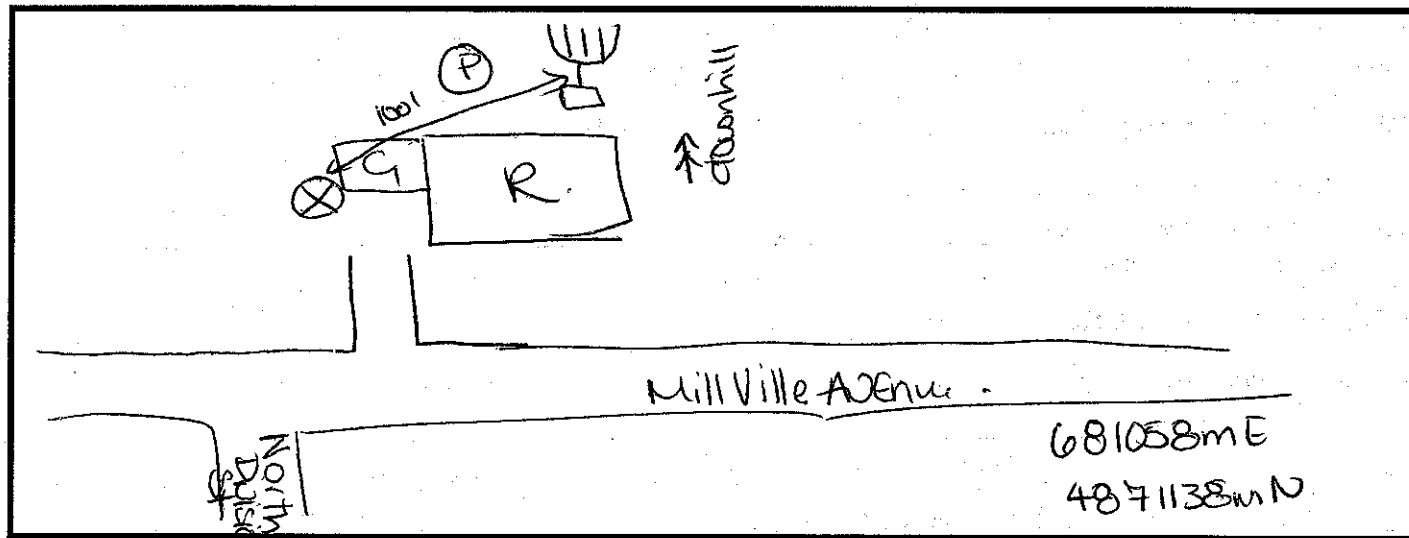
Does homeowner grant permission to obtain a water quality sample?

Yes X

No _____

Signature: [Signature]

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

Well is sealed lid + cover are sealed and caulked.

Well is put in on a hill. Stick up is 2 1/2 ft on hill side.

Is there a depression around the well?

☐

Yes

☒

No

Photo Number:

11

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 #:	3427
MOE #:	

Owner of Well:

Name: Jennifer Smith Telephone (Bus.): ()
Address: 11 Davis Court. (Home): 905-263-8658
Person Interviewed: Jennifer Residence: _____
Date: Mar. 22/08 Time: _____ Interviewed By: AD, KG
Name of Original Well Owner: (if different from above) same.

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

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

Well Location:

Lot: _____ Concession: E1 Township: _____
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: 22 yrs old. Use: domestic Contractor: _____
Type (drilled or dug): Dug Drilled Diameter: 36" Well Depth: _____
Is well accessible for direct sampling? _____ or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

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

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

Pumping Equipment:

Pump Type: Suction-lift or Positive-submergence _____ Pumping Capacity: _____ Age: 22 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: 3

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

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

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

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

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

Previous Problems:

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

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

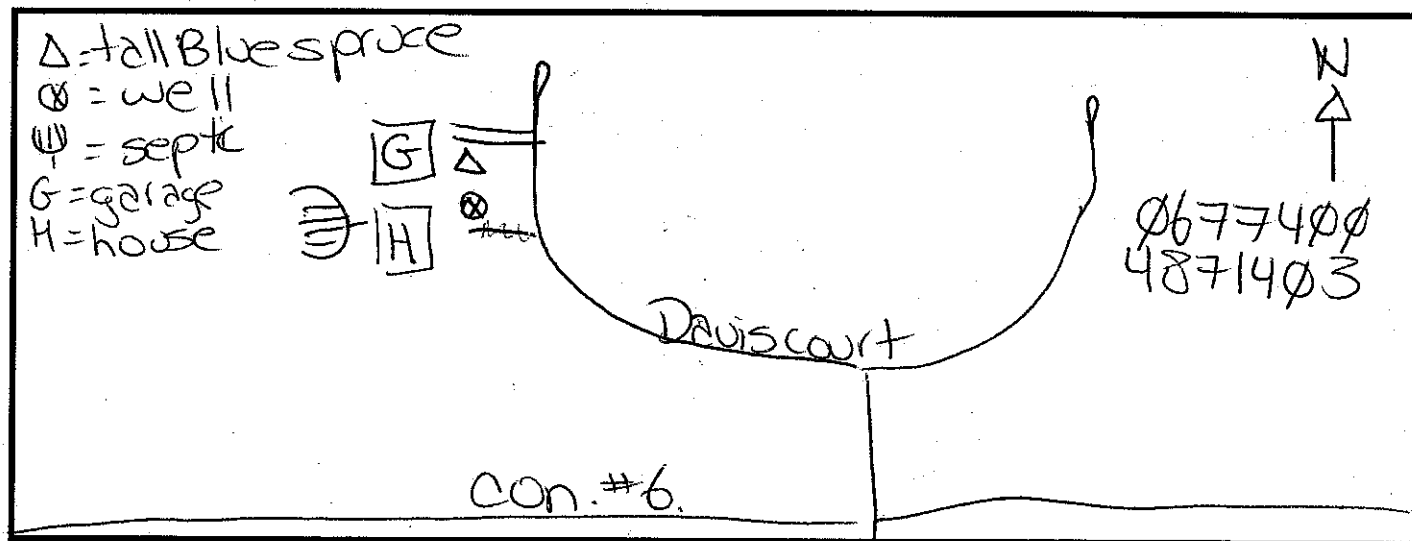
Does homeowner grant permission to obtain a water quality sample?

Yes ☒

No ☐

Signature: [Signature]

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

~1ft stickup, verman proof cap, good condition
old school plough over top of well

Is there a depression around the well?



Yes



No

Photo Number: 1

Water Well Survey

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

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

Well #:	3428
MOE #:	

Owner of Well:

Name: Peedle, J & M (411 Canada) Telephone (Bus.): ()
Address: 15 Davis Court. (Home): 905 263-8074 (411)
Person Interviewed: Mrs. Peedle Residence: _____
Date: May 22/08 Time: 2:20 Interviewed By: AO, KG
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: _____
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: > 6 yrs 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
Subsequent Water Level Measurements (give depths in m and dates) _____

Pumping Equipment:

Pump Type: Suction-lift _____ or Positive-submergence ☒ Pumping Capacity: _____ Age: > 6 yrs
How is your pump lubricated: _____

Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: Pressure Capacity: ~50 gallons
Do you have a: Chlorinator: _____ Water Softener: ☒ Water Filter: _____ Filter Type: _____
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. pool & pond (6 ft deep, 10 ft wide)

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

Previous Problems:

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

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

If so, when? _____

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage _____

Interference: _____

Contamination: _____

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

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

What action was taken to overcome this problem?

What were the effects of this problem?

Did you ever have your well deepened _____, 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?

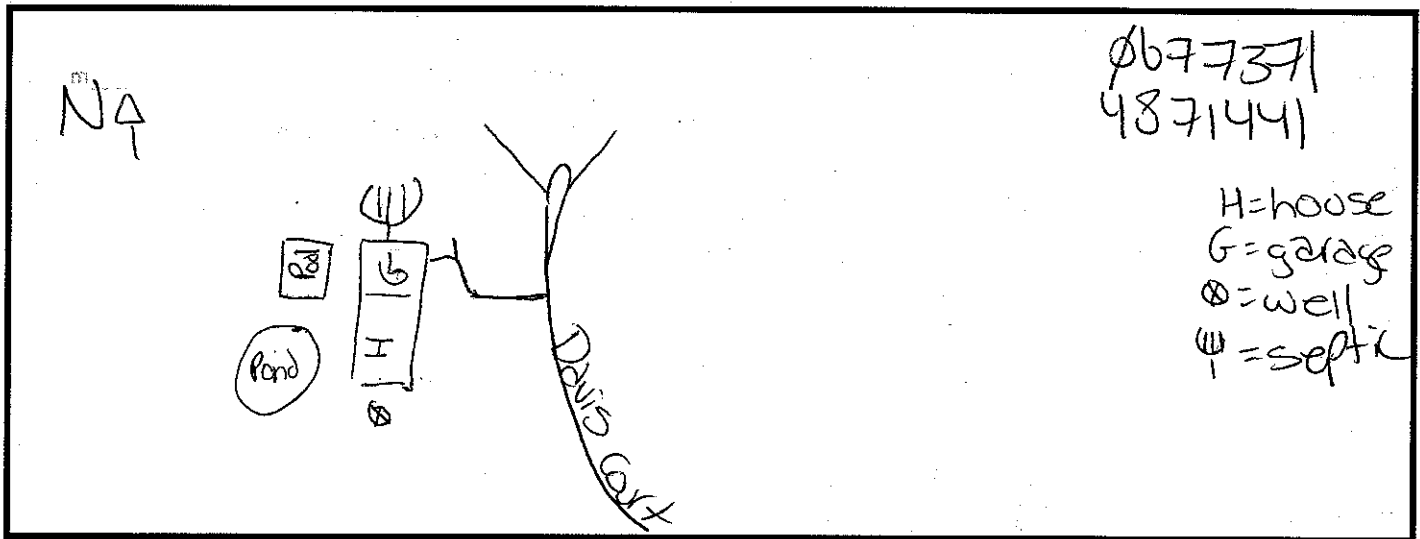
Yes



No

Signature: Michele Paddle

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition: well looked like it had a dug well top. Flush w ground. Stone overtop. Eddies drop runs over top of it.

Is there a depression around the well?



Yes



No

Photo Number: 2.

Water Well Survey

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

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

Well #: 3430

MOE #: _____

Owner of Well:

Name: Gimblett Telephone (Bus.): ()
Address: 22 Davis Crl. (Home): (905) 263-2938
Person Interviewed: Mr & Mrs Gimblett Residence: _____
Date: Mar 22/08 Time: 2:45 Interviewed By: AD, KG
Name of Original Well Owner: (if different from above) Same

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

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

Well Location:

Lot: _____ Concession: E1 Township: Durham Reg. Clarington.
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: Oct. 1984 Use: _____ Contractor: Watson water well
Type (drilled or dug): Drilled Diameter: 6" Well Depth: 71 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: Artesian.
(give depths in m and dates) _____

Pumping Equipment:

Pump Type: Suction-lift: _____ or Positive-submergence ☒ Pumping Capacity: _____ Age: 1984
How is your pump lubricated: _____
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: Pressure Capacity: ~40 gal
Do you have a: Chlorinator: _____ Water Softener: ☒ Water Filter: ☒ Filter Type: Iron remover
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?

1985

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 _____, or a new well constructed _____?

If so, why?

James yearly

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

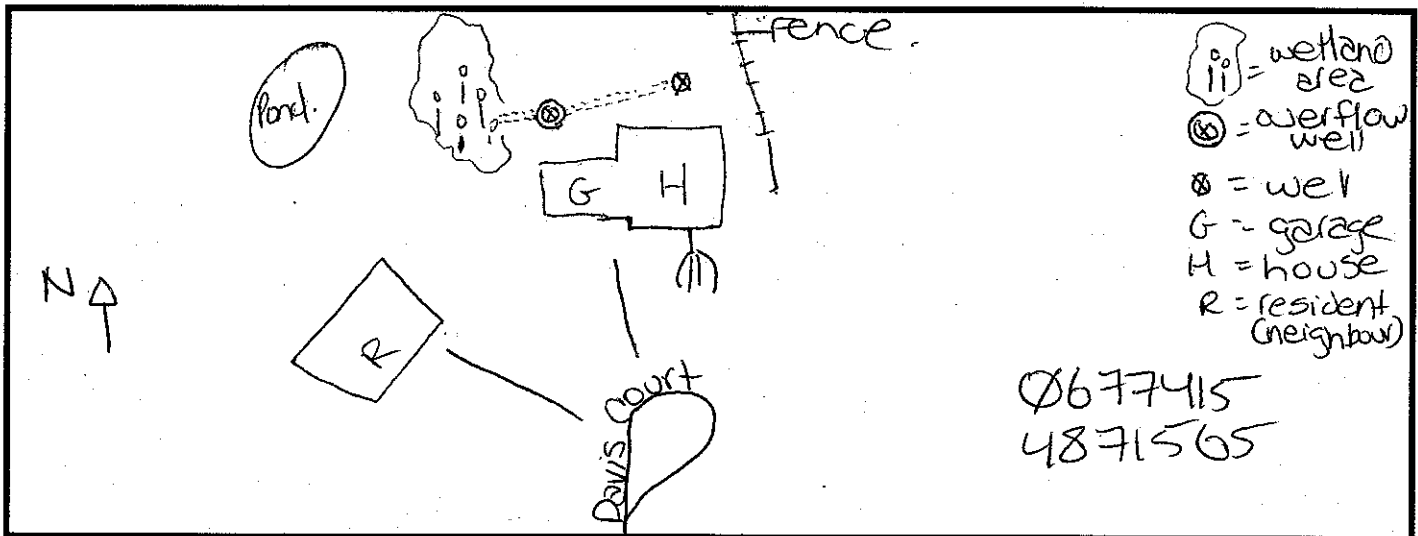
Does homeowner grant permission to obtain a water quality sample?

Yes

No

Signature:

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition: 1st Stickup, verman proof, good conditions
2nd well on property acts as overflow for main well & then drains into wetland area.

Is there a depression around the well?

☐

Yes

☒

No

Photo Number:

3 & 4

294

Water Well Survey

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

Well #: 3441
MOE #:

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

Owner of Well:

Name: Kevin Hampson Telephone (Bus.): ()
Address: 2033 Concession Rd #6 (Home): (905) 263 2775
Person Interviewed: Kevin Residence:
Date: May 22nd 2008 Time: 4:15 Interviewed By: AD, KG

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): E1

Well Construction Details:

Date Constructed: < 3.5 yrs → house 100 yrs old. Contractor:
Type (drilled or dug): dug → in use. Drilled not connected Diameter: Well Depth:
Is well accessible for direct sampling? NO. or buried:
Screen: Yes No If Yes, length: m Depth of top of screen: m

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

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

Pumping Equipment:

Pump Type: Suction-lift: ✓ or Positive-submergence: Pumping Capacity: Age: < 3.5
How is your pump lubricated: pressure tank ~ 40 gal
Depth of Intake Setting: m (Original) m (Present) Pumping Rate: L/s
Storage Tank: Type: Capacity:
Do you have a: Chlorinator: Water Softener: ✓ Water Filter: ✓ Filter Type: UV light
Water Use: Domestic: No: Yes: ✓ No. of persons using water from well: 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. use don't drink
Private Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well: ~ 60m
Well is: 1) Uphill ✓ 2) Downhill: 3) Same Grade 4) Update

Previous Problems:

How long have you owned, operated or lived on this property? 3.5 yrs.

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

If so, when? _____

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage _____

Interference: _____

Contamination: _____

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

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

What action was taken to overcome this problem? _____

What were the effects of this problem? _____

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

If so, why? _____

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

none.

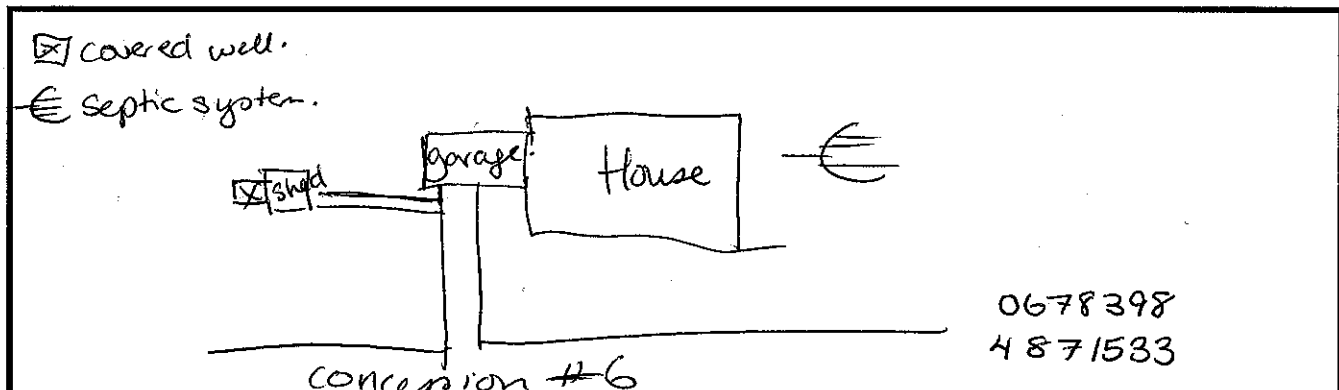
Does homeowner grant permission to obtain a water quality sample?

No _____

Yes ✓

Signature: [Signature]

Location Sketch:



Field Visit: (to be completed by GLL staff)

Well Condition: well covered w. wood planks. drilled well not in use, less than 1ft stick up behind shed.

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 # 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 #: 3442

MOE #: _____

Owner of Well:

Name: John Huggins Telephone (Bus.): (____) _____
Address: 2004 Concession Rd #6 (Home): (905) 263-1088
Person Interviewed: John Residence: _____
Date: May 22nd 2008 Time: 4:00pm Interviewed By: AD, KCG
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: _____
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: > 20 yrs Use: _____ Contractor: _____
Type (drilled or dug): dug Diameter: 30" Well Depth: 32 ft
Is well accessible for direct sampling? no or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

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

Original Water Level Depth: 3 ft - from bottom m
Subsequent Water Level Measurements _____
(give depths in m and dates) _____

Pumping Equipment:

Pump Type: Suction-lift: X Jet or Positive-submergence _____ Pumping Capacity: _____ Age: probably > 8 yrs
How is your pump lubricated: _____
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: pressure tank 30 gal Capacity: _____
Do you have a: Chlorinator: _____ Water Softener: _____ Water Filter: _____ Filter Type: _____
Water Use: Domestic: No: X Yes: ✓ No. of persons using water from well: 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.) regular res.
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? no drought, high bacteria

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? javex to treat for bacteria

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

Does homeowner grant permission to obtain a water quality sample?

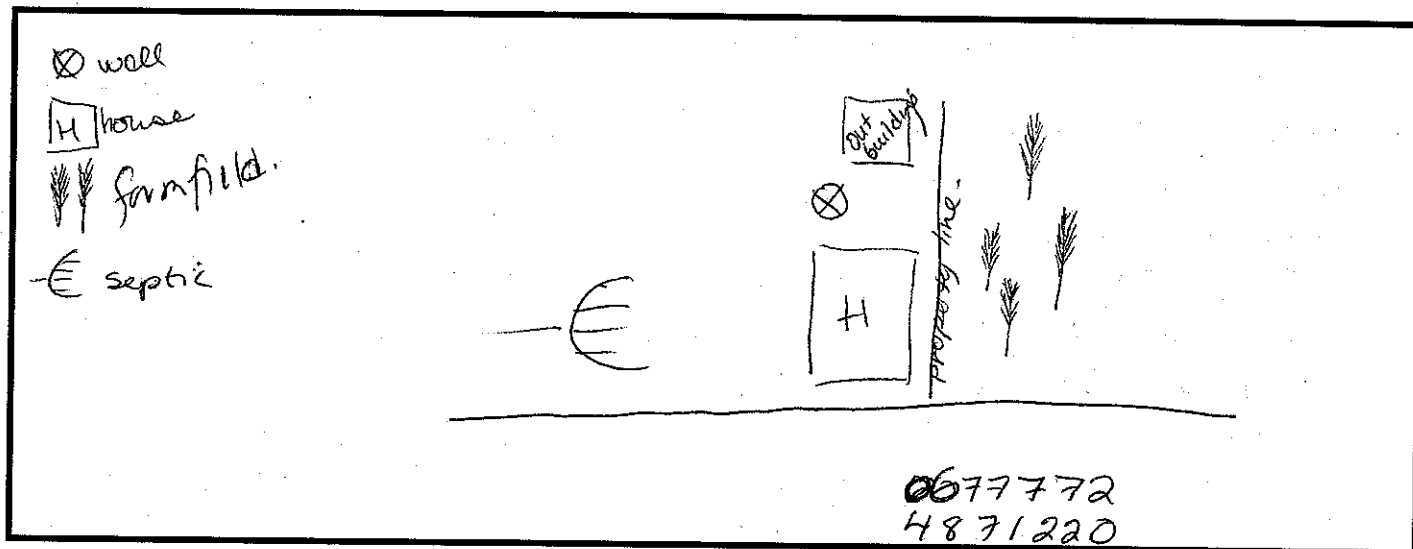
Yes ☒

No _____

Signature: [Signature]

Location Sketch: (to be completed by GLL staff)

-outside tap may not be bypass-



Field Visit: (to be completed by GLL staff)

Well Condition:

good, old aesthetic pump on top, < 1ft stick up, no sealant and don't know if tiles were caulked (underground)

Is there a depression around the well?



Yes



No

Photo Number:

6

Water Well Survey

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

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

Well #: 3444

MOE #: _____

Owner of Well:

Name: ART PRESTON Telephone (Bus.): (905) 263-4088
Address: 2099 CONCESSION RD 6 (Home): _____
Person Interviewed: _____ Residence: _____
Date: May 23/2008 Time: 9:45 Interviewed By: AD, KG
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: _____
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: 1999 Use: _____ Contractor: Wilson well drilling
Type (drilled or dug): drilled, used to have dug well, went dry 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: 65 ft from bottom m
Subsequent Water Level Measurements _____
(give depths in m and dates) _____

Pumping Equipment:

Pump Type: Suction-lift: _____ or Positive-submergence X Pumping Capacity: 6 L/min Age: 9 yrs
How is your pump lubricated: _____
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: pressure tank 20 gal. Capacity: _____
Do you have a: Chlorinator: X Water Softener: X Water Filter: X Filter Type: reverse osmosis, paper filter 0.5 µg
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.) reg. use
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?

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:

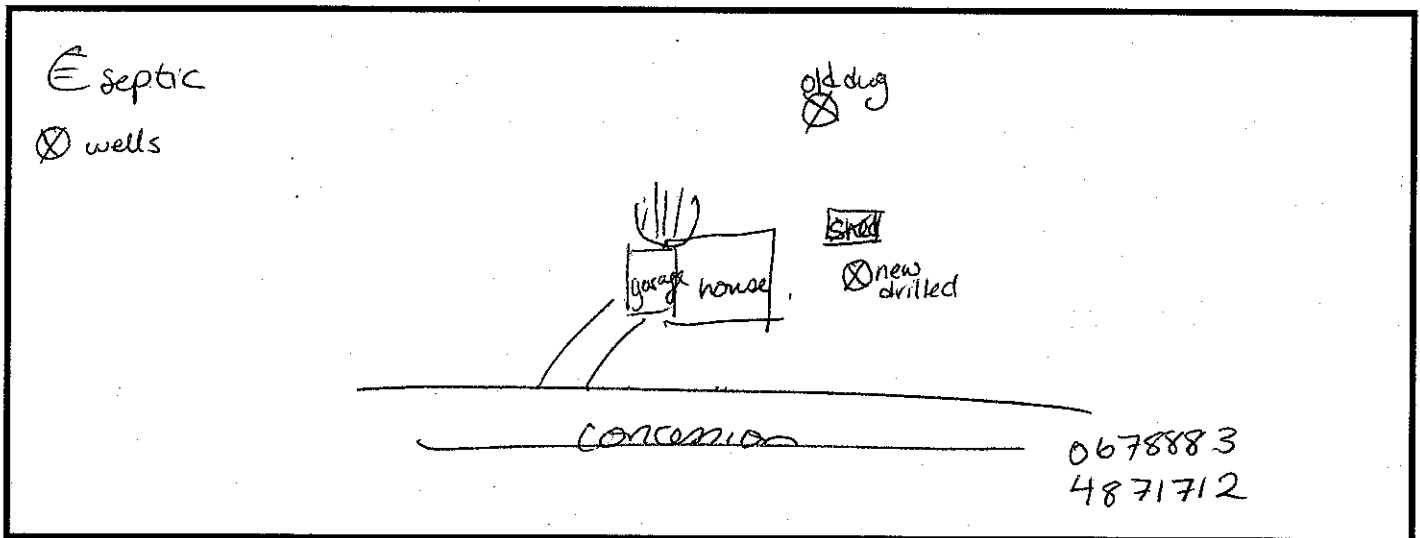
Does homeowner grant permission to obtain a water quality sample?

Yes ☒ No ☐

Signature: _____

Art. Preston

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

good, vermin proof caps 1ft stick up.

Is there a depression around the well?



Yes



No

Photo Number:

8

Water Well Survey

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

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

Well #: 3450

MOE #: _____

Owner of Well:

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

Address: 2224 Concession Rd #6 (Home): (905) 268-8388

Person Interviewed: _____ Residence: _____

Date: _____ Time: _____ Interviewed By: _____

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

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

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

Address: _____ (Home): (____) _____

Well Location:

Lot: _____ Concession: E1 Township: _____

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

Well Construction Details:

Date Constructed: ~~1970~~ ~1970 Use: _____ Contractor: _____

Type (drilled or dug): dug Diameter: 36" Well Depth: 45 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: ~38 yrs

How is your pump lubricated: ~~oil~~

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

Storage Tank: Type: pressure tank 30 gal Capacity: _____

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

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

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

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

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

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?

1 yr.

Have you ever experienced any previous problems with your well?

getting sewage contamination

If so, when?

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage: _____

Interference: _____

Contamination: X

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

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

What action was taken to overcome this problem?

uv filter bought

What were the effects of this problem?

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

If so, why?

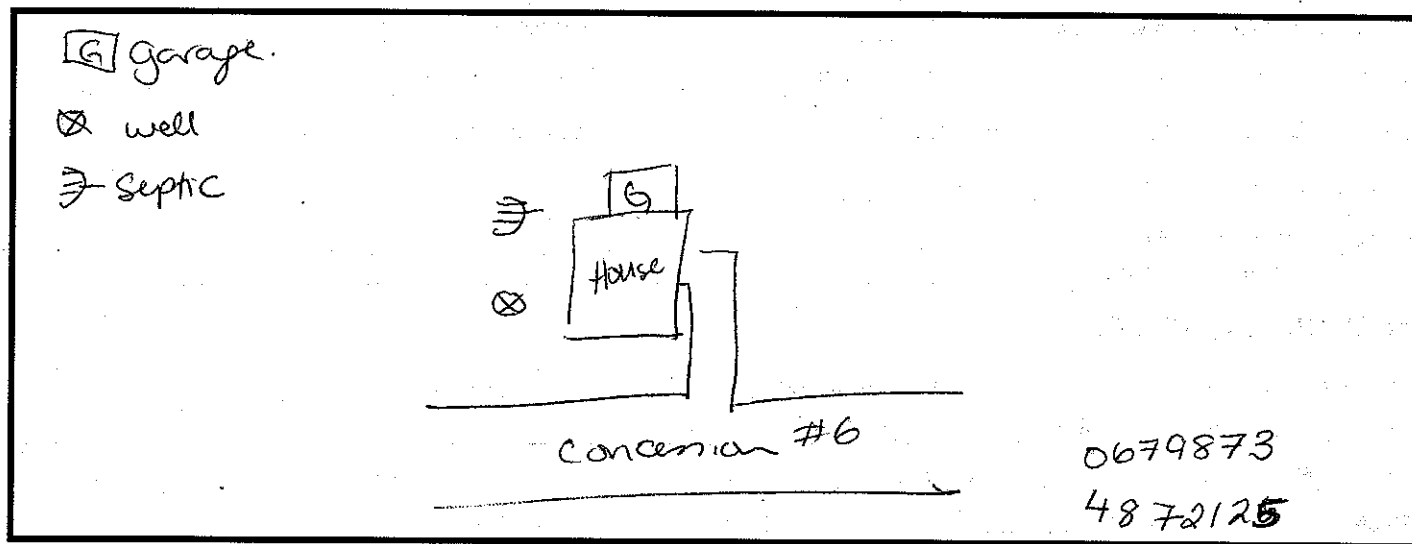
Outline briefly any previous repairs or changes in pumping equipment, and dates:

Does homeowner grant permission to obtain a water quality sample?

Yes ☒ No ☐

Signature: John Orenden

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

tiles good condition, birds on top; no caulking around tiles;
was sealed, 1ft 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

Owner of Well:

Name: Jim Macklin Telephone (Bus.): ()
Address: 6140 / 6147 Old Saugog (Home): (905) 263-2684
Person Interviewed: Jim Residence: _____
Date: May 23/08 Time: 11:05 Interviewed By: AD, KG
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: E7 Township: _____
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: 1840 / 1962 Use: _____ Contractor: _____
Type (drilled or dug): dug Diameter: 38" / 6" Well Depth: 18 ft / 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: X or Positive-submergence _____ Pumping Capacity: _____ Age: 4 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: 1
Livestock: No: X Yes: X No. of livestock watered from well: drilled → 40-50, 40-60
Lawn Watering: No: X Yes: _____ Other: _____ Amount: cattle P.S.S
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: ~50m
Well is: 1) Uphill X 2) Downhill: _____ 3) Same Grade _____

Previous Problems:

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

52 yrs.

Have you ever experienced any previous problems with your well?

no. for either ① or ②

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 ☒

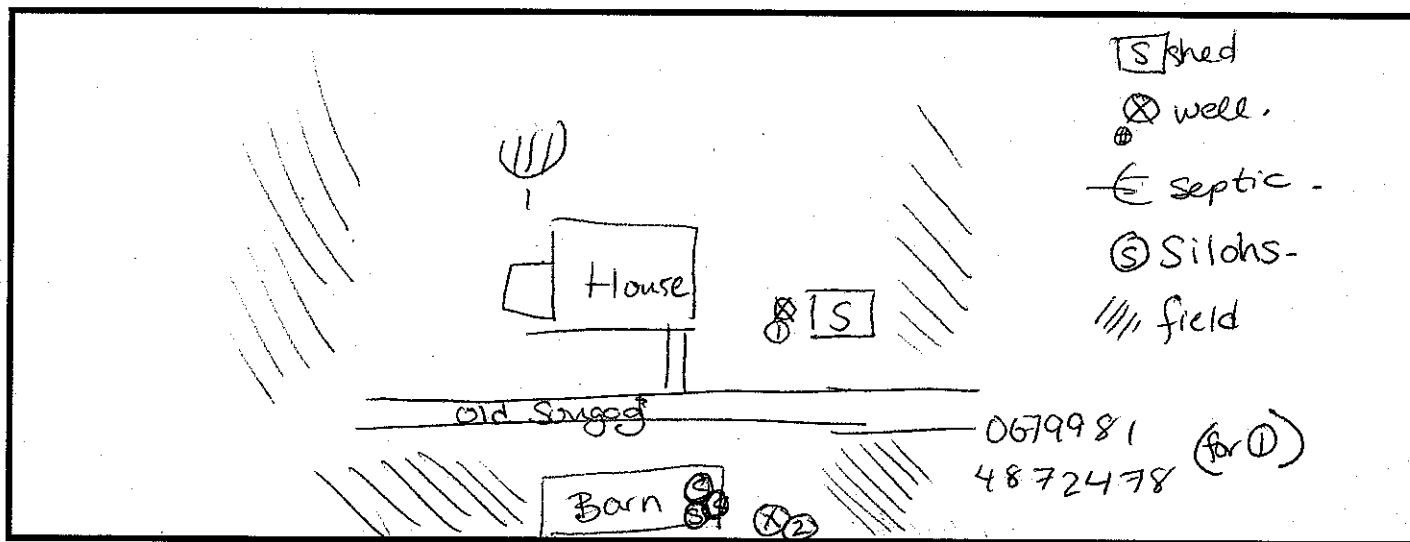
No ☐

Signature:

James E. Macklin

↳ for house well only

Location Sketch: (to be completed by GLL staff) (well ①)



Field Visit: (to be completed by GLL staff)

Well Condition:

1st sick up, ~~for 18 yrs.~~ ^{longer} stone up. no caulking around tiles, tiles in good condition, in woods behind beside green shed
→ stone well covered w. tiled to 18 yrs ago

Is there a depression around the well?



Yes



No

drilled well


Photo Number:


9

inside old dugone -

→ did not look at barn well

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 #: 3460

MOE #: _____

Owner of Well:

Name: DOUG COOR Telephone (Bus.): (905)
Address: 5588 OLD SCARCOA RD. (Home): (905) 263-8353
Person Interviewed: HOME OWNER Residence: _____
Date: MAY 23/08 Time: 12:30 Interviewed By: _____
Name of Original Well Owner: (if different from above) _____

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

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

Well Location:

Lot: _____ Concession: E7. Township: _____
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: ~1972 Use: _____ Contractor: _____
Type (drilled or dug): dug Diameter: 38" 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 gone down since construction next.
(give depths in m and dates) 20 reduced to 10 ft water from bottom

Pumping Equipment:

Pump Type: Suction-lift: X or Positive-submergence _____ Pumping Capacity: _____ Age: 2yrs.
How is your pump lubricated: _____
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: pressure tank Capacity: 25 gal - wellex.
Do you have a: Chlorinator: _____ Water Softener: ✓ Water Filter: _____ Filter Type: _____
Water Use: Domestic: No: _____ Yes: ✓ No. of persons using water from well: 2
Livestock: No: ✓ Yes: _____ No. of livestock watered from well: _____
Lawn Watering: No: ✓ Yes: _____ Other: _____ Amount: _____
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) regular
Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: ~80 m
Well is: 1) Uphill _____ 2) Downhill: _____ 3) Same Grade: X

Previous Problems:

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

since 1980.

Have you ever experienced any previous problems with your well?

no problems with water amount

If so, when?

→ haven't checked quality recently.

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

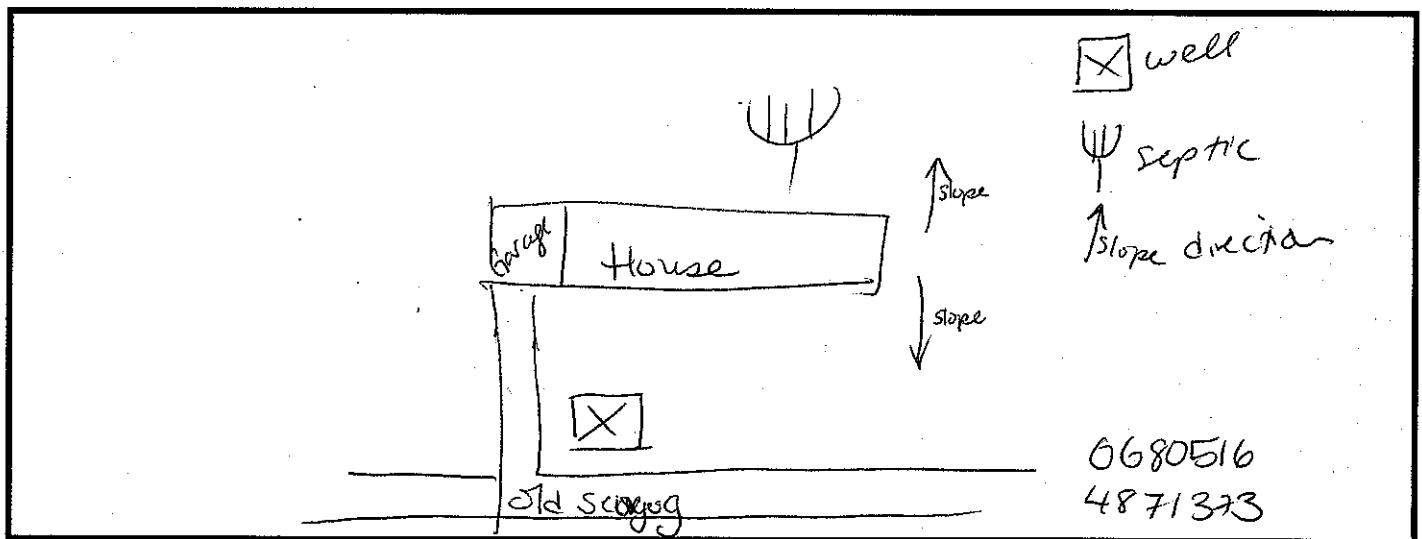


No

Signature:

Wally Kuen

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

2ft SACK up, no caulking around tiles, top tile some cracks on lid, inside wishing well.

Is there a depression around the well?



Yes





No

Photo Number:

12 + B

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 #: 3464
MOE #: _____

Owner of Well:

Name: Ioan Fodor / Hampton Telephone (Bus.): ⁹⁰⁵⁻ (263)-2428
Address: 5720 Old Scugog (Home): () _____
Person Interviewed: Ioan Residence: _____
Date: May 23/08 Time: 1:05 Interviewed By: _____
Name of Original Well Owner: (if different from above) _____

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

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

Well Location:

Lot: _____ Concession: _____ Township: _____
GLL Map Sheet: (to be completed by GLL Staff) E7

Well Construction Details:

Date Constructed: >1998 (~50yrs) Use: _____ Contractor: _____
Type (drilled or dug): drilled Diameter: 6" Well Depth: _____
Is well accessible for direct sampling? _____ or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

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

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

Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence: ☒ Pumping Capacity: _____ Age: 6yrs.
How is your pump lubricated: _____
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: _____ Capacity: 909gal
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.
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?

Have you ever experienced any previous problems with your well?

too much water → ran overflow to creek.

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:

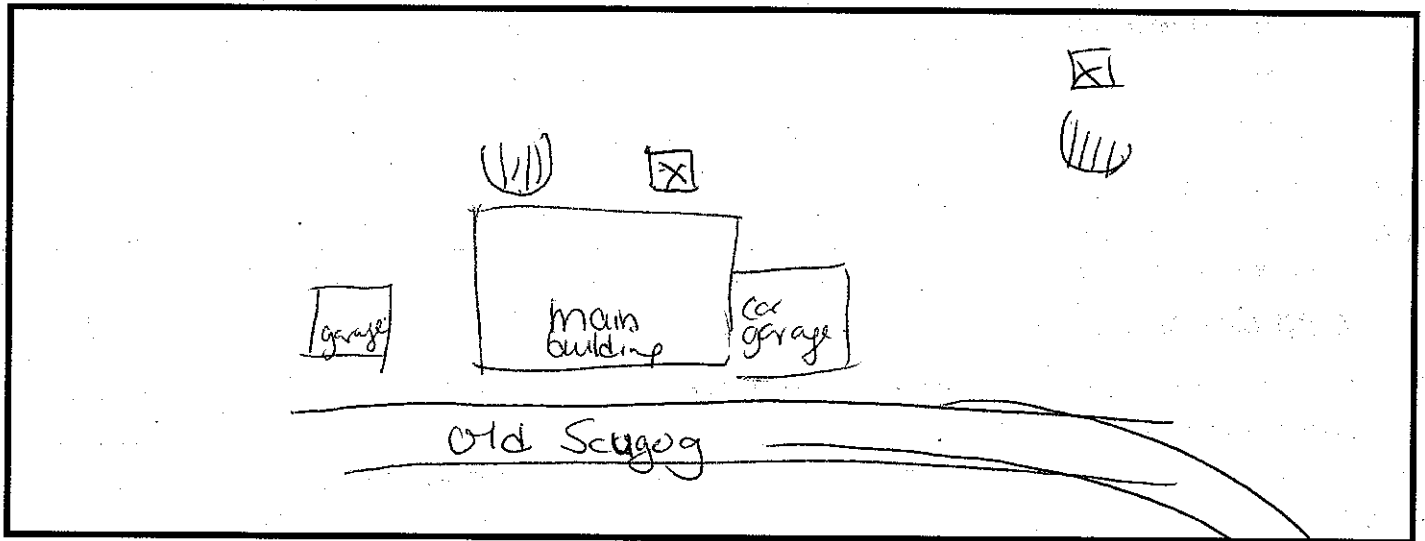
Does homeowner grant permission to obtain a water quality sample?

Yes

No

Signature: _____

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

under ground

Is there a depression around the well?



Yes



No

Photo Number:

14

Water Well Survey

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

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

Well #: 3465

MOE #: _____

Owner of Well:

Name: Tim & Vesna Whalen Telephone (Bus.): (____) _____
Address: 5757 Old Scugog Rd (Home): (905) 263-4370
Person Interviewed: Tim Residence: _____
Date: May 23/08 Time: 1:30 Interviewed By: AD, KG
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: E7. Township: _____
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: > 1994 Use: _____ Contractor: _____
Type (drilled or dug): ① dug / ② dry Diameter: 38" Well Depth: _____
Is well accessible for direct sampling? _____ or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

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

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

Pumping Equipment:

Pump Type: Suction-lift: X or Positive-submergence _____ Pumping Capacity: 3.5 hp. Age: 10 yrs *may replace soon*
How is your pump lubricated: _____
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: pressure tank Capacity: 20 gal.
Do you have a: Chlorinator: _____ Water Softener: ✓ Water Filter: ✓ Filter Type: sediment
Water Use: Domestic: No: _____ Yes: ✓ No. of persons using water from well: 5
Livestock: No: X Yes: _____ No. of livestock watered from well: _____
Lawn Watering: No: X Yes: _____ Other: _____ Amount: _____
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) filled pool, reg blar
Private Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well: ~50m
Well is: 1) Uphill _____ 2) Downhill: _____ 3) Same Grade: X

Previous Problems:

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

Since 1994.

Have you ever experienced any previous problems with your well?

No

If so, when?

What was the cause of the previous problem?

Drought:

Pump Failure:

Plugging:

Increased Usage

Interference:

Contamination:

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

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

What action was taken to overcome this problem?

What were the effects of this problem?

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

If so, why?

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

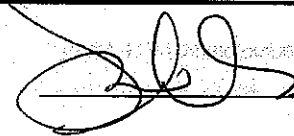
Does homeowner grant permission to obtain a water quality sample?

Yes

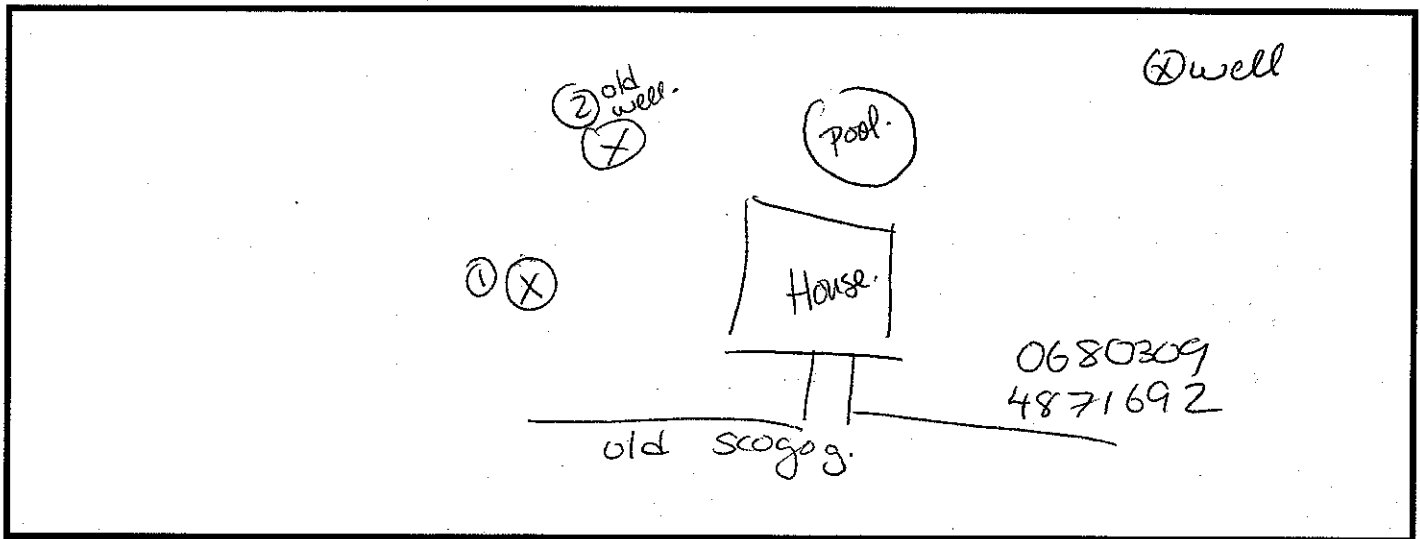


No

Signature:



Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

tiles not caulked, stick up 1.5ft, not sealed, tile in good condition, older previous well -> not decommissioned but not used.

Is there a depression around the well?



Yes



No

Photo Number:

15

Water Well Survey

Well #: ~~3473~~ 3473

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: Pat Mulligan Telephone (Bus.): () 905 263 8659

Address: 5637 Old Scugog Rd (Home): () _____

Person Interviewed: _____ Residence: _____

Date: _____ Time: _____ Interviewed By: _____

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

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

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

Address: _____ (Home): () _____

Well Location:

Lot: _____ Concession: _____ Township: _____

GLL Map Sheet: (to be completed by GLL Staff) E7.

Well Construction Details:

Date Constructed: 40 yrs Use: _____ Contractor: _____

Type (drilled or dug): drilled Diameter: _____ Well Depth: 189 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 artesian - used to have little water then neighbor
(give depths in m and dates) deepened well - now have excess.

Pumping Equipment:

Pump Type: Suction-lift: _____ or Positive-submergence X Pumping Capacity: _____ Age: 7 yrs

How is your pump lubricated: _____

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

Storage Tank: Type: pressure tank Capacity: 20 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: 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.) fill pot w. well water

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

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

Previous Problems:

How long have you owned, operated or lived on this property? 18 yrs.

Have you ever experienced any previous problems with your well? nope.

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 _____?

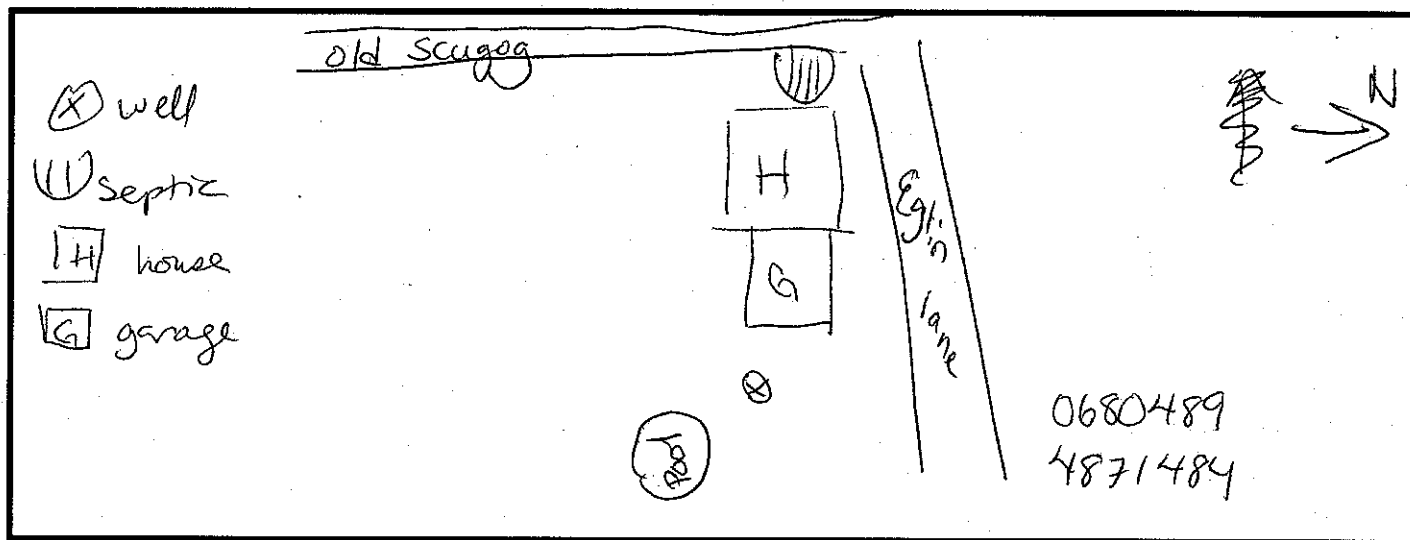
If so, why? _____

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: P. Mulligan

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

well overflows to road pool artesian w. small black corrugated tubing
covered well, with tin cap. no stick up (K/H), could not see tile

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

Photo Number: 16

Water Well Survey

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

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

Well #: 3478
MOE #: _____

Owner of Well:

Name: Noel Hutchinson Telephone (Bus.): (905) 263-8138
Address: 5565 old saugoy rd. (Home): () _____
Person Interviewed: Mark Hutchinson Residence: _____
Date: May/23/08 Time: 2:10 Interviewed By: _____
Name of Original Well Owner: (if different from above) _____

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

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

Well Location:

Lot: _____ Concession: _____ Township: _____
GLL Map Sheet: (to be completed by GLL Staff) E7

Well Construction Details: 2 well 2 drilled went dry

Date Constructed: 2007 Use: _____ Contractor: _____
Type (drilled or dug): drilled drilled Diameter: 6" 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 X Pumping Capacity: _____ Age: ~7 yrs
How is your pump lubricated: _____ may have been replaced

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.) pond filled w. well water

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

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

Previous Problems:

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

Have you ever experienced any previous problems with your well?

no (but 1st well went dry)

If so, when?

What was the cause of the previous problem?

Drought: _____
Increased Usage _____

Pump Failure: _____
Interference: _____

Plugging: _____
Contamination: _____

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

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

What action was taken to overcome this problem?

What were the effects of this problem?

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

If so, why?

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

Does homeowner grant permission to obtain a water quality sample?

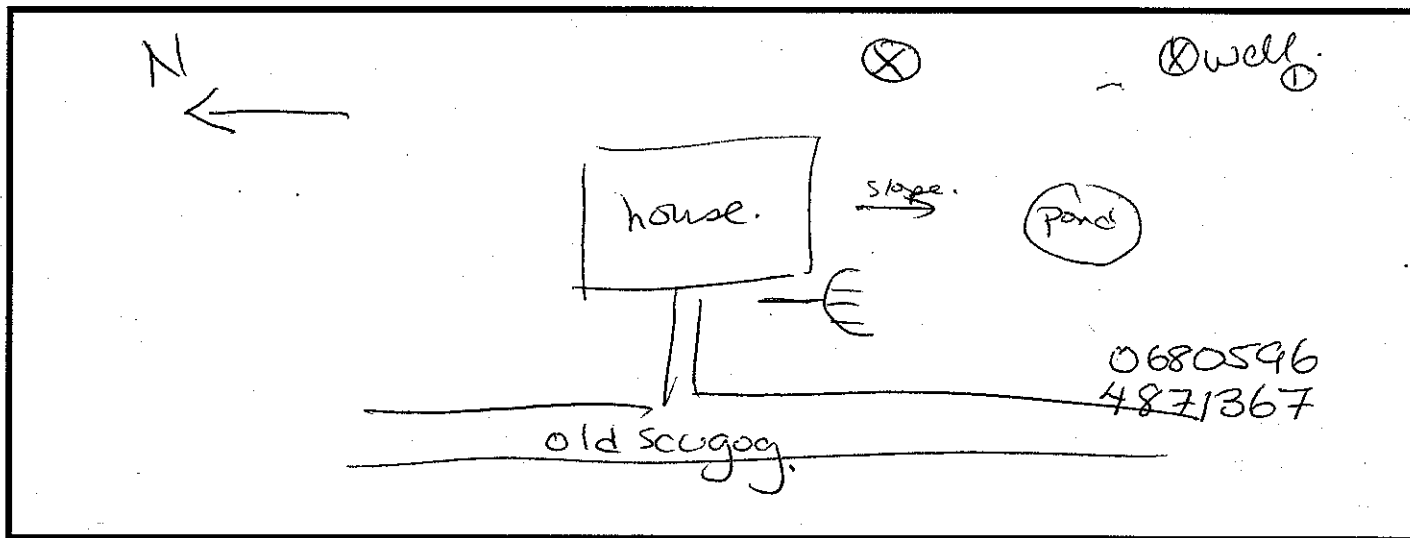
Yes

No

Signature:

owner not home

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

2ft stick up, sealed but not caulked on top.
was hose on top of well

Is there a depression around the well?



Yes





No

Photo Number:

18

Water Well Survey

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

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

Well #: 3479

MOE #: _____

Owner of Well:

Name: Debbie Claphal Telephone (Bus.): (____) _____
Address: 5541 Old Seugoo Rd Hampton (Home): (905) 263-4338
Person Interviewed: Debbie Residence: _____
Date: May 23/08 Time: 2:30 Interviewed By: AD, KG
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) E7

Well Construction Details:

Date Constructed: ~~2008~~ > 1 yr. Use: _____ Contractor: _____
Type (drilled or dug): drilled Diameter: 6" Well Depth: _____
Is well accessible for direct sampling? no or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

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

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

Pumping Equipment:

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

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

Storage Tank: Type: pressure tank Capacity: 30 gal

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

Water Use: Domestic: No: _____ Yes: ✓ 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.) _____

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

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

Previous Problems:

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

Have you ever experienced any previous problems with your well?

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:

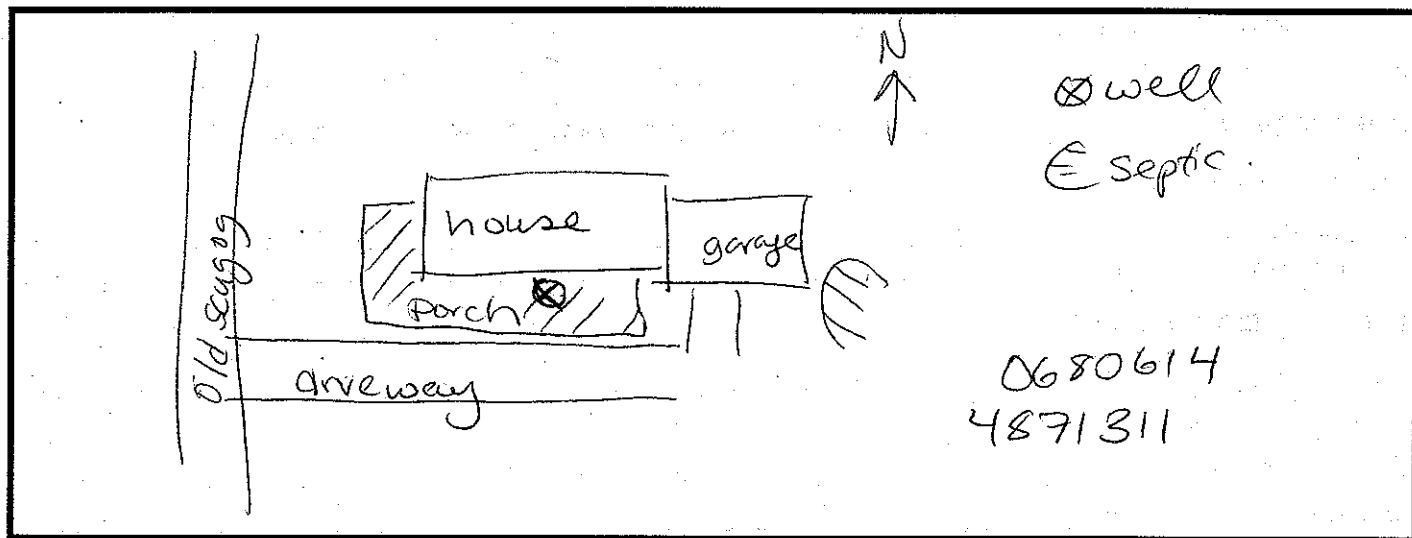
Does homeowner grant permission to obtain a water quality sample?

Yes ☒

No ☐

Signature: [Signature]

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

inaccessable -> under deck.

Is there a depression around the well?



Yes



No

Photo Number:

no photo -> under deck

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 #: 3480

MOE #: _____

Owner of Well:

Name: Ann Balson Telephone (Bus.): 905-263-8330
Address: 5525 Old Scugeg Rd. (Home): () _____
Person Interviewed: Ann Residence: _____
Date: May 23/08 Time: 2:45 Interviewed By: AD, KG
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: E7 Township: _____
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: ~40yrs. Use: _____ Contractor: _____
Type (drilled or dug): drilled Diameter: 4" Well Depth: 92ft.
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 artesian - flowing into catch basin into a pond.
(give depths in m and dates) _____

Pumping Equipment:

Pump Type: Suction-lift: _____ or Positive-submergence X Pumping Capacity: _____ Age: 2yrs.
How is your pump lubricated: _____
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: pressure tank Capacity: 3gal.
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: 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.) fill pool w. well water
Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: ~30
Well is: 1) Uphill X 2) Downhill: _____ 3) Same Grade: _____

Previous Problems:

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

since 1941

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?

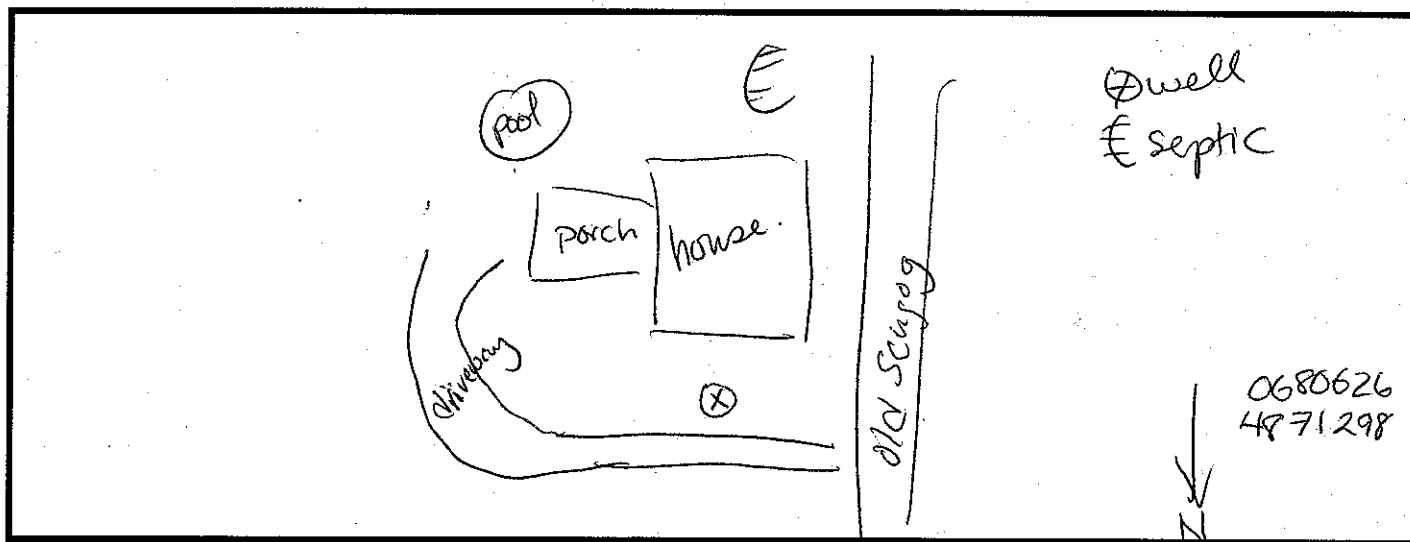
Yes

No

Signature:

Jon Bales

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition: in cap \rightarrow but just did some construction around it (adding new pipes)

Is there a depression around the well?

Yes

No

Photo Number: 19

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 #: 3487

MOE #: _____

Owner of Well:

Name: Sherry Brown Donie Richard Telephone (Bus.): (____) _____
Address: 5775 old Scagg Rd (Home): (905) 263-2648
Person Interviewed: Sherry Brown Residence: yes
Date: May 27 /08 Time: _____ Interviewed By: _____
Name of Original Well Owner: (if different from above) _____

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

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

Well Location:

Lot: _____ Concession: E7 Township: _____
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: >1yr (house 15 yrs old) Use: _____ Contractor: _____
Type (drilled or dug): drilled Diameter: 6" Well Depth: ~180ft
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: >1yr
How is your pump lubricated: _____
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: _____ Capacity: _____
Do you have a: Chlorinator: _____ Water Softener: X 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.) _____
Private Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well: ~40m
Well is: 1) Uphill _____ 2) Downhill: _____ 3) Same Grade X

Previous Problems:

How long have you owned, operated or lived on this property? 1 1/2 yr

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

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:

replaced wiring

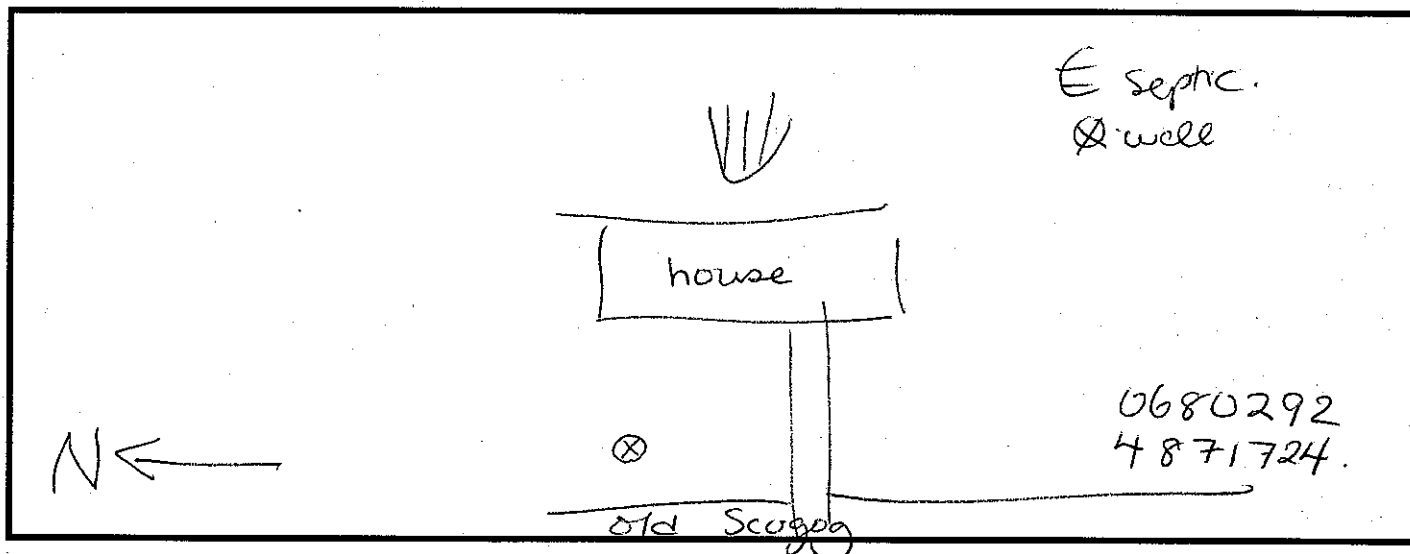
Does homeowner grant permission to obtain a water quality sample?

Yes ☒

No ☐

Signature: Sherry Braun

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition: 20cm stick up, vermin proof cap, not a lot of grass around it.
slight depression to east

Is there a depression around the well?



Yes



No

Photo Number: 1

Water Well Survey

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

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

Well #: 3491

MOE #: _____

Owner of Well:

Name: Tom Sluymens Telephone (Bus.): () _____
Address: 5811 Old Scugog (Home): (905) 263-4640
Person Interviewed: _____ Residence: ✓
Date: May 27/08 Time: _____ Interviewed By: AD, KG
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: E7 Township: _____
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: 15 yrs. Use: domestic Contractor: _____
Type (drilled or dug): drilled Diameter: 6" Well Depth: 184 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: artesian m
Subsequent Water Level Measurements 2
(give depths in m and dates) _____

Pumping Equipment:

Pump Type: Suction-lift or Positive-submergence hanging at 120ft 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 tank Capacity: 30-40 gal.
Do you have a: Chlorinator: _____ Water Softener: _____ Water Filter: _____ Filter Type: _____
Water Use: Domestic: No: _____ Yes: ✓ No. of persons using water from well: 2
Livestock: No: ✓ Yes: _____ No. of livestock watered from well: _____
Lawn Watering: No: ✓ Yes: _____ Other: _____ Amount: _____
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) pool.
Private Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well: 240m
Well is: 1) Uphill _____ 2) Downhill: _____ 3) Same Grade ✓

Previous Problems:

How long have you owned, operated or lived on this property? 15 yr.

Have you ever experienced any previous problems with your well? artesian, lots of 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: _____

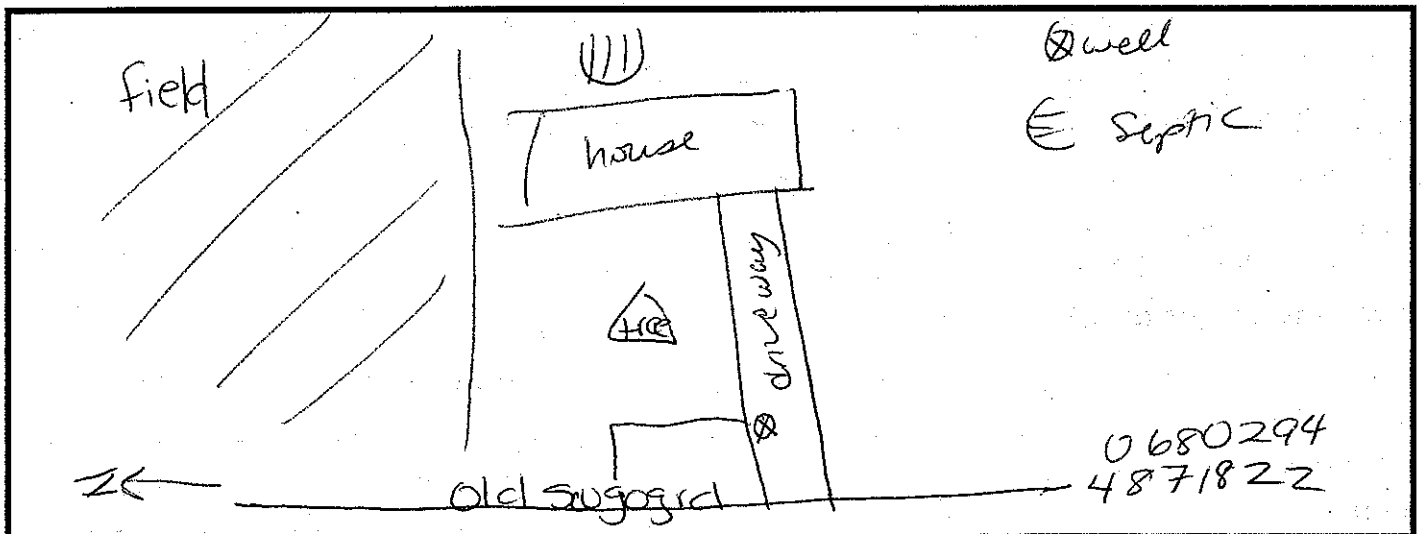
Does homeowner grant permission to obtain a water quality sample?

Yes ☒

No ☐

Signature: B. S. Luyman

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition: covered by manhole → in driveway, mounded up a little

Is there a depression around the well?




Yes




No

Photo Number: 2

Water Well Survey

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

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

Well #: 3495
MOE #: _____

Owner of Well:

Name: Pat Byrne Telephone (Bus.): (____) _____
Address: 6359 Regional Rd. 57 (Home): (905) 263-4004
Person Interviewed: Pat Residence: _____
Date: May 27/08 Time: 11:15 Interviewed By: AD, KG
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) E7

Well Construction Details:

Date Constructed: ~1987 Use: _____ Contractor: _____
Type (drilled or dug): ~~drilled~~ dug Diameter: ~~38"~~ 38' Well Depth: ?
Is well accessible for direct sampling? _____ or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

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

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

Pumping Equipment:

Pump Type: Suction-lift: X or Positive-submergence: ~~X~~ 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 tank Capacity: 20 gal

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

Water Use: Domestic: No: _____ Yes: ✓ No. of persons using water from well: 6-7

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.) pool, may fill up pool.

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

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

Previous Problems:

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

pressure tank.

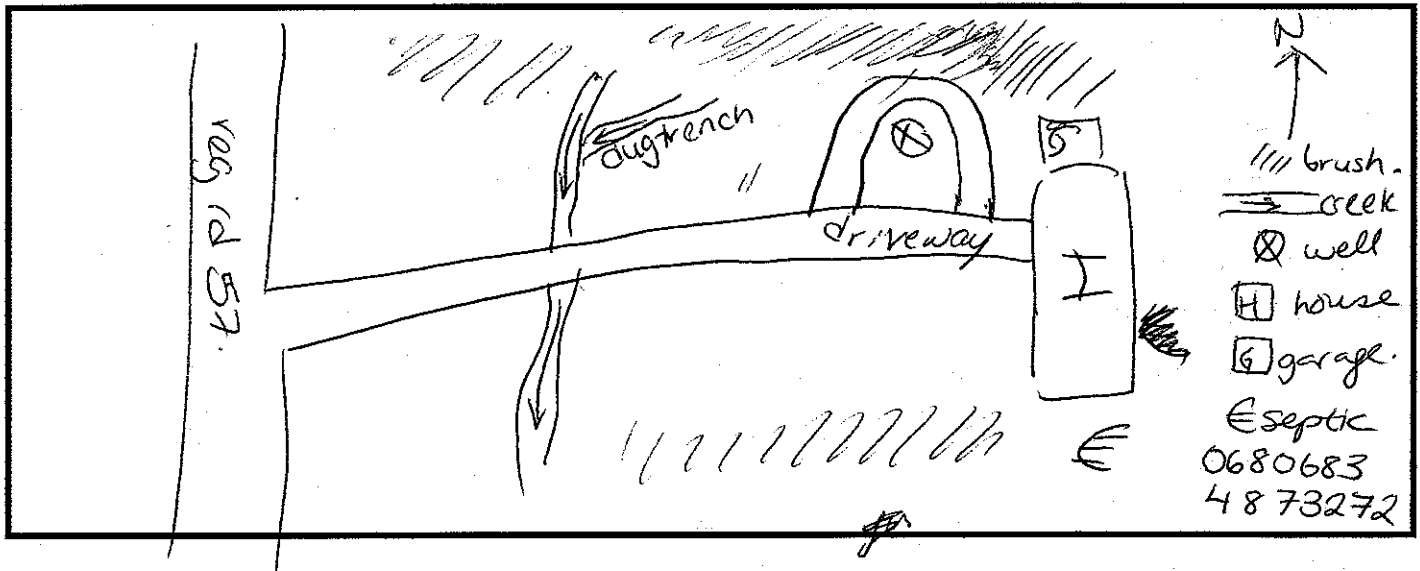
Does homeowner grant permission to obtain a water quality sample?

Yes ☒

No _____

Signature: [Signature]

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition: not sealed or caulked, 1ft stick up, lid has moss growing around it, is a buckthorn & hives growing around it. Dug trench filled with water quickly & always flowing

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

Owner of Well:

Name: Kathy Cane Telephone (Bus.): ()
Address: 5519 Reg Rd. 57 (Home): (905) 263-2220
Person Interviewed: Kathy Residence: _____
Date: May 27 / 08 Time: 1:00 Interviewed By: AD, KG
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) E7

Well Construction Details:

Date Constructed: ① 8-10 yrs old. ② > 1985 Use: _____ Contractor: _____
Type (drilled or dug): drilled ①, dug ② Diameter: ① 6" ② 38" Well Depth: ① 200ft - ② 15ft
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: ② or Positive-submergence: ① Pumping Capacity: _____ Age: ① 8-10yr ② > 20

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: 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: 40m

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

Previous Problems:

How long have you owned, operated or lived on this property? 1985

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?

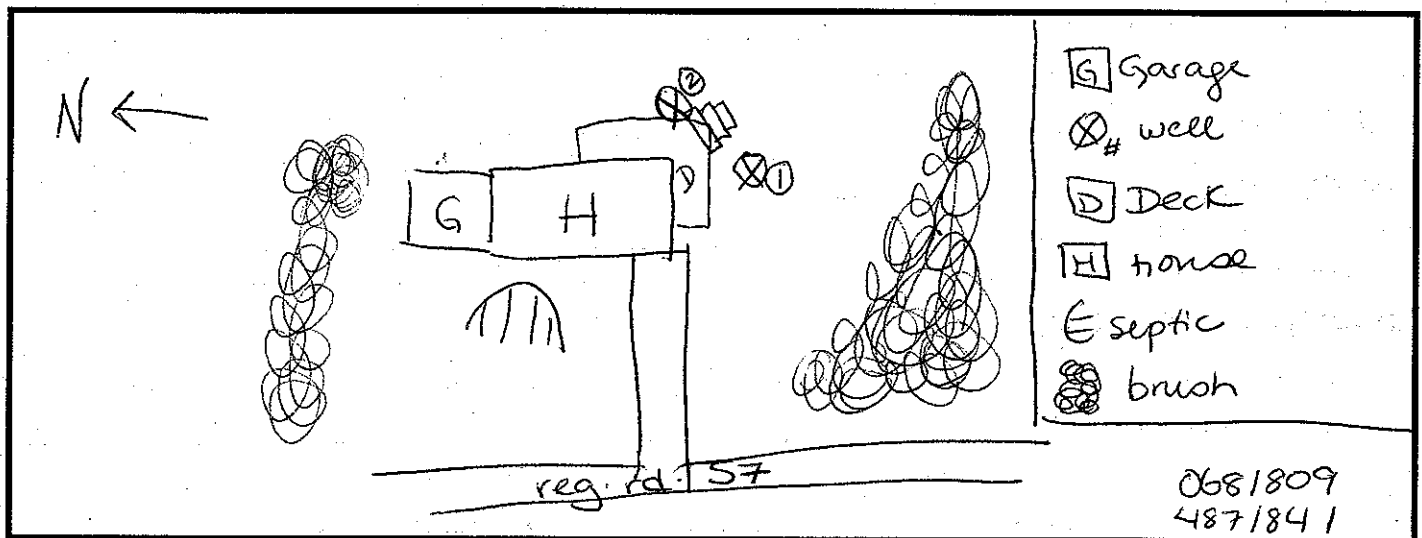
☒ Yes

☐ No

Signature: _____

[Handwritten Signature]

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition: ① stick up 1ft, vermin proof cap (red cap, black casing)
② stick up 1ft, tiles not caulked, not sealed

Is there a depression around the well?



Yes



No

Photo Number: _____

①

10, 11

②

Water Well Survey

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

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

Well #: 3505 ①
3506 ②
MOE #: _____

Owner of Well:

Name: Eileen Burgess Telephone (Bus.): ()
Address: 6201 Cedar Creek Rd. (Home): (905) 263-8113
Person Interviewed: Eileen Residence: _____
Date: May 27/08 Time: 2:00 Interviewed By: AD, KG
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) E7.

Well Construction Details:

Date Constructed: ① 10-12 yrs, ② 25 Use: domestic Contractor: _____
Type (drilled or dug): ① drilled ② dug Diameter: 6" Well Depth: ① 206 ft, ② 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: _____
How is your pump lubricated: _____
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: pressure tank (bladder pump) Capacity: _____
Do you have a: Chlorinator: _____ Water Softener: ☒ Water Filter: ☒ Filter Type: iron
Water Use: Domestic: No: _____ Yes: ☒ No. of persons using water from well: 2
Livestock: No: ☒ Yes: _____ No. of livestock watered from well: _____
Lawn Watering: No: ☒ Yes: _____ Other: _____ Amount: _____
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) regular
Private Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well: 30 m.
Well is: 1) Uphill _____ 2) Downhill: _____ 3) Same Grade: ☒

Previous Problems:

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

Since 1967

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 ② deepened, or cleaned _____, or a new well constructed _____?

If so, why?

②

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

Does homeowner grant permission to obtain a water quality sample?

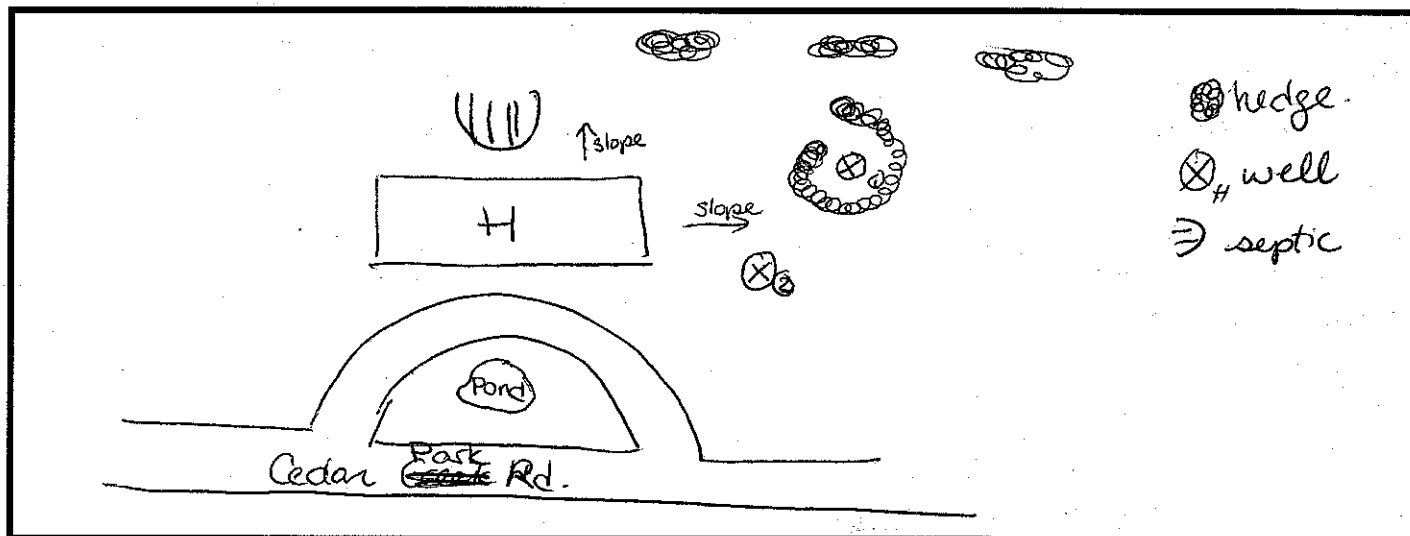
Yes ☒

No ☐

Signature:

Eileen Burgess

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

② dug, no caulking, tile good, not sealed, 1ft stick up, piece of board under lid
① drilled, vermin proof well + pump attached, inside hedge maze, 2.5ft stick up, for watering lawn.

Is there a depression around the well?




Yes



No

Photo Number: 1416

Water Well Survey

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

Well #: 3510

MOE #: _____

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

Owner of Well:

Name: Betty Barns Telephone (Bus.): (____) _____
Address: Cobdenk (?) (Home): (705) 454-2278
Person Interviewed: Daughter Residence: _____
Date: May 30/08 Time: _____ Interviewed By: AD, KG
Name of Original Well Owner: (if different from above) Betty Barns

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

Name: Barns - daughter + Granddaughter + 1 man + 2 sons Telephone (Bus.): (____) _____
Address: 5469 Old Scogog rd. (Home): (____) _____

Well Location:

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

Well Construction Details:

Date Constructed: > 1970s? Use: _____ Contractor: _____
Type (drilled or dug): dug Diameter: 38" Well Depth: _____
Is well accessible for direct sampling? yes or buried: _____
Screen: Yes ☒ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

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

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

Pumping Equipment:

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

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: _____ 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: 20m

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

Previous Problems:

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

?
~ 1970s

Have you ever experienced any previous problems with your well?

~~yes~~ no → water tested + fine

If so, when?

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage _____

Interference: _____

Contamination: _____

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

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

What action was taken to overcome this problem?

don't drink water

What were the effects of this problem?

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

If so, why?

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

Does homeowner grant permission to obtain a water quality sample?

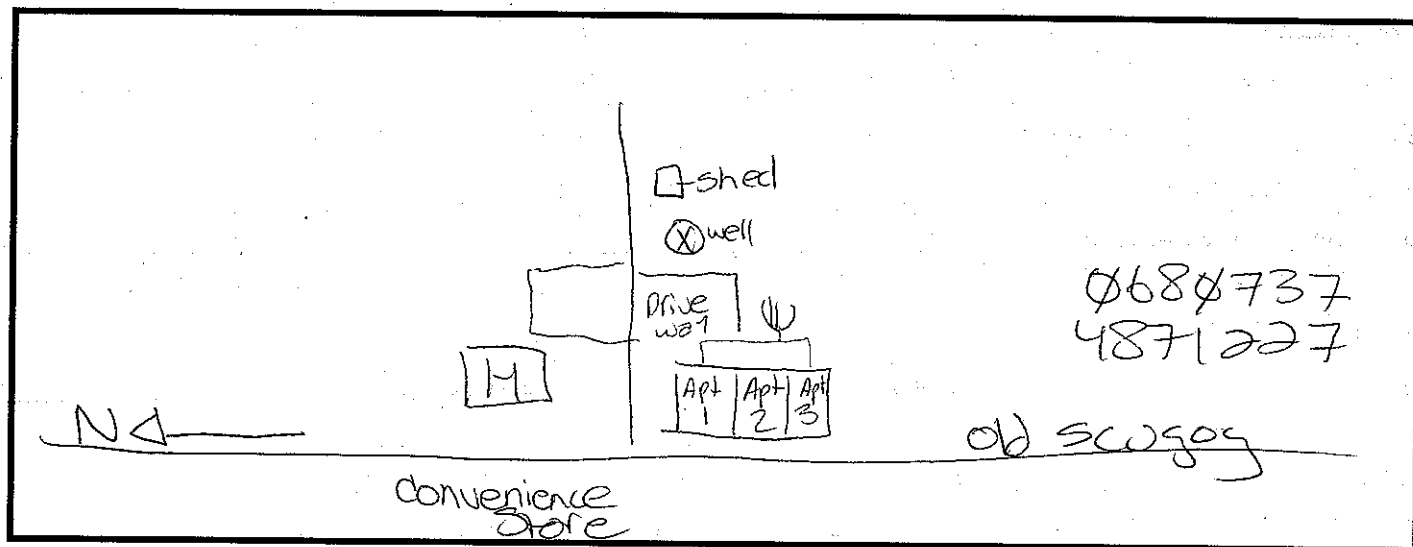
Yes _____

No _____

Signature: _____

Location Sketch: (to be completed by GLL staff)

→ not home
left card.



Field Visit: (to be completed by GLL staff)

Well Condition:

well ~ 2ft above ground, in garden,
not sealed or caulked, but tile looks
very good

Is there a depression around the well?

☐

Yes


☒


No

Photo Number:

18419

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 #: 3512
MOE #: _____

Owner of Well:

Name: Andy Townson Telephone (Bus.): (____) _____
Address: 5413 Old Scugog (Home): 905-263-2364
Person Interviewed: Andy Residence: _____
Date: May 30/08 Time: 1:15 Interviewed By: AD, KG
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) E7

Well Construction Details:

Date Constructed: 6 yrs. Use: domestic Contractor: _____
Type (drilled or dug): Drilled Diameter: 6" Well Depth: 7
Is well accessible for direct sampling? NO or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

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

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

Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence _____ Pumping Capacity: _____ Age: couple years old
How is your pump lubricated: _____
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: Pressure Capacity: bladder pump
Do you have a: Chlorinator: _____ Water Softener: ☒ Water Filter: ☒ Filter Type: iron
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? 6 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:

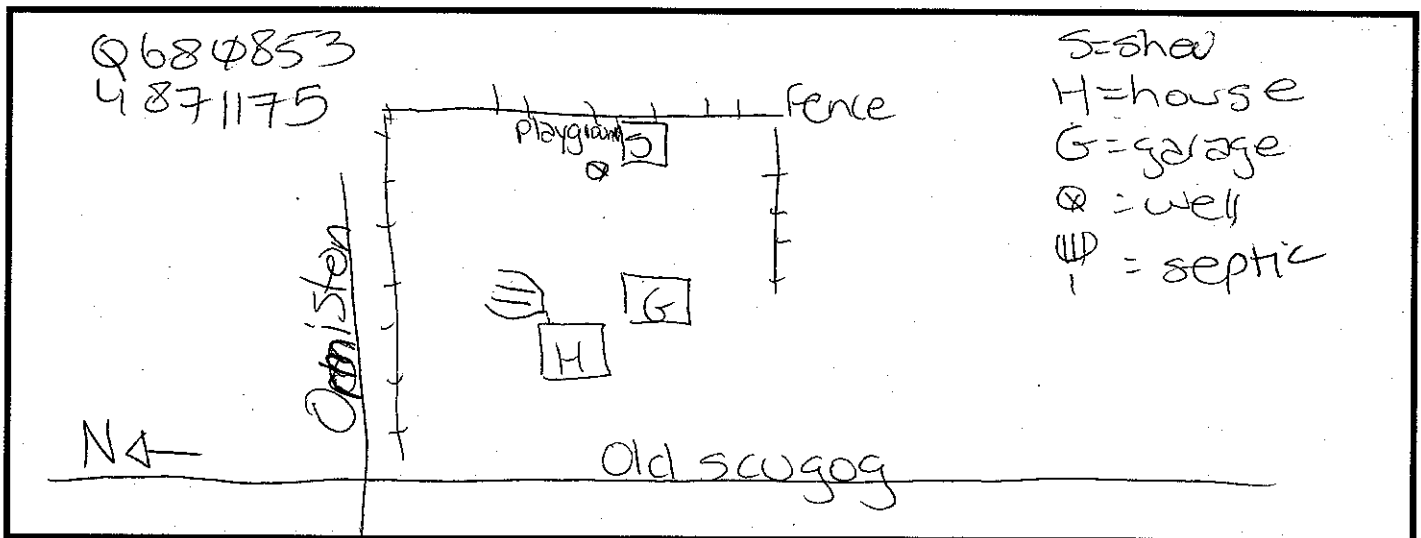
Does homeowner grant permission to obtain a water quality sample?

Yes ☒

No ☐

Signature: [Signature]

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition: hydrant covering over well

Is there a depression around the well?




Yes



No


Photo Number: 20

Water Well Survey

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

Well #: 3513

MOE #: _____

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

Owner of Well:

Name: Grace Moores Telephone (Bus.): (____) _____
Address: 5399 Old Scugog (Home): (905) 263-4340
Person Interviewed: Grace Residence: _____
Date: May 30/08 Time: 1:30 Interviewed By: AD, KG
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: E7 Township: _____
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: ~ 1843 Use: _____ Contractor: _____
Type (drilled or dug): dug Diameter: 38" Well Depth: _____
Is well accessible for direct sampling? _____ or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

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

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

Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence _____ Pumping Capacity: _____ Age: ~ 20+
How is your pump lubricated: _____
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: pressure tank Capacity: 30 gal
Do you have a: Chlorinator: _____ Water Softener: _____ Water Filter: _____ Filter Type: _____
Water Use: Domestic: No: _____ Yes: ☒ No. of persons using water from well: 1
Livestock: No: ☒ Yes: _____ No. of livestock watered from well: _____
Lawn Watering: No: ☒ Yes: _____ Other: _____ Amount: _____
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) reg use
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?

~~19 yrs~~ 19 yrs.

Have you ever experienced any previous problems with your well?

One year started to smell.

If so, when?

What was the cause of the previous problem?

Drought:

Pump Failure:

Plugging:

Increased Usage

Interference:

Contamination:

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

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

What action was taken to overcome this problem?

started using well more
→ put jwex down every month

What were the effects of this problem?

Did you ever have your well deepened _____, or cleaned ☒ 5 yrs 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

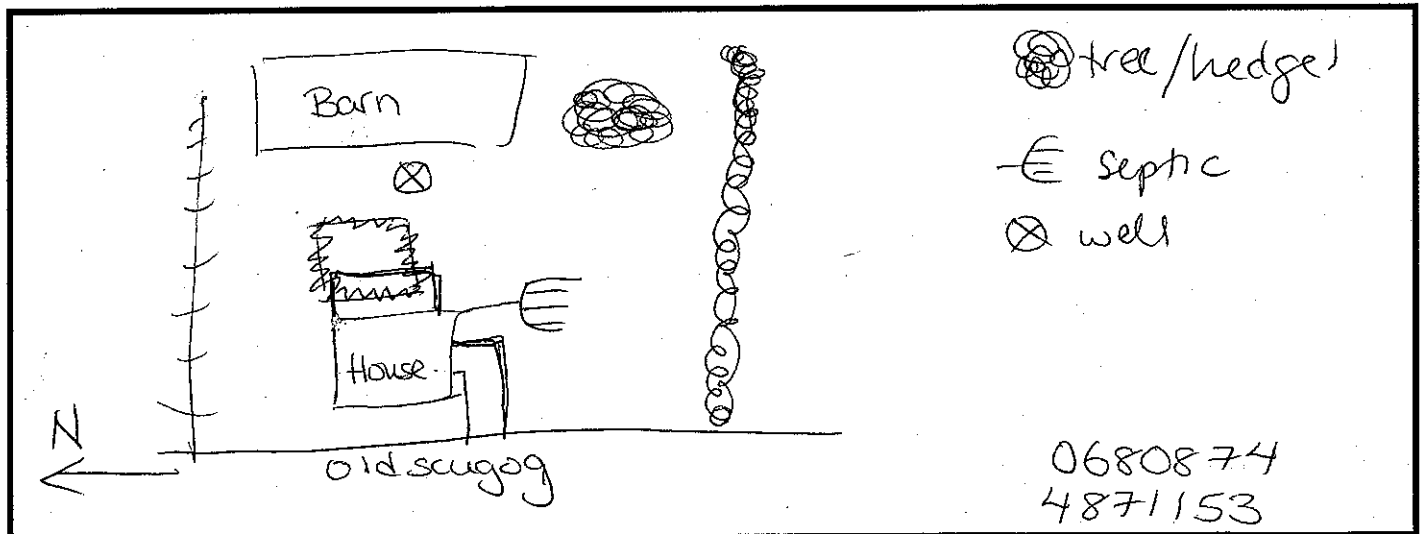
☒

No

Signature:

Grace Moores

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

sealed + caulked, screened vent hole in top, tiles in good condition

Is there a depression around the well?



Yes



No

Photo Number:

21 + 22

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 #:	3514
MOE #:	

Owner of Well:

Name: Katrina Gibson Telephone (Bus.): ()
Address: 5410 Oldscogog (Home): (905) 263-8185
Person Interviewed: Katrina Residence: _____
Date: Mar. 30/08 Time: _____ Interviewed By: AD, LG
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) E7

Well Construction Details:

Date Constructed: ~1983 1989 Use: domestic Contractor: Boardway
Type (drilled or dug): Drilled Diameter: 6" Well Depth: ~125 ft
Is well accessible for direct sampling? NO or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

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

Original Water Level Depth: _____ m
Subsequent Water Level Measurements Artesian well 12 gal/min
(give depths in m and dates)

Pumping Equipment:

Pump Type: Suction-lift _____ or Positive-submergence ☒ Pumping Capacity: _____ Age: 1989
How is your pump lubricated: _____
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: No Pressure tank Capacity: _____
Do you have a: Chlorinator: ☒ Water Softener: ☒ Water Filter: _____ Filter Type: _____
Water Use: Domestic: No: _____ Yes: ☒ No. of persons using water from well: 3
Livestock: No: ☒ Yes: _____ No. of livestock watered from well: _____
Lawn Watering: No: ☒ Yes: _____ Other: _____ Amount: _____
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) hot tub, 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?

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:

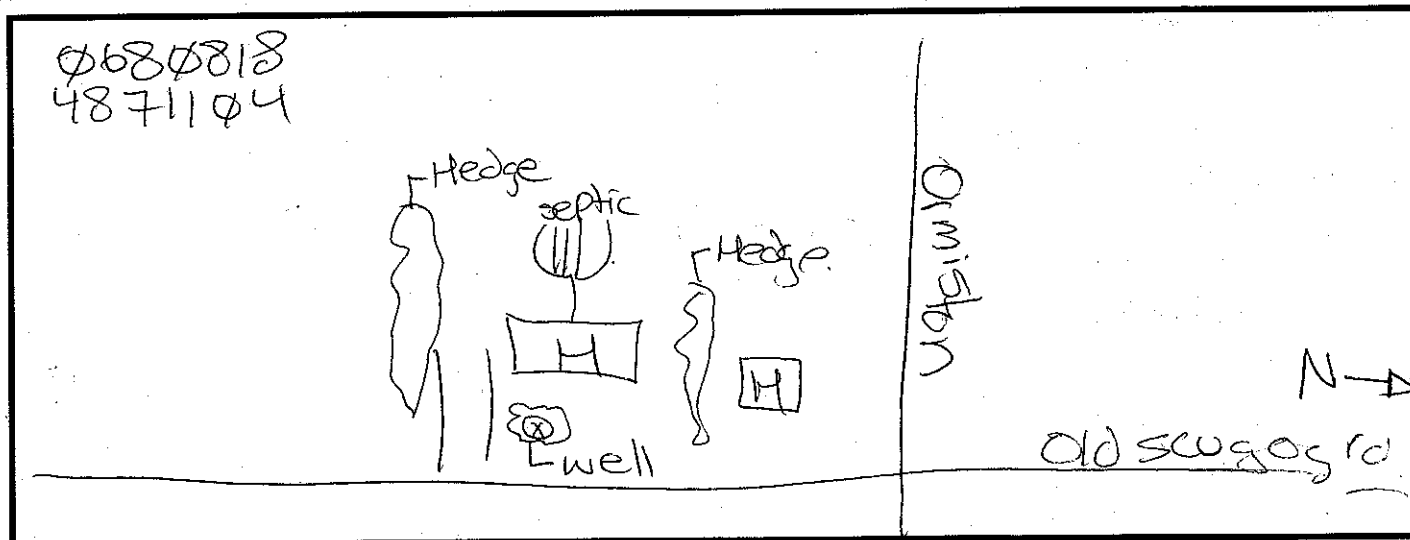
Does homeowner grant permission to obtain a water quality sample?

Yes ☒ No ☐

Signature:

Kurti C...

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

in bush, 1 ft stick up, verman proof cap. Overflow goes into neighbours borehole (dog) well & then flows out back to creek

Is there a depression around the well?



Yes





No

Photo Number:

23

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 #: 3876

MOE #: _____

Owner of Well:

Name: Cheryl Wijderem

Telephone (Bus.): (____) _____

Address: 5400 Old Swagard

(Home): (905) 263-2551

Person Interviewed: Cheryl

Residence: _____

Date: May 30/08

Time: _____

Interviewed By: AD, KG

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

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

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

Address: _____ (Home): (____) _____

Well Location:

Lot: _____ Concession: _____

Township: _____

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

Well Construction Details:

Date Constructed: 10 yrs.

Use: domestic

Contractor: out back

Type (drilled or dug): drilled

Diameter: 6"

Well Depth: NA

Is well accessible for direct sampling? _____

or buried: _____

Screen: Yes _____ No _____

If Yes, length: _____ m

Depth of top of screen: _____ m

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

Original Water Level Depth: _____ m

Subsequent Water Level Measurements _____

(give depths in m and dates)

Artesian

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: No pressure

Capacity: _____

Do you have a:

Chlorinator: _____

Water Softener: _____

Water Filter: ☒

Filter Type: clay

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: ~30 M

Well is:

1) Uphill ☒

2) Downhill: _____

3) Same Grade _____

Previous Problems:

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

Have you ever experienced any previous problems with your well? Yellow tinge, good reading (b/c)

If so, when? Iron

What was the cause of the previous problem? IRON

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage: _____

Interference: _____

Contamination: _____

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

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

What action was taken to overcome this problem? Don't drink, no iron filters.

What were the effects of this problem? don't drink

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

If so, why? Javex in reserve well

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

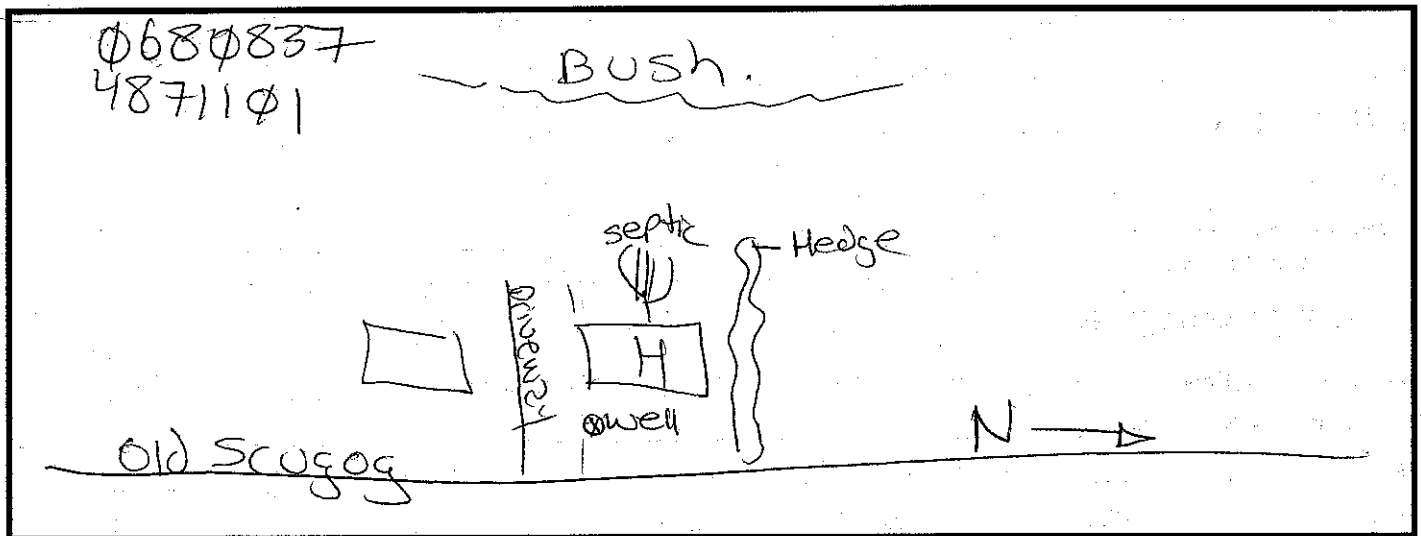
Does homeowner grant permission to obtain a water quality sample?

Yes ☒

No ☐

Signature: Cheryl Wijden

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition: < 1 ft stick on reserve well - not sealed or clogged

but in very good condition

1.5 ft stick up on drilled, NOT verman proof.

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

Photo Number: 24

Water Well Survey



Ontario 1201 Wilson Avenue, Building D, 3rd Floor, Downsview, ON M3M 1J8 1-866-840-8529



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

Owner of Well:

Name: Did not wish to give Telephone (Bus.): ()
Address: 5331 ~~XXXXXX~~ Old Saugey (Home): Did not want to give
Person Interviewed: _____ Residence: _____
Date: May 30/08 Time: 2:15 Interviewed By: AD, KG
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: E7 Township: _____
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

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

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

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

Pumping Equipment:

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

Previous Problems:

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

Have you ever experienced any previous problems with your well? good 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: _____

Location Sketch: (to be completed by GLL staff)

Well location not disclosed

Photo / GPS permission not given

Field Visit: (to be completed by GLL staff)

Well Condition: _____

Is there a depression around the well?

☐


Yes


☐

No

Photo Number: _____

Water Well Survey

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

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

Well #: <u>3524</u>
MOE #: _____

Owner of Well:

Name: Scott Penfound Telephone (Bus.): (____) _____
Address: 2414 ~~concession~~ 6 concession Rd (Home): (905) 263-8550
Person Interviewed: Courtney (daughter) Residence: _____
Date: May 20/08 Time: 3:45 Interviewed By: AD, KG
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) E7

Well Construction Details:

Date Constructed: ~10 yrs ago Use: domestic Contractor: _____
Type (drilled or dug): drilled Diameter: 6" Well Depth: 100f
Is well accessible for direct sampling? _____ or buried: _____
Screen: Yes _____ No _____ If Yes, length: 4 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: _____
How is your pump lubricated: _____
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: pressure tank Capacity: 50 gal. (100psi)
Do you have a: Chlorinator: _____ Water Softener: ✓ Water Filter: maybe? Filter Type: _____
Water Use: Domestic: No: _____ Yes: ✓ No. of persons using water from well: 6
Livestock: No: ✓ Yes: _____ No. of livestock watered from well: _____
Lawn Watering: No: ✓ Yes: _____ Other: _____ Amount: _____
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) reg use (pool not filled by well water)
Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: ~35m
Well is: 1) Uphill _____ 2) Downhill: _____ 3) Same Grade X

Previous Problems:

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

~ 12 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?

→ had checked out.

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

Does homeowner grant permission to obtain a water quality sample?

Yes

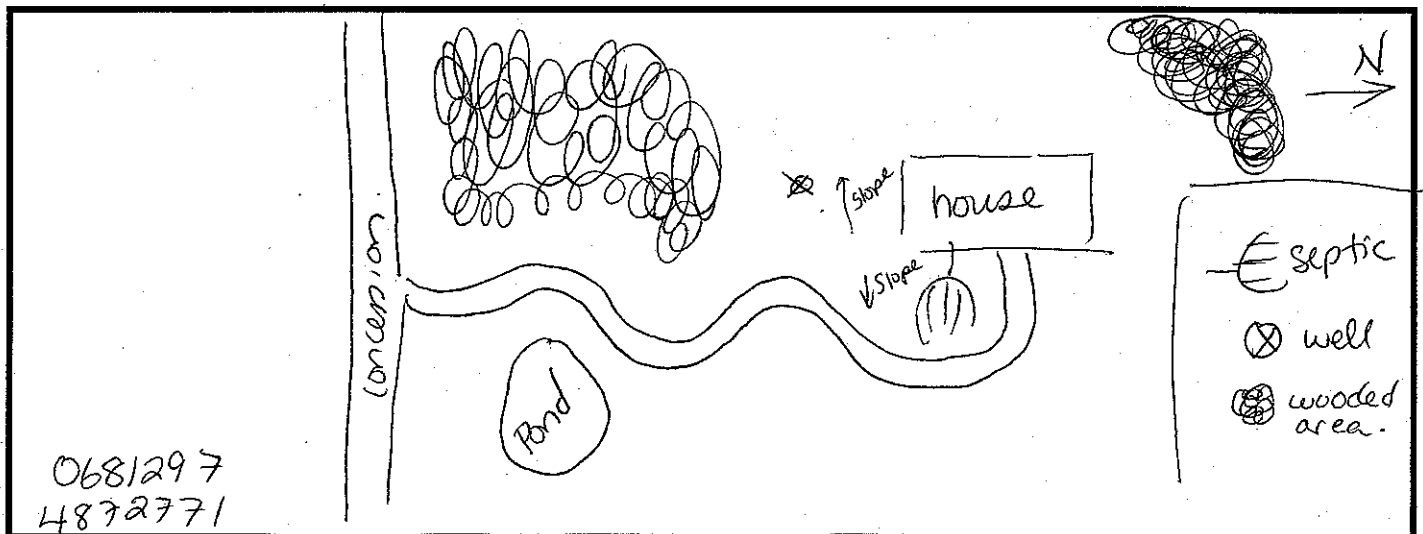
No

Signature:

(homeowner not home)

→ given a card.

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

1.5 Stick up, vermin proof, under clothes tree.

Is there a depression around the well?



Yes



No

Photo Number:

25

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 #: 3525

MOE #: _____

Owner of Well:

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

Address: 2429 Concession 6 (Home): (905) 263-4997

Person Interviewed: Phil Residence: _____

Date: May 30/08 Time: 3:15 Interviewed By: AD, KG

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) E7

Well Construction Details:

Date Constructed: late 1970s Use: domestic Contractor: _____

Type (drilled or dug): dug Diameter: 38" Well Depth: 25ft

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: ~3yrs

How is your pump lubricated: _____

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

Storage Tank: Type: _____ Capacity: 20gal

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 use

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? Since 2001

Have you ever experienced any previous problems with your well? no (but high salt)

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:

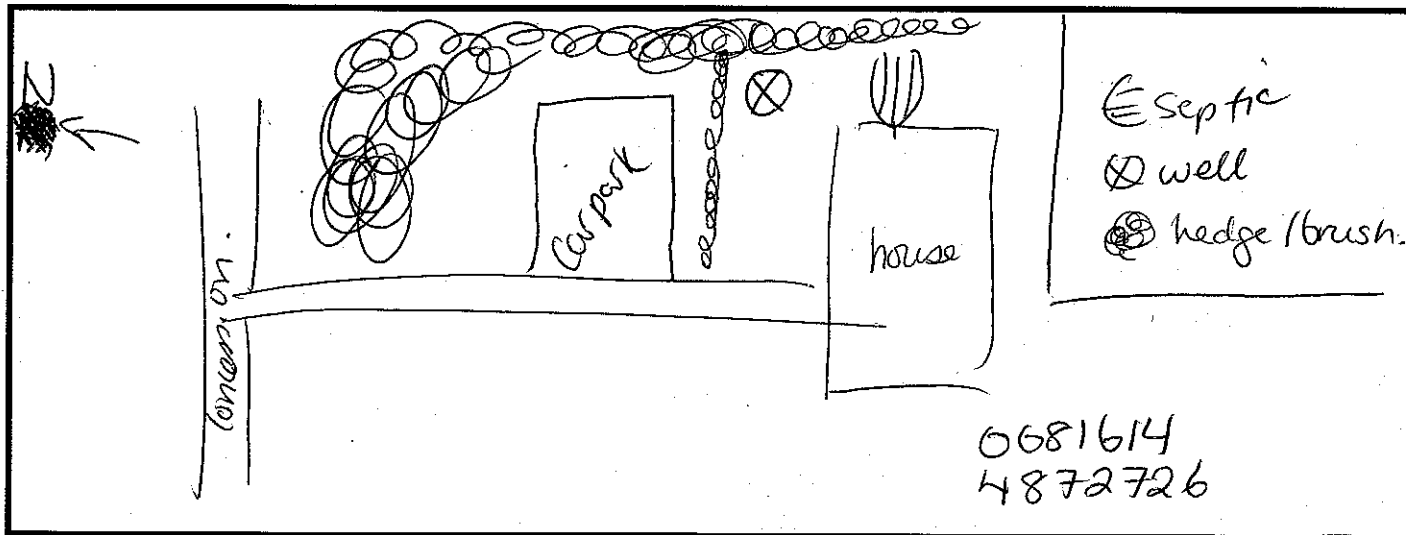
Does homeowner grant permission to obtain a water quality sample?

Yes ☒

No ☐

Signature: _____

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

< 1 ft SBC/C up, tiles not caulked, not sealed, tiles in good condition, wood pieces on the well, behind hedge

Is there a depression around the well?



Yes



No

Photo Number:

26

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 #:	3529
MOE #:	

Owner of Well:

Name: Canada Post - Hampton Telephone (Bus.): ()
Address: 1211 Millville (Home): ()
Person Interviewed: Nancy - Post Master Residence:
Date: June 11/08 Time: 10:45 Interviewed By: AD, MA.
Name of Original Well Owner: (if different from above)

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

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

Well Location:

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

Well Construction Details:

Date Constructed: 1971 Use: domestic Contractor:
Type (drilled or dug): Dug Diameter: 6" Well Depth: used to be 20 ft ~ 10 ft now
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 12ft H₂O left 8 yrs ago
(give depths in m and dates) after before cleaning

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 ~ 7yr 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: 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. equipment.

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

Previous Problems:

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

1971 - building

(Nancy 25 yrs.)

Have you ever experienced any previous problems with your well?

if so, when? no H₂O shortages. 26, Sept/00

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage: _____

Interference: _____

Contamination: ☒

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

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

What action was taken to overcome this problem?

Stop drinking + cleaned out.
After cleaning still 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: Nancy Peller

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

1.5ft stickup, sealed top, but tile not
caulked (looks like it used to be)

Is there a depression around the well?



Yes



No

Photo Number:

94+95

Water Well Survey

Well #: 3532

MOE #: _____

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

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

Owner of Well:

Name: Jen Martin Telephone (Bus.): () _____Address: 17 Millville (Home): 905-263 4117Person Interviewed: Jen Residence: _____Date: June 11/08 Time: _____ Interviewed By: AD, HA

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

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

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

Address: _____ (Home): () _____

Well Location:

Lot: _____ Concession: _____ Township: _____

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

Well Construction Details:

Date Constructed: > 4 yrs. Use: domestic Contractor: _____Type (drilled or dug): Drilled Diameter: 6" Well Depth: N/A

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

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

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

Original Water Level Depth: _____ m

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

Pumping Equipment:

Pump Type: Suction-lift: _____ or Positive-submergence ☒ Pumping Capacity: _____ Age: > 4 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: colligan Water Filter: _____ Filter Type: _____Water Use: Domestic: No: _____ Yes: ☒ No. of persons using water from well: 4Livestock: No: ☒ Yes: _____ No. of livestock watered from well: _____Lawn Watering: No: ☒ Yes: _____ Other: colligan Amount: _____Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) reg. equipmentPrivate Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: 35MWell is: 1) Uphill _____ 2) Downhill: _____ 3) Same Grade ☒

Previous Problems:

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

4 yrs. husband 30 yrs.

Have you ever experienced any previous problems with your well?

Nothing

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?

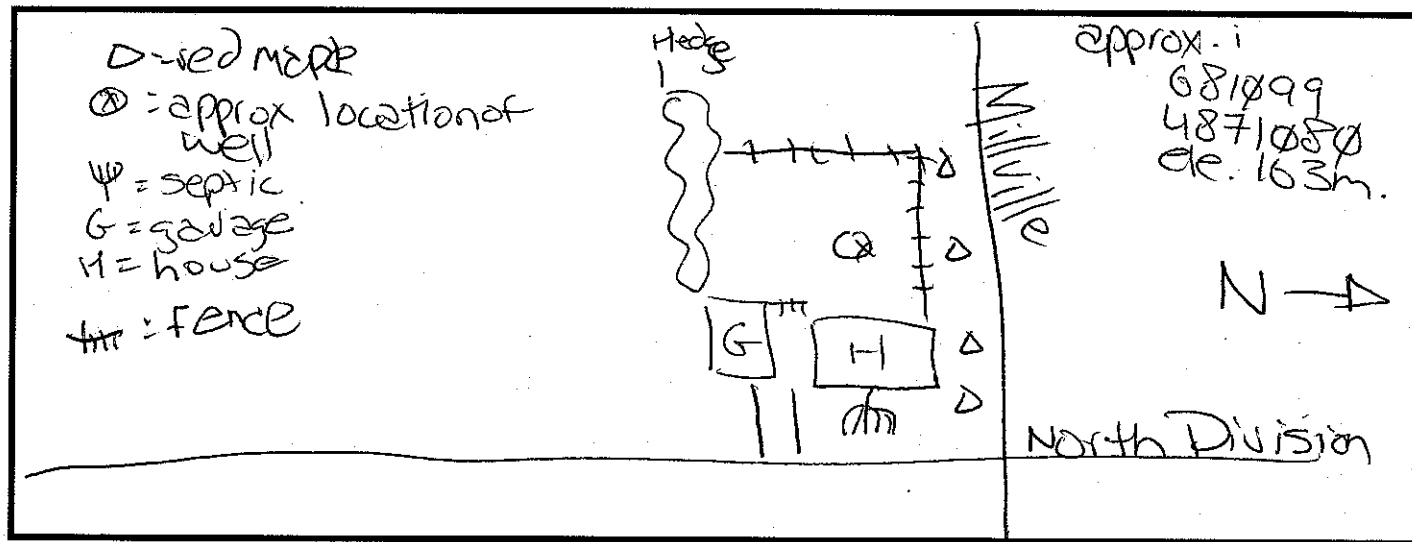
Yes

No

Signature:

Jenil Math

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

In backyard - not granted permission
Busy w children.

Is there a depression around the well?

☐


Yes

☐

No

Photo Number:

Water Well Survey

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

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

Well #: 8535

MOE #: _____

Owner of Well:

Name: Carson Empringham

Telephone (Bus.): (____) _____

Address: 17 Ormiston

(Home): 905 263-2958

Person interviewed: Carson

Residence: _____

Date: June 11/08 Time: 11:15

Interviewed By: AD, LMA

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: 2003

Use: domestic

Contractor: N/A

Type (drilled or dug): Drilled

Diameter: 6"

Well Depth: N/A

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

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

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

Original Water Level Depth: _____ m

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

Pumping Equipment:

Pump Type: Suction-lift: _____ or Positive-submergence ☒ Pumping Capacity: _____ Age: 2003

How is your pump lubricated: _____

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

Storage Tank: Type: Pressure Capacity: 45 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: 40m

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

Previous Problems:

How long have you owned, operated or lived on this property? 2003

Have you ever experienced any previous problems with your well? Nothing

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 ☐

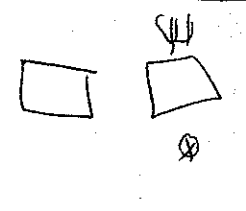
Signature: Carmen [Signature]

Location Sketch: (to be completed by GLL staff)

61 Ormison - 3543

73 Ormison 3547
87 Ormison 3546
67 Ormison - 3544

3542 Fraynes Ormison
330 Ormison 3541

<u>6385 Old Scogog</u> <u>5375 Old Scogog</u> <u>5357 Old Scogog</u> <u>5343 Old Scogog</u> <u>18 Millville</u> <u>24 Millville</u> <u>17 Millville - left package #3533</u> <u>7 Millville 3534</u> <u>11 Ormison 3536</u> <u>49 Ormison 3541 - left package</u>	<u>6809 19</u> <u>4871 19</u> <u>165m</u> <u>Ormison</u> 
--	--

Field Visit: (to be completed by GLL staff)

Well Condition: 1ft stick up, in garden, verman proof

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

Photo Number: 96

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 #: 3537

MOE #: _____

Owner of Well:

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

Address: _____ (Home): () _____

Person Interviewed: Karla Residence: _____

Date: June 11/08 Time: 11:30 Interviewed By: AD, HA

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

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

Name: Karla McCabe Telephone (Bus.): 905 263-2214

Address: _____ (Home): () _____

Well Location:

Lot: _____ Concession: E7 Township: Hampton

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

Well Construction Details:

Date Constructed: 25 yrs Use: Domestic Contractor: _____

Type (drilled or dug): Drilled Diameter: 6" Well Depth: N/A

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

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

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

Original Water Level Depth: _____ m

Subsequent Water Level Measurements _____

(give depths in m and dates) _____

Pumping Equipment:

Pump Type: Suction-lift _____ or Positive-submergence ☒ Pumping Capacity: _____ Age: 23 yrs

How is your pump lubricated: _____

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

Storage Tank: Type: _____ Capacity: _____

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

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

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

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

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

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

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

Previous Problems:

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

3 yrs.

Have you ever experienced any previous problems with your well?

Smells, Nothings

If so, when?

What was the cause of the previous problem?

Drought:

Pump Failure:

Plugging:

Increased Usage

Interference:

Contamination:

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

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

What action was taken to overcome this problem?

What were the effects of this problem?

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

If so, why?

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

Does homeowner grant permission to obtain a water quality sample?

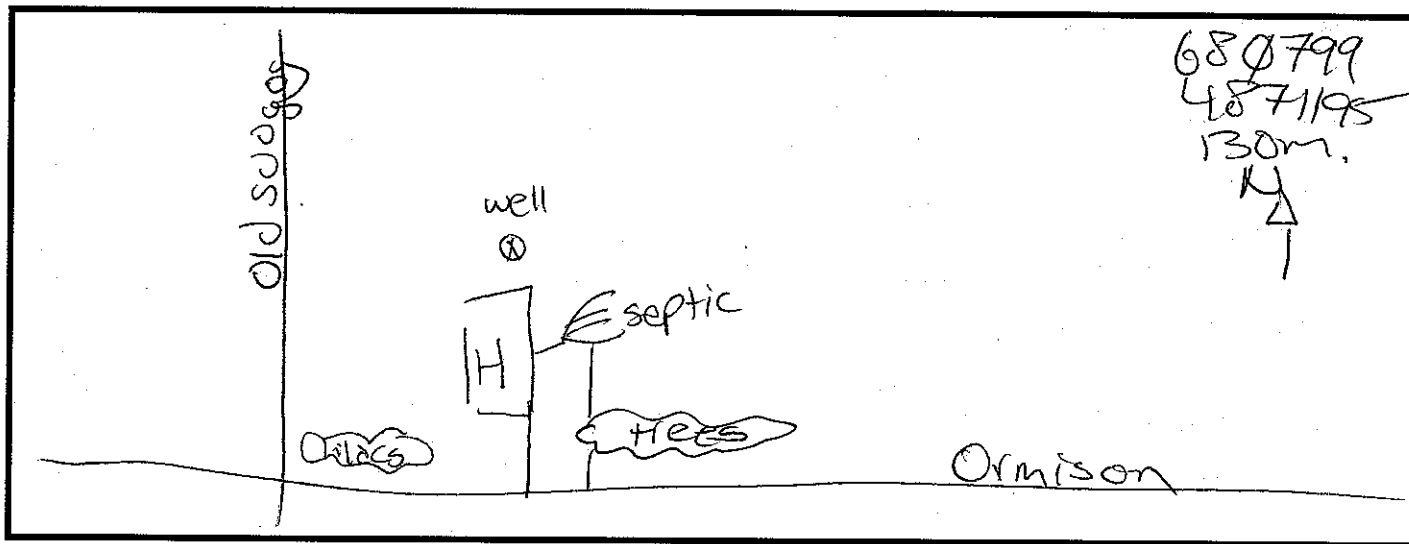
Yes

No

Signature:

left my card

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

sealed, in good condition, in around trees, stick up 1.5 ft

Is there a depression around the well?

☐

Yes

☐

No

Photo Number:

Water Well Survey

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

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

Well #: 3538

MOE #: _____

Owner of Well:

Name: Ann Taylor Telephone (Bus.): ()
Address: 26 Ormison (Home): (905) 263-8401
Person Interviewed: Ann Residence: _____
Date: June 11/08 Time: 11:40 Interviewed By: AD, HA
Name of Original Well Owner: (if different from above) _____

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

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

Well Location:

Lot: _____ Concession: E7 Township: Hampton
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: 1954 Use: Domestic Contractor: ✓
Type (drilled or dug): Dug Diameter: 28" Well Depth: 218 ft
Is well accessible for direct sampling? _____ or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

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

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

Pumping Equipment:

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

Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: Pressure Capacity: Bladder Pump
Do you have a: Chlorinator: _____ Water Softener: _____ Water Filter: _____ Filter Type: _____
Water Use: Domestic: No: _____ Yes: ✓ No. of persons using water from well: 2
Livestock: No: ✓ Yes: _____ No. of livestock watered from well: _____
Lawn Watering: No: ✓ Yes: _____ Other: Don't drink reg. equip Amount: _____
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) _____

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

Previous Problems:

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

39 yrs.

Have you ever experienced any previous problems with your well?

coliform, water shortages

If so, when?

What was the cause of the previous problem?

Drought: ☒

Pump Failure: ☐

Plugging: ☐

Increased Usage: ☐

Interference: ☐

Contamination: ☒

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

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

What action was taken to overcome this problem?

don't drink, getting filter
buy water, laundry mat in summer

What were the effects of this problem?

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

If so, why?

reg. maintenance

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

Does homeowner grant permission to obtain a water quality sample?

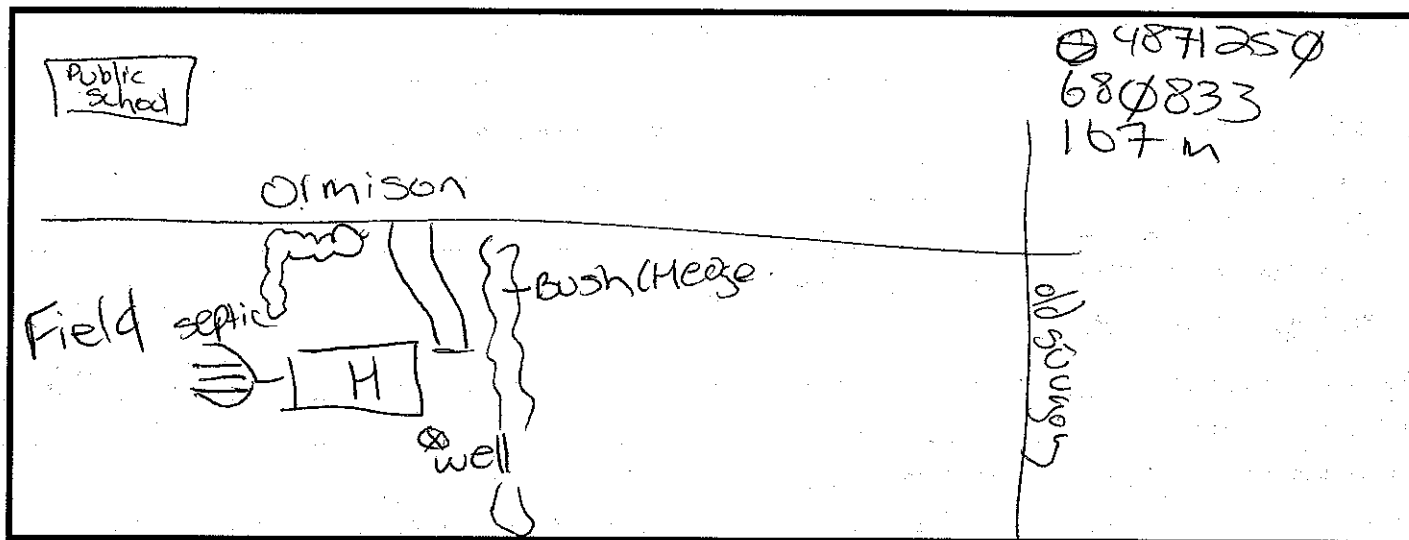
Yes ☒

No ☐

Signature:

Channe K Taylor
left my card.

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

1st stickup, not sealed or caulked.
tile boxed good.

Is there a depression around the well?



Yes





No

Photo Number:

98

Water Well Survey

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

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

Well #: <u>3539</u>
MOE #: _____

Owner of Well:

Name: Hampton Public School Telephone (Bus.): (____) _____
Address: 43 Owmison (Home): (905) 263-2252
Person Interviewed: Russel Armstrong Residence: _____
Date: June 11/08 Time: 11:55 Interviewed By: AD, HIA.
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: E7 Township: Hampton
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: ~1959 Use: domestic Contractor: _____
Type (drilled or dug): Drilled Diameter: _____ Well Depth: 30ft
Is well accessible for direct sampling? _____ or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

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

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

Pumping Equipment:

Pump Type: Suction-lift: _____ or Positive-submergence ☒ Pumping Capacity: _____ Age: ~10 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
Chlorine pump
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: ~150 people
Livestock: No: ☒ Yes: _____ No. of livestock watered from well: _____
Lawn Watering: No: ☒ Yes: _____ Other: _____ Amount: _____
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) _____
Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: 35m
Well is: 1) Uphill _____ 2) Downhill: _____ 3) Same Grade ☒

Previous Problems:

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

20 yrs
1959 additions put on

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

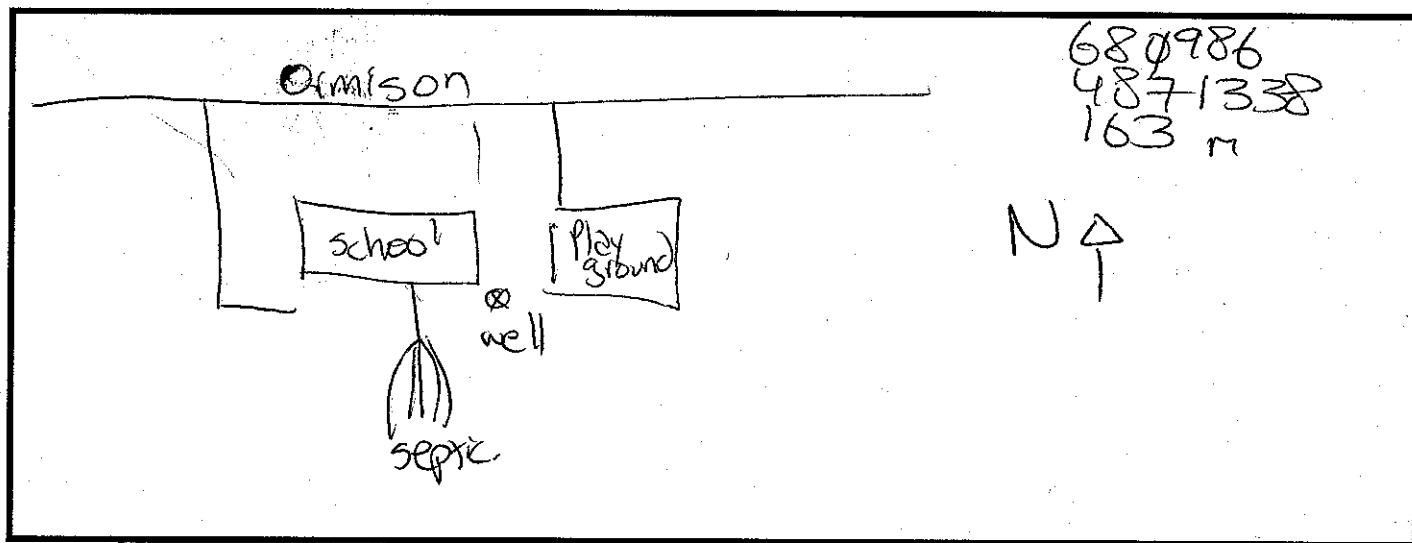


No

Signature:

[Handwritten Signature]

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

drilled inside dug casing, 2 ft stuck lid
sealed not caulked, chain holding lid down.

Is there a depression around the well?



Yes





No

Photo Number:

99

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 #: 3540

MOE #: _____

Owner of Well:

Name: Herman Ganhao Telephone (Bus.): (____) _____
Address: 45 Ormiston (Home): 905, 263-4003
Person Interviewed: Melmar Residence: _____
Date: June 11, 08 Time: 12:00 Interviewed By: AD, H/A
Name of Original Well Owner: (if different from above) _____

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

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

Well Location:

Lot: _____ Concession: 27 Township: Hampton
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: 1991 Use: domestic Contractor: _____
Type (drilled or dug): Dug Diameter: 28" Well Depth: 32ft
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: 1991 rebuildance
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: ~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: 40m
Well is: 1) Uphill ☒ 2) Downhill: _____ 3) Same Grade _____

Previous Problems:

How long have you owned, operated or lived on this property? 1991

Have you ever experienced any previous problems with your well? Nothing

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? _____

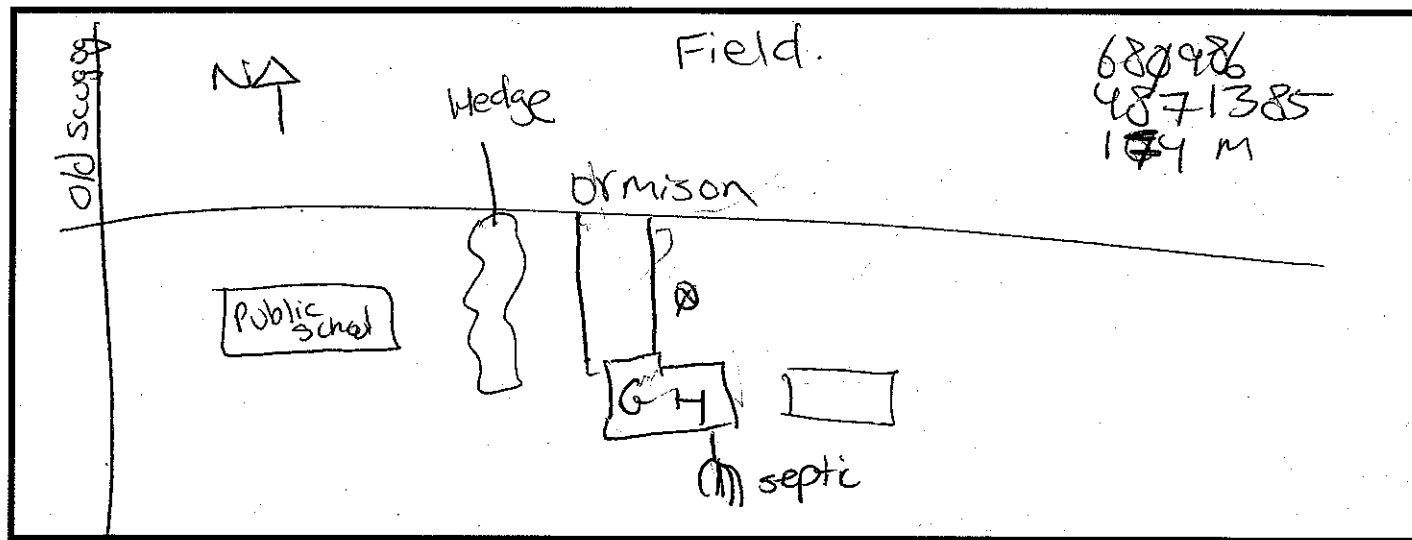
Outline briefly any previous repairs or changes in pumping equipment, and dates:

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:

Very good condition except not sealed or clogged, in garden.

Is there a depression around the well?



Yes



No

Photo Number:

100

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 #: 3548

MOE #: _____

Owner of Well:

Name: Robert Woodbeek Telephone (Bus.): ()
Address: 79. Ormiston (Home): (905) 263-9976
Person Interviewed: Robert Residence: _____
Date: June 11/08 Time: 10:55 Interviewed By: AD, PIA
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: E7. Township: Hampton
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: ~10 yrs Use: domestic Contractor: _____
Type (drilled or dug): Drilled Diameter: 6" Well Depth: 85 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: 4 mths.

How is your pump lubricated: _____

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

Storage Tank: Type: Pressure Capacity: 10 gallons

Do you have a: Chlorinator: _____ 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: 40m

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

Previous Problems:

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

Have you ever experienced any previous problems with your well? Nothing.

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:

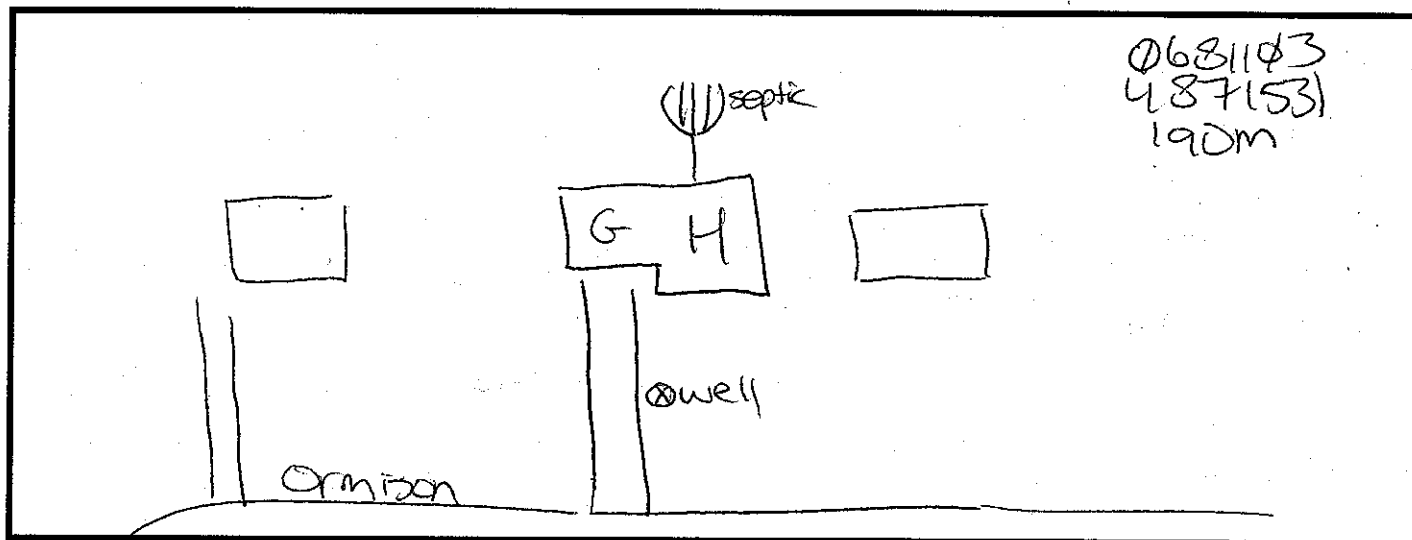
Does homeowner grant permission to obtain a water quality sample?

Yes ☒

No ☐

Signature: S. Faw

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

capped, but not uerman proof
1.5ft stick up

Is there a depression around the well?



Yes



No

Photo Number:

103

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 #: 355

MOE #: _____

Owner of Well:

Name: Brian Bound Telephone (Bus.): () _____
Address: 15 Ormiston Lane (Home): (905) 263-8249
Person Interviewed: Brian Residence: _____
Date: June Time: 2:00 Interviewed By: AD, MA.
Name of Original Well Owner: (if different from above) _____

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

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

Well Location:

Lot: _____ Concession: E7 Township: Hampton
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: ~1980 Use: domestic Contractor: _____
Type (drilled or dug): DDug @ not in Diameter: _____ Well Depth: 32ft
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: ~1980

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: U.V. light

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

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

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

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

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

Well is: 1) Uphill _____ 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?

water shortages, contamination

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?

bring in water, dug new well
U.V. light b/c septic too close

What were the effects of this problem?

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

If so, why?

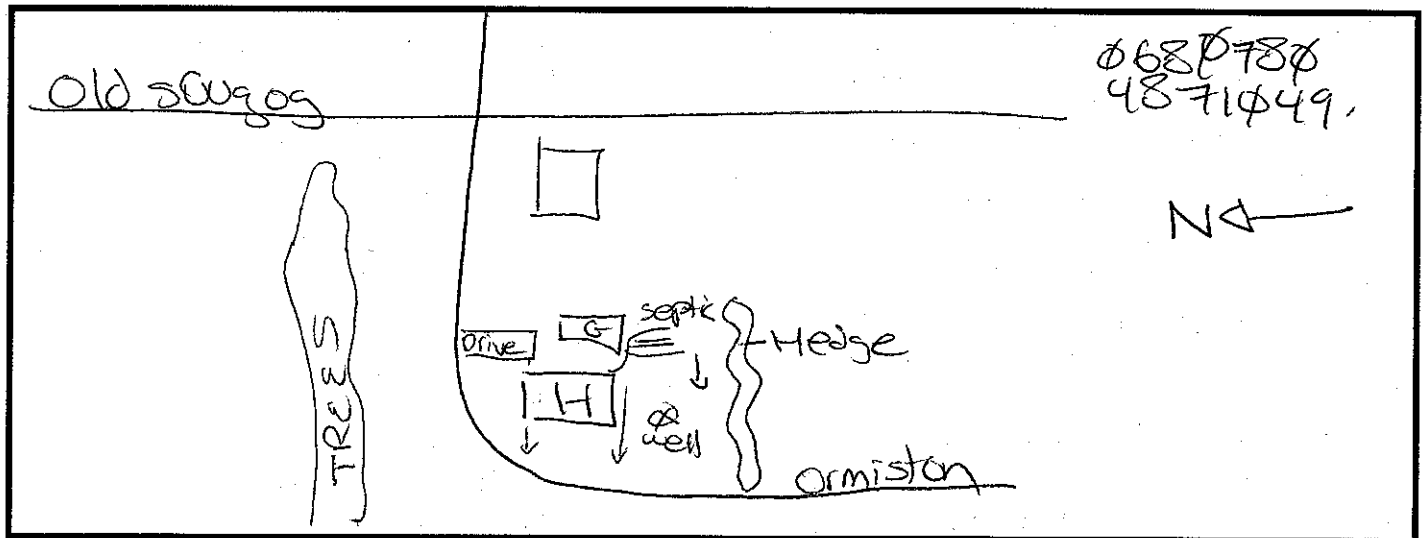
Outline briefly any previous repairs or changes in pumping equipment, and dates:

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:

sides deteriorate, caulking + sealed

Is there a depression around the well?

☐

Yes

☒

No

Photo Number:

104

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 #: 3556

MOE #: _____

Owner of Well:

Name: Bonnie & Bruce Mercer Telephone (Bus.): (____) _____
Address: 31 Edmunson rd. (Home): (905) 263-8863
Person Interviewed: Bonnie Residence: _____
Date: June 11/08 Time: 2:30 Interviewed By: AD, HJ
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) _____

Well Construction Details:

Date Constructed: 1970 Use: Domestic Contractor: _____
Type (drilled or dug): Dug Diameter: _____ Well Depth: 12-15 ft
Is well accessible for direct sampling? _____ or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

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

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

Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence _____ Pumping Capacity: _____ Age: 1970
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: NA Yes: ☒ No. of persons using water from well: was 5, now 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 (1 1/2 hrs)

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? 1971

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

If so, when? _____

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage _____

Interference: _____

Contamination: _____

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

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

What action was taken to overcome this problem? _____

What were the effects of this problem? _____

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

If so, why? _____

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

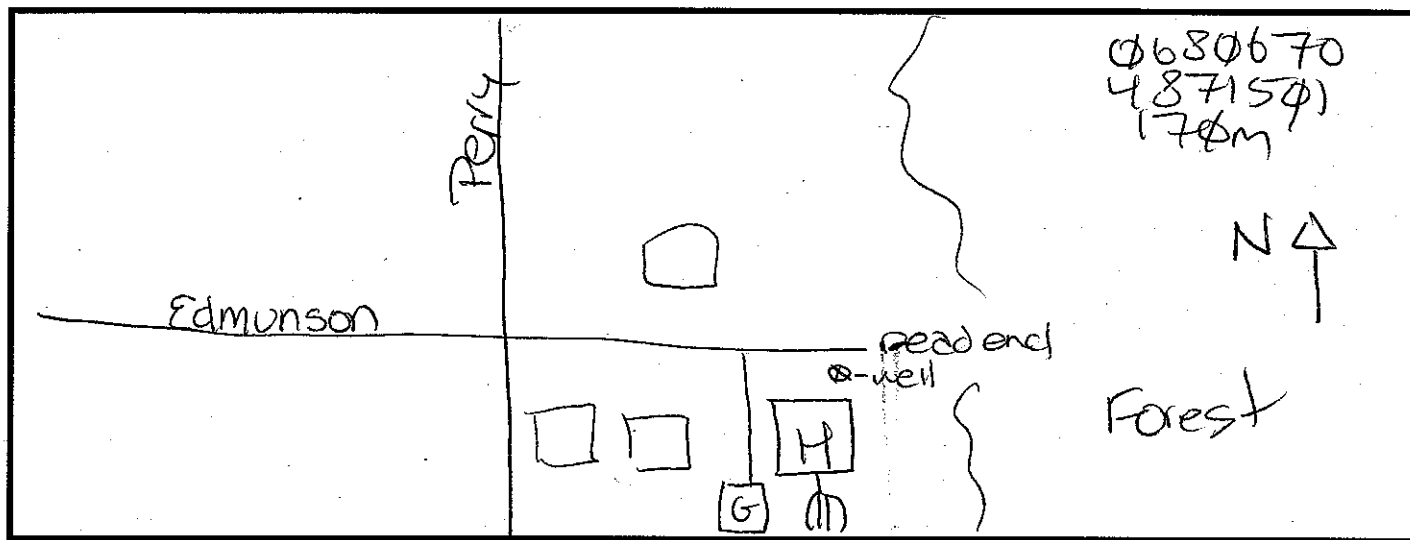
Does homeowner grant permission to obtain a water quality sample?

Yes ☒

No ☐

Signature: Meran

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

well in wishing well, good, sealed

Is there a depression around the well?



Yes



No

Photo Number:

105

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 #: 3560

MOE #: _____

Owner of Well:

Name: Carole Payne Telephone (Bus.): () _____
Address: 19 Perry Ave (Home): (905) 263-8232
Person Interviewed: Carole Residence: _____
Date: June 11/08 Time: 2:50 Interviewed By: AD, HA
Name of Original Well Owner: (if different from above) _____

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

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

Well Location:

Lot: _____ Concession: E7 Township: Hampton
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: > 17 yrs Use: domestic Contractor: _____
Type (drilled or dug): Dug Diameter: 28" Well Depth: 225'
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: > 17 yrs
How is your pump lubricated: _____
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: Pressure Capacity: ~ 30 gallon
Do you have a: Chlorinator: _____ Water Softener: _____ Water Filter: _____ Filter Type: _____
Water Use: Domestic: No: _____ Yes: ☒ No. of persons using water from well: 4
Livestock: No: ☒ Yes: _____ No. of livestock watered from well: _____
Lawn Watering: No: _____ Yes: _____ Other: _____ Amount: _____
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) reg. equipment, pool fill sup slowly
Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: 40m
Well is: 1) Uphill _____ 2) Downhill: _____ 3) Same Grade: ☒

Previous Problems:

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

17 yrs

Have you ever experienced any previous problems with your well?

No

If so, when?

What was the cause of the previous problem?

Drought:

Pump Failure:

Plugging:

Increased Usage

Interference:

Contamination:

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

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

What action was taken to overcome this problem?

What were the effects of this problem?

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

If so, why?

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

added stick up couple years ago.

Does homeowner grant permission to obtain a water quality sample?

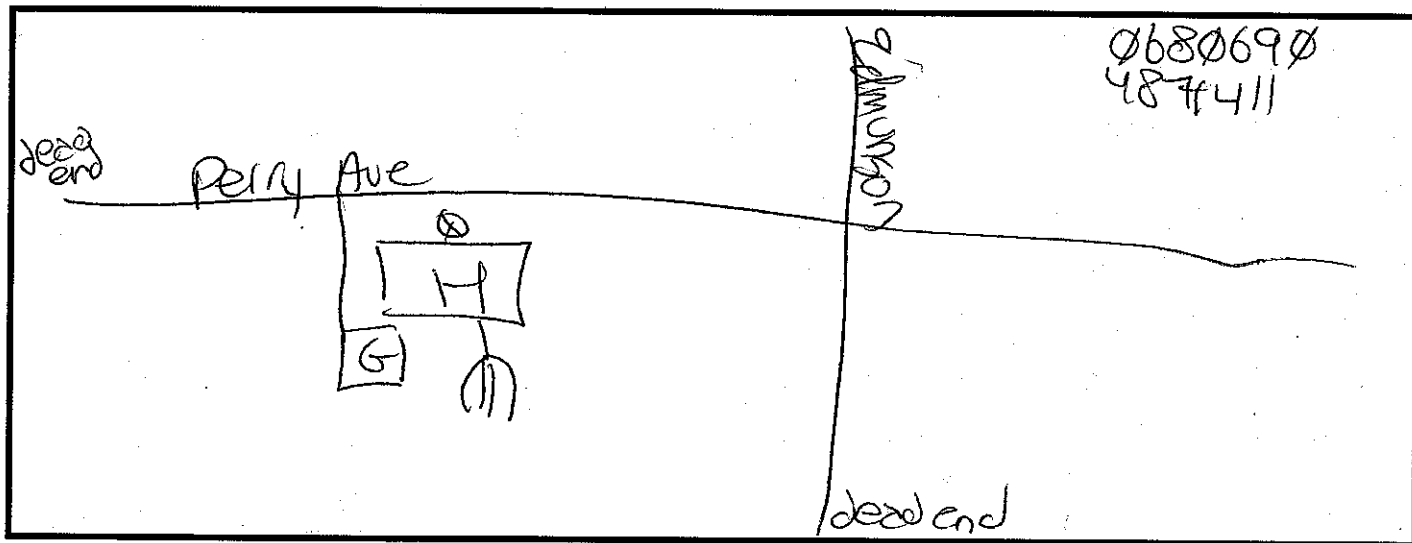
Yes

No

Signature:

test my card.

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

well is sealed ~ 1ft stick up, in garden.

Is there a depression around the well?

☐

Yes

☐

No

Photo Number:

106

Water Well Survey

Well #: 3561

MOE #: _____

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: Don Dair Telephone (Bus.): ()
Address: 15 Perry Ave (Home): (905) 263-8886
Person Interviewed: Don Residence: _____
Date: June 11/08 Time: 3:00 Interviewed By: AD, HA
Name of Original Well Owner: (if different from above) _____

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

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

Well Location:

Lot: _____ Concession: E7 Township: Hampton
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: 1972 Use: domestic Contractor: _____
Type (drilled or dug): Dug Diameter: _____ Well Depth: 28-30ft
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: ~20ft of water
(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: 30 gallon
Do you have a: Chlorinator: _____ Water Softener: ☒ Water Filter: _____ Filter Type: _____
Water Use: Domestic: No: _____ Yes: ☒ No. of persons using water from well: 2
Livestock: No: ☒ Yes: _____ No. of livestock watered from well: _____
Lawn Watering: No: ☒ Yes: _____ Other: don't drink Amount: _____
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) reg. equipment
pool truck in H2O.
Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: 40m
Well is: 1) Uphill _____ 2) Downhill: _____ 3) Same Grade ☒

Previous Problems:

How long have you owned, operated or lived on this property? 25 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? ~10 yrs

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

Front line replace ~10 yrs.

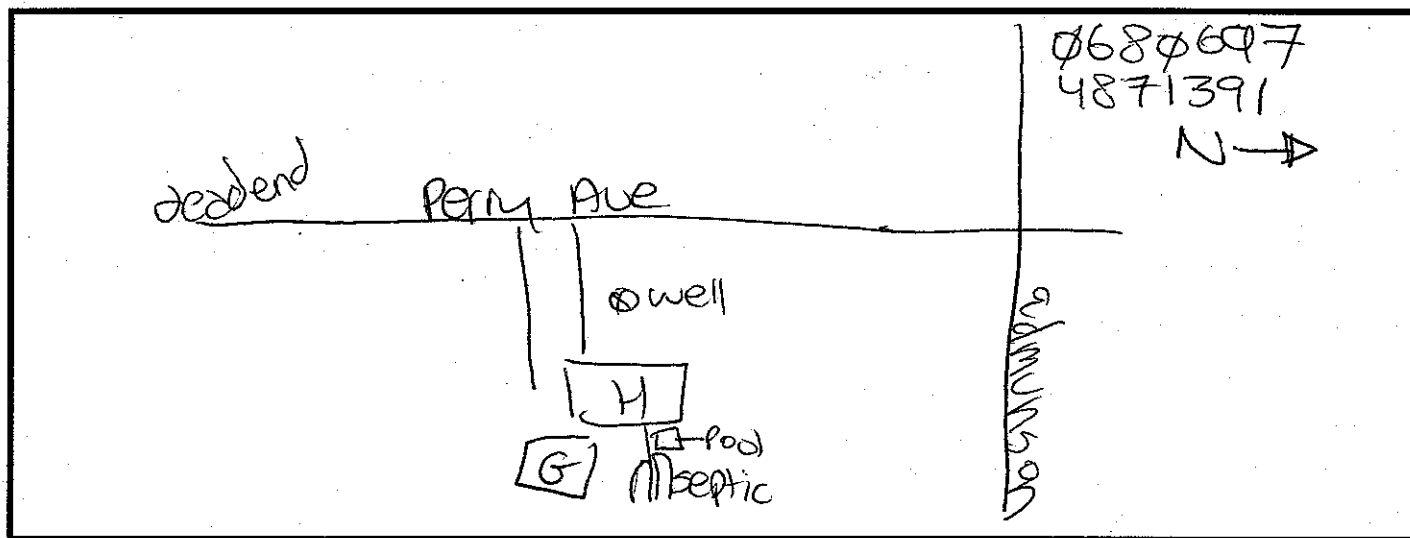
Does homeowner grant permission to obtain a water quality sample?

Yes ✓

No _____

Signature: [Signature]

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition: 1 ft stick up, clogged, sealed

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

Yes

No

Photo Number: 108

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 #:	3562
MOE #:	

Owner of Well:

Name: Mark Larocque Telephone (Bus.): ()
Address: 7 Perry Ave (Home): (905) 263-4724
Person Interviewed: Mark Residence: _____
Date: June 11/08 Time: 3:20 Interviewed By: AD, MA
Name of Original Well Owner: (if different from above) _____

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

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

Well Location:

Lot: _____ Concession: _____ Township: Hampton
GLL Map Sheet: (to be completed by GLL Staff) E7

Well Construction Details:

Date Constructed: >14 yrs Use: domestic Contractor: _____
Type (drilled or dug): Dug Diameter: 28" Well Depth: 20ft
Is well accessible for direct sampling? _____ or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

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

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

Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence _____ Pumping Capacity: _____ Age: >14 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: U.V. light
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.): pool & bring in H₂O Distance to Well: 40m
Well is: 1) Uphill _____ 2) Downhill: _____ 3) Same Grade ☒

Previous Problems:

How long have you owned, operated or lived on this property? 14 years

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

If so, when? high nitrates due to fertilize.

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? sealed & stopped fertilizing

What were the effects of this problem?

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

If so, why? cleaned out silt when

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

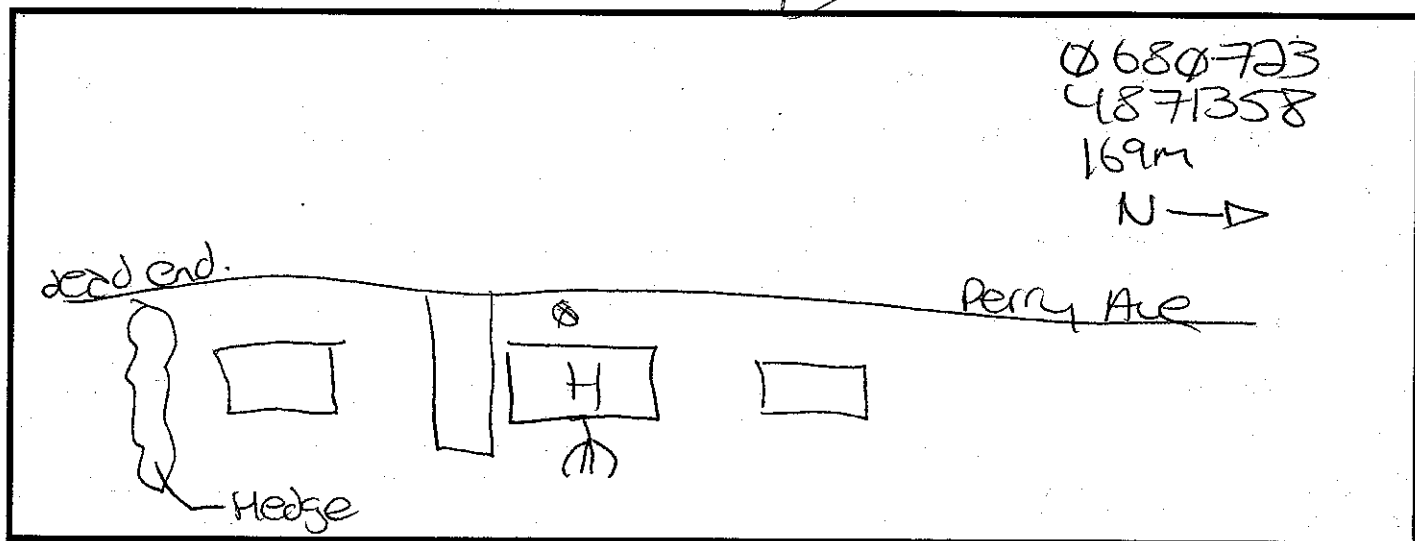
Does homeowner grant permission to obtain a water quality sample?

Yes ☒

No ☐

Signature: 

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition: 2ft stickup, sealed, very good condition
corked

Is there a depression around the well?



Yes



No

Photo Number:

Water Well Survey

Well #: 3573 ✓

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: Robert Payne Telephone (Bus.): ()
Address: 78 Perry Ave (Home): 905 263-4727
Person Interviewed: Robert Residence: _____
Date: June 11/08 Time: 3:50 Interviewed By: AD, H/A
Name of Original Well Owner: (if different from above) _____

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

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

Well Location:

Lot: _____ Concession: E7 Township: Hampton
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: ~30 yrs ago Use: domestic Contractor: _____
Type (drilled or dug): Dug Diameter: 28" Well Depth: ~18ft.
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 now ~ 5-6ft
(give depths in m and dates) fairly quick recharge

Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence _____ Pumping Capacity: _____ Age: 17 yrs.
How is your pump lubricated: _____
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: Pressure (17 yrs) 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: 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: 40m
Well is: 1) Uphill _____ 2) Downhill: _____ 3) Same Grade: ☒

Previous Problems:

How long have you owned, operated or lived on this property? 17 years

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

If so, when? _____

What was the cause of the previous problem?

Drought: ☒

Pump Failure: _____

Plugging: _____

Increased Usage _____

Interference: _____

Contamination: _____

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

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

What action was taken to overcome this problem? recharge

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: _____

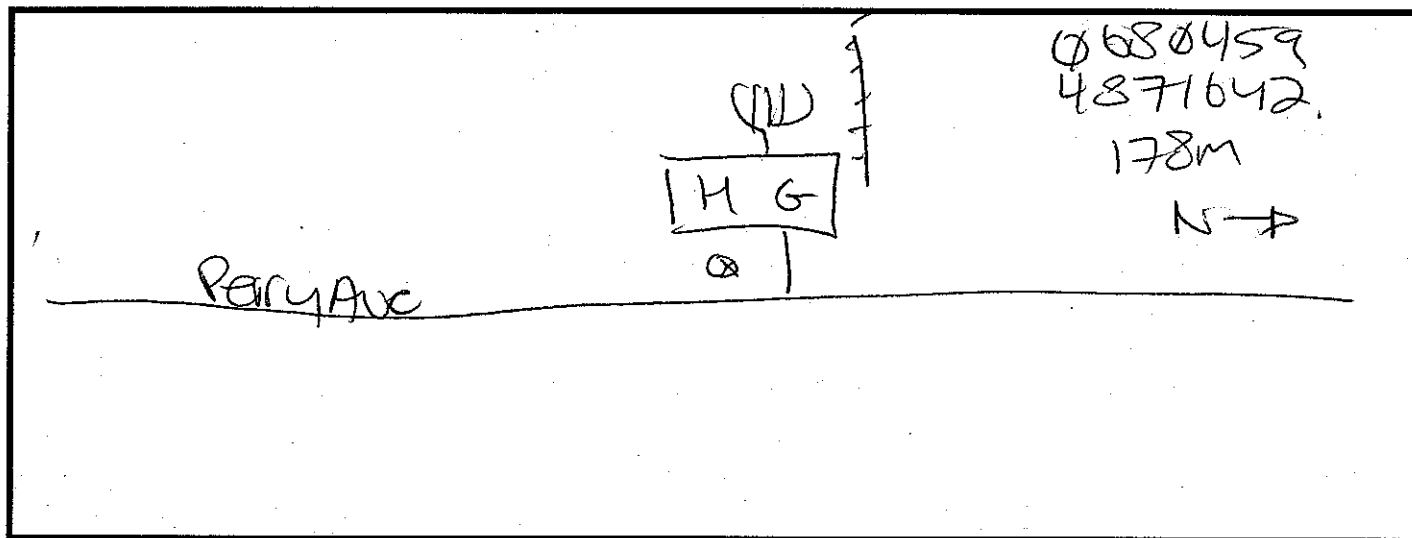
Does homeowner grant permission to obtain a water quality sample?

Yes ☒

No _____

Signature: R. P.

Location Sketch: (to be completed by GLL staff)




Field Visit: (to be completed by GLL staff)


Well Condition: 41 ft stick up, lid cracked, not caulked or sealed

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

Photo Number: 111

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 #: 3574

MOE #: _____

Owner of Well:

Name: Jason, Westlake Telephone (Bus.): (905) 263-4804
Address: 51 Perry St, Hampton (Home): ()
Person Interviewed: Jason Residence: yes
Date: June 14/09 Time: 11:30 Interviewed By: SC / HSA
Name of Original Well Owner: (if different from above) _____

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

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

Well Location:

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

Well Construction Details:

Date Constructed: 1980 Use: domestic Contractor: _____
Type (drilled or dug): dug Diameter: 36' Well Depth: 25-30'
Is well accessible for direct sampling? yes or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

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

Original Water Level Depth: 10' m
Subsequent Water Level Measurements
(give depths in m and dates) _____

Pumping Equipment:

Pump Type: Suction-lift: X or Positive-submergence _____ Pumping Capacity: _____ Age: minimum 8
How is your pump lubricated: _____
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: _____ Capacity: _____
Do you have a: Chlorinator: _____ Water Softener: ✓ Water Filter: _____ Filter Type: _____
Water Use: Domestic: No: _____ Yes: ✓ No. of persons using water from well: _____
Livestock: No: ✓ Yes: _____ No. of livestock watered from well: _____
Lawn Watering: No: _____ Yes: ✓ Other: _____ Amount: _____
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) none
Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: from town
Well is: 1) Uphill _____ 2) Downhill: _____ 3) Same Grade X

Previous Problems:

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

8 yers

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?

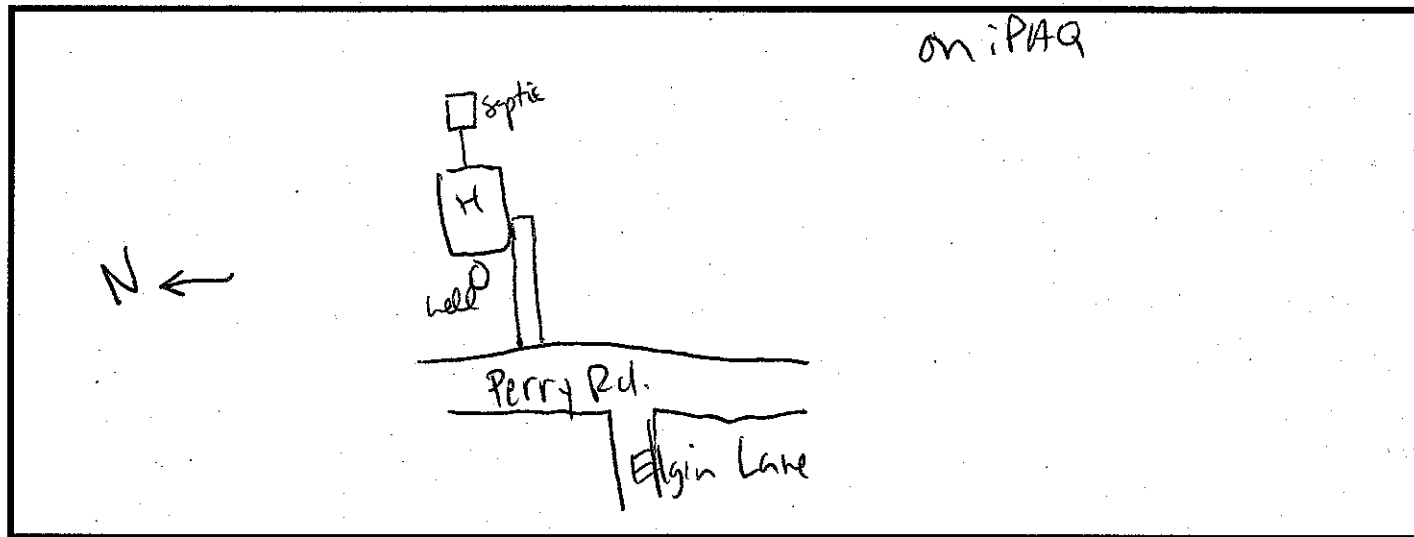
Outline briefly any previous repairs or changes in pumping equipment, and dates:

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:

good - in garden

Is there a depression around the well?



Yes



No

Photo Number:

115

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 #: 3576
MOE #:

Owner of Well:

Name: Sharon & Steve Yarrow Telephone (Bus.): ()
Address: 77 Perry Ave. (Home): (905) 263-8329
Person Interviewed: Wade Yarrow Residence:
Date: June 12/08 Time: 10:40 Interviewed By: RD, HA.

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

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

Well Location:

Lot: Concession: E7 Township: Hampton.
GLL Map Sheet (to be completed by GLL Staff):

Well Construction Details:

Date Constructed: ~1987 Use: domestic Contractor:
Type (drilled or dug): Dug Diameter: Well Depth: ~22ft
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: 1mth.
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: 3-4
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 4) Update

Previous Problems:

How long have you owned, operated or lived on this property? 1987

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

If so, when? _____

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage _____

Interference: _____

Contamination: _____

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

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

What action was taken to overcome this problem? _____

What were the effects of this problem? _____

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

If so, why? _____

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

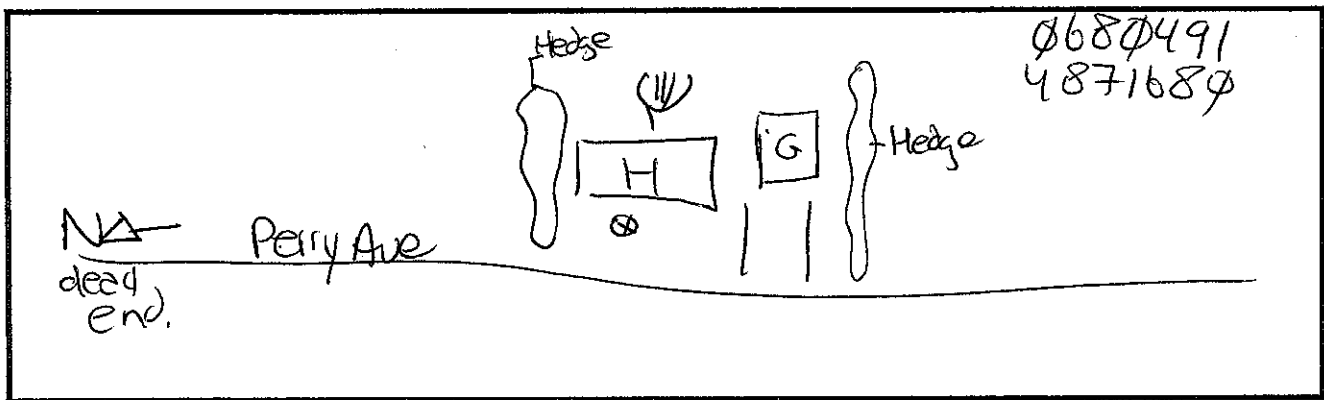
Does homeowner grant permission to obtain a water quality sample?

No

Yes

Signature: _____

Location Sketch:



Field Visit: (to be completed by GLL staff)

Well Condition: 1.5ft. not caulked or sealed

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

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 #: 3582

MOE #: _____

Owner of Well:

Name: 12 Elgin Lakes
Address: Kyle, Louis
Person Interviewed: Louis
Date: Jan 12/09 Time: 11:15
Telephone (Bus.): (905) 263-8519
(Home): _____
Residence: yes
Interviewed By: JC/HSA
Name of Original Well Owner: (if different from above) _____

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

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

Well Location:

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

Well Construction Details:

Date Constructed: 1998 Use: domestic Contractor: Bondway
Type (drilled or dug): drilled Diameter: 6" Well Depth: 90+ feet
Is well accessible for direct sampling? yes or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

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

Original Water Level Depth: 4.0 to 4.1 m

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

Pumping Equipment:

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

How is your pump lubricated: _____

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

Storage Tank: Type: _____ Capacity: _____

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

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

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

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

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

none

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

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

Previous Problems:

How long have you owned, operated or lived on this property? 20 yrs

Have you ever experienced any previous problems with your well? no minor interference - other nearby wells

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? _____

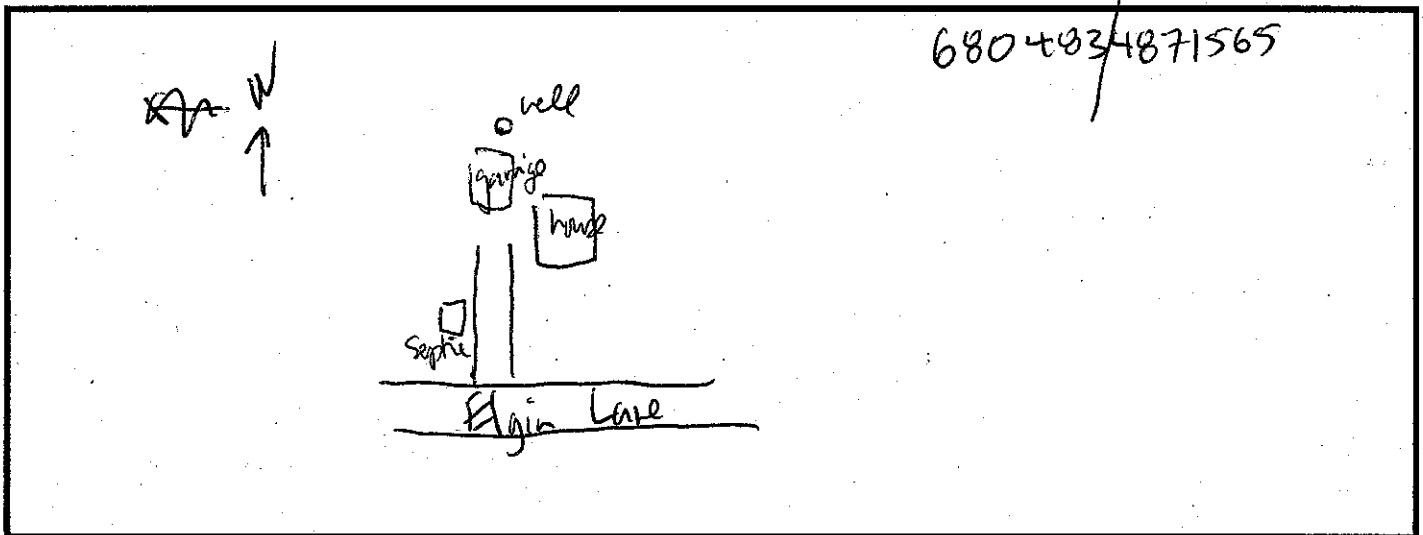
Outline briefly any previous repairs or changes in pumping equipment, and dates:

Does homeowner grant permission to obtain a water quality sample?

Yes ☒ No ☐

Signature: Louis Lyle

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition: good

Is there a depression around the well?

☐

Yes

☒

No

Photo Number: 114

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 #: 3583
MOE #:

Owner of Well:

Name: Moana Adcock Telephone (Bus.): ()
Address: 49 Perry Ave (Home): (905) 263-2045
Person Interviewed: Moana Residence:
Date: June 12/08 Time: 11:42 Interviewed By: DA HA

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

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

Well Location:

Lot: Concession: 27 Township: Hampton
GLL Map Sheet (to be completed by GLL Staff):

Well Construction Details:

Date Constructed: 2008 Use: Domestic Contractor:
Type (drilled or dug): Drilled in use Diameter: 6" Well Depth: ~90ft.
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: 2008
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.)
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?

52 yrs

Have you ever experienced any previous problems with your well?

water shortage Dug 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?

Drilled new well

What were the effects of this problem?

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

If so, why?

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

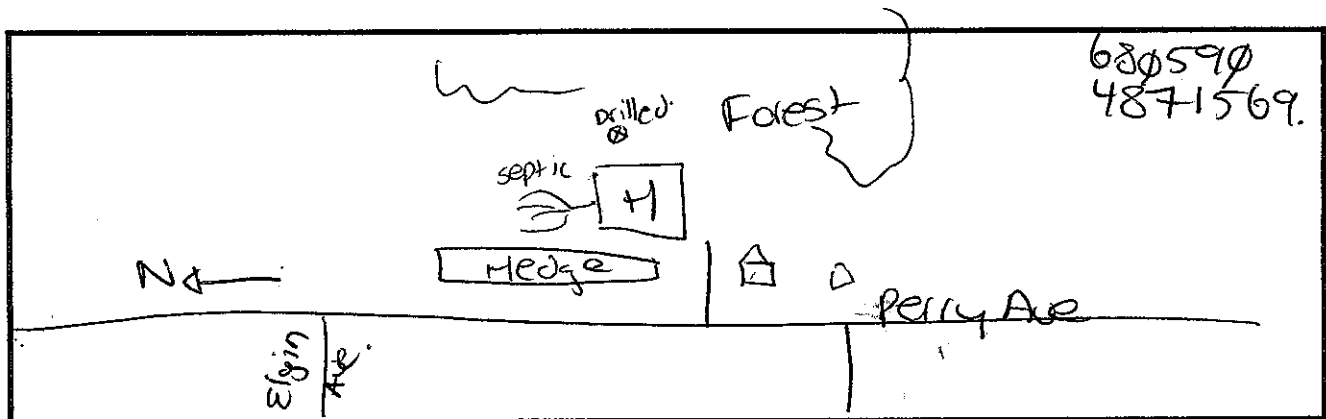
Does homeowner grant permission to obtain a water quality sample?

No

Yes

Signature

Location Sketch:



Field Visit: (to be completed by GLL staff)

Well Condition:

1.5ft stickup Verman prod

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?

116

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 #:	3587
MOE #:	

Owner of Well:

Name: VLADYSLAW & MARIA PITORAK Telephone (Bus.): ()
Address: 2485 CONCESSION RD 6 (Home): (905) 263-8236
Person Interviewed: MARIA PITORAK Residence: _____
Date: JULY 14/07 Time: 5 PM Interviewed By: _____
Name of Original Well Owner: (if different from above) _____

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

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

Well Location:

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

Well Construction Details:

Date Constructed: _____ Use: _____ Contractor: _____
Type (drilled or dug): Drilled and dug Diameter: _____ Well Depth: 200 ft 54 ft
Is well accessible for direct sampling? Yes or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

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

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

Pumping Equipment:

Pump Type: Suction-lift: _____ or Positive-submergence ☒ Pumping Capacity: _____ Age: _____
How is your pump lubricated: _____
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: _____ Capacity: _____
Do you have a: Chlorinator: NO Water Softener: NO Water Filter: NO 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.) shower, washer, dish washer
Private Waste and Water Disposal: Type (septic tank, etc.): septic tank Distance to Well: 50 ft
Well is: 1) Uphill _____ 2) Downhill: _____ 3) Same Grade ☒

Previous Problems:

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

7 years

Have you ever experienced any previous problems with your well?

No

If so, when?

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage _____

Interference: _____

Contamination: _____

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

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

What action was taken to overcome this problem?

What were the effects of this problem?

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

If so, why?

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

Does homeowner grant permission to obtain a water quality sample?

Yes ☒

No ☐

Signature: Marnie Ripardi

we cannot provide all informations because we live here 7 years and we don't have any documentation about our wells

Location Sketch: (to be completed by GLL staff)

Field Visit: (to be completed by GLL staff)

Well Condition: _____

Is there a depression around the well?

☐

Yes

☐

No

Photo Number: _____

Water Well Survey

Ontario 1201 Wilson Avenue, Building D, 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 #: 3586

MOE #: _____

Owner of Well:

Name: Randy Orenden Telephone (Bus.): 905 263-2990
Address: 2497 Cmc 6 (Home): ()
Person Interviewed: Randy Residence: yes + self storage business
Date: Sun 12/08 Time: 1:15 Interviewed By: JC
Name of Original Well Owner: (if different from above) _____

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

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

Well Location:

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

Well Construction Details:

Date Constructed: 740 years ago Use: domestic Contractor: _____
Type (drilled or dug): dug Diameter: 36' Well Depth: 25-30 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: 7 min 15 ft of water

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: _____

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: _____ Yes: _____ Other: _____ Amount: _____

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

Wire

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

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

Previous Problems:

How long have you owned, operated or lived on this property? 40+ years

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

If so, when? _____

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage _____

Interference: _____

Contamination: _____

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

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

What action was taken to overcome this problem? _____

What were the effects of this problem? _____

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

If so, why? _____

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

Changed pump last year (2007)

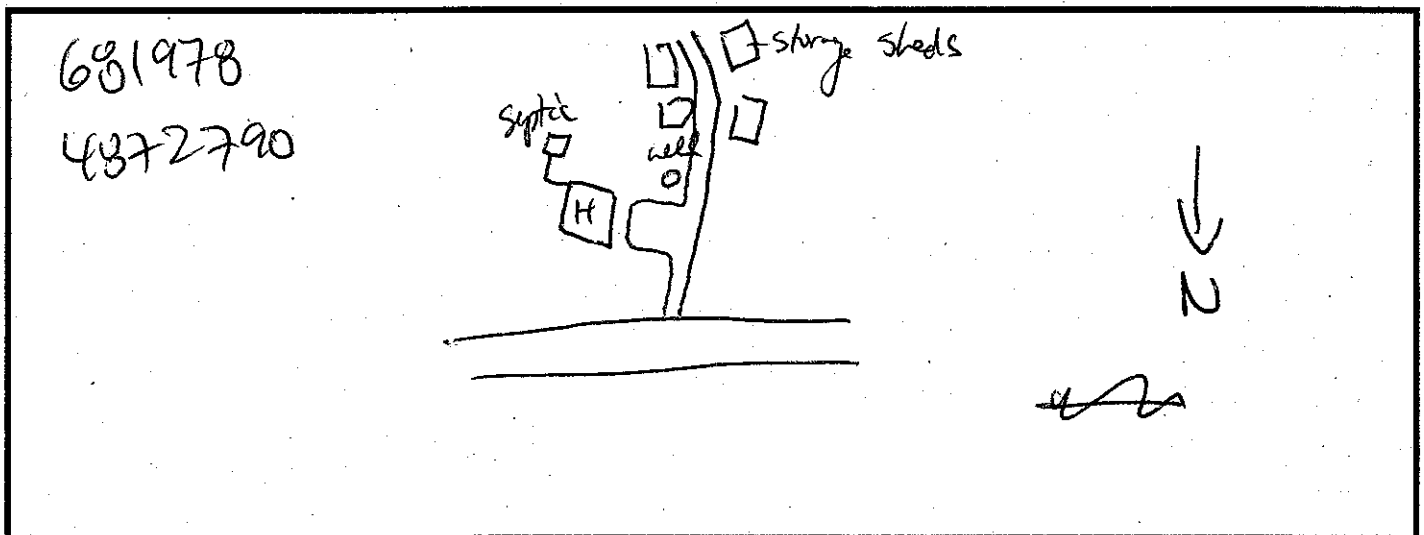
Does homeowner grant permission to obtain a water quality sample?

Yes ☒

No ☐

Signature: *[Signature]*

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)


Well Condition: Good


- recovers Fast (2h)

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

Photo Number: 118

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 #: 3591

MOE #: _____

Owner of Well:

Name: Gose Goncalo Ferreira Telephone (Bus.): (____) _____
Address: 6041 middle Rd (Home): (____) _____
Person Interviewed: Gose Residence: yes
Date: June 12/08 Time: 1:30 Interviewed By: JSC
Name of Original Well Owner: (if different from above) _____

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

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

Well Location:

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

Well Construction Details:

Date Constructed: 1995 Use: domestic Contractor: _____
Type (drilled or dug): drilled dug Diameter: 36" Well Depth: 43'
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: 410'
Subsequent Water Level Measurements _____
(give depths in m and dates)

Pumping Equipment:

Pump Type: Suction-lift: X or Positive-submergence _____ Pumping Capacity: _____ Age: 5 yrs
How is your pump lubricated: _____
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: _____ Capacity: _____
Do you have a: Chlorinator: _____ Water Softener: _____ Water Filter: X Filter Type: Carbon
Water Use: Domestic: No: _____ Yes: X No. of persons using water from well: 2
Livestock: No: X Yes: X chickens No. of livestock watered from well: 12
Lawn Watering: No: _____ Yes: X Other: _____ Amount: _____
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) pool
Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: 100m
Well is: 1) Uphill _____ 2) Downhill: X 3) Same Grade: DA

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? 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: _____

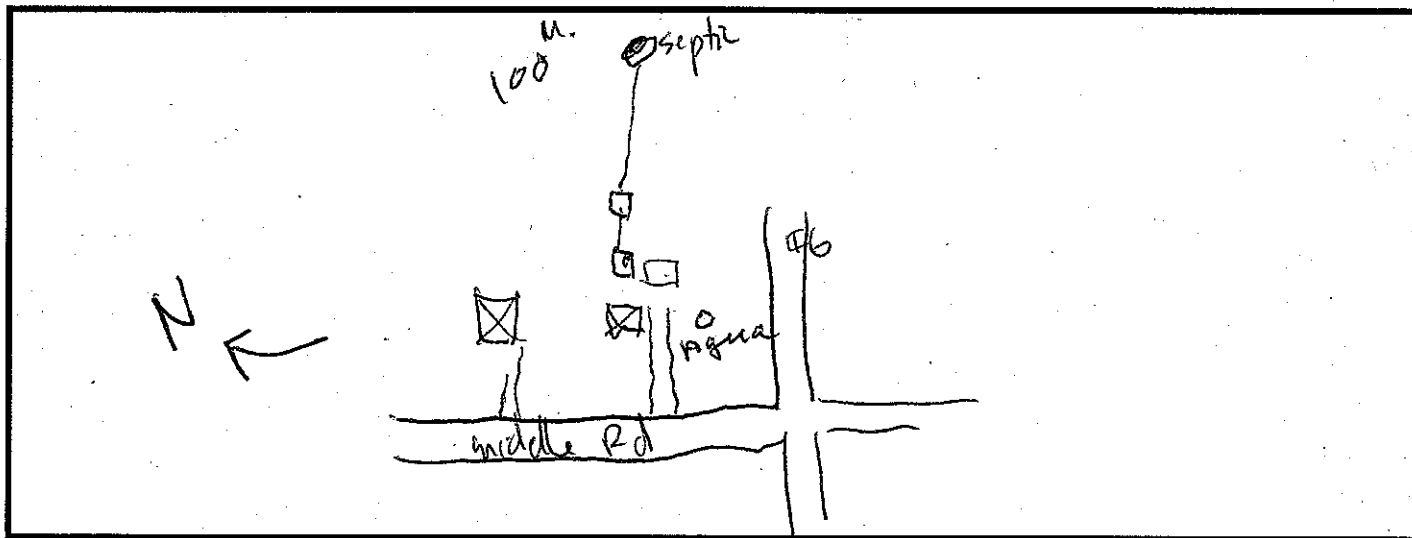
Does homeowner grant permission to obtain a water quality sample? _____

Yes _____

No _____

Signature: _____

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition: good

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

Photo Number: 120

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 #: 3594
MOE #: 3593

Owner of Well:

Name: Yeo, Murray Telephone (Bus.): ()
Address: 6207 Middle Rd (Home): (905) 263-2546
Person Interviewed: Yeo's wife Residence:
Date: June 12/08 Time: 1:20 Interviewed By: AD, HA

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

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

Well Location:

Lot: Concession: 27 Township: Hampton
GLL Map Sheet (to be completed by GLL Staff):

Well Construction Details:

Date Constructed: 1) 2004 2) 1983 Use: domestic Contractor: ~28 ft.
Type (drilled or dug): 2) Dug Diameter: 28" Well Depth:
Is well accessible for direct sampling? NO or buried:
Screen: Yes No If Yes, length: m Depth of top of screen: m

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

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

Pumping Equipment:

Pump Type: Suction-lift: 1) or Positive-submergence 2) Pumping Capacity: Age: 2) 2000.

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: 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: 35

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?

43 yrs

Have you ever experienced any previous problems with your well?

water shortages, high Bacter couple years ago

If so, when?

What was the cause of the previous problem?

Drought: ☒

Pump Failure: ☐

Plugging: ☐

Increased Usage: ☐

Interference: ☐

Contamination: ☐

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

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

What action was taken to overcome this problem?

Dug new well, Savex
new well when kids were homecare
to shortages

What were the effects of this problem?

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

If so, why?

Savex

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

Does homeowner grant permission to obtain a water quality sample?

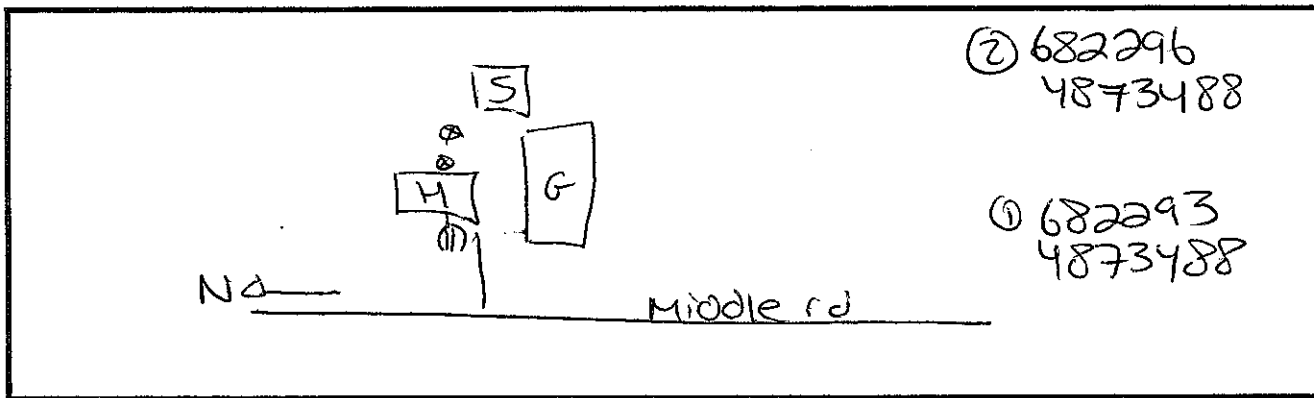
No

Yes

Signature

[Signature]

Location Sketch:



Field Visit: (to be completed by GLL staff)

Well Condition:

① sealed < 1st stickup
buckets on top
near house

< 1st stickup

② sealed on top not caulked
Pump on top (get water from
H)

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 # 121
122

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 #: 3096
MOE #:

Owner of Well:

Name: Mike Doyle
Address: Middle
Telephone (Bus.): ()
(Home): (905) 263-2124
Person Interviewed: Mike
Residence:
Date: June 12/08 Time: 1:50
Interviewed By: AD

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

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

Well Location:

Lot: _____ Concession: 27 Township: Hampton
GLL Map Sheet (to be completed by GLL Staff): _____

Well Construction Details:

Date Constructed: 1960's Use: 828" Contractor: _____
Type (drilled or dug): Dog Diameter: domestic Well Depth: 26 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: Artesian @ first - put gravel in

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: 20 gallons

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

Water Use: Domestic: No: ☒ Yes: ☒ No. of persons using water from well: 2
Livestock: No: ☒ Yes: _____ No. of livestock watered from well: _____
Lawn Watering: No: ☒ Yes: _____ Other: _____ Amount: _____

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

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? _____

34 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?

No

Yes

Signature: _____

Location Sketch:

Field Visit: (to be completed by GLL staff)

was busy & didn't really seem interested.

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 #: 3597
MOE #: _____

Owner of Well:

Name: Herta Ullrich Telephone (Bus.): (____) _____
Address: 5566 Liberty Rd. (Home): (____) _____
Person Interviewed: John Ullrich Residence: yes + large butcher shop
Date: June 12/03 Time: 2:40 Interviewed By: SC/HSA
Name of Original Well Owner: (if different from above) _____

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

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

Well Location:

Lot: _____ Concession: _____ Township: _____

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

Well Construction Details:

(2nd well on site - drilled, 3 yrs old, 50-55', 600m 5 gal/min)
Date Constructed: 40 yrs Use: domestic / livestock Contractor: _____
Type (drilled or dug): drilled Diameter: 6" Well Depth: 50-55'
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: 25'

Subsequent Water Level Measurements

(give depths in m and dates)

Pumping Equipment:

Pump Type: Suction-lift: X or Positive-submergence _____ Pumping Capacity: _____ Age: 5 yrs

How is your pump lubricated: _____

Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: 5 gal/min 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: 25 Cattle

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

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

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

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

Previous Problems:

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

34 yrs.

Have you ever experienced any previous problems with your well?

~~4/2/21~~ & Low water level last summer

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?

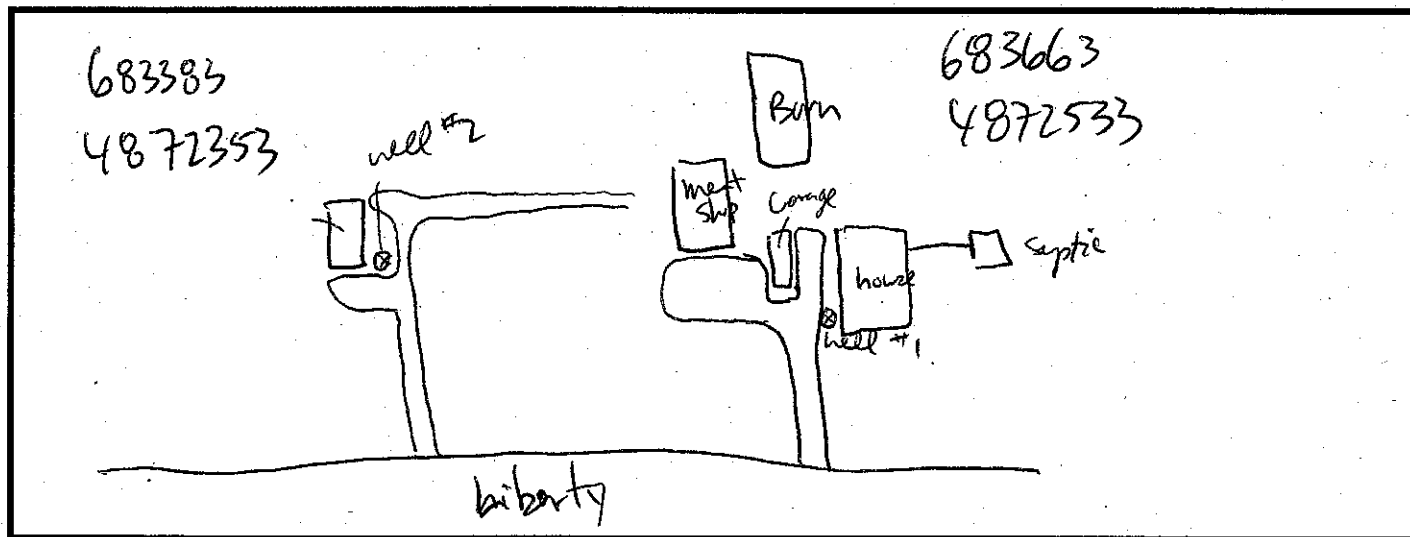
Yes _____

No _____

☒

Signature: _____

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

Good #1

Good #2

Is there a depression around the well?

☐

Yes


☒


No

Photo Number:

125/126

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 #: 3602

MOE #: _____

Owner of Well:

Name: Eddy Lachance Telephone (Bus.): (905) 263-8511
Address: 2703 Conc 6 (Home): ()
Person Interviewed: Eddy Residence: yes
Date: June 12/08 Time: 2:50 Interviewed By: JC
Name of Original Well Owner: (if different from above) _____

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

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

Well Location:

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

Well Construction Details:

Date Constructed: ? Use: domestic Contractor: _____
Type (drilled or dug): dug Diameter: 36" Well Depth: 32
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: 8' m
Subsequent Water Level Measurements _____
(give depths in m and dates)

Pumping Equipment:

Pump Type: Suction-lift: X or Positive-submergence _____ Pumping Capacity: _____ Age: 12

How is your pump lubricated: _____

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

Storage Tank: Type: _____ Capacity: _____

Do you have a: Chlorinator: _____ Water Softener: ✓ Water Filter: ✓ Filter Type: RO/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.) _____

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

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

Previous Problems:

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

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: Edward Lockman

Location Sketch: (to be completed by GLL staff)

No sketch

683589
4873359

Field Visit: (to be completed by GLL staff)

Well Condition: _____

Is there a depression around the well?

☐

Yes

☐

No

Photo Number: 129

Water Well Survey

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

Well #: 3613
MOE #:

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

Owner of Well:

Name: Tania Fabricius Telephone (Bus.): ()
Address: 5456 Bethesda (Home): 905 263-8787
Person Interviewed: Tania Residence: _____
Date: June 12/08 Time: 4:20 Interviewed By: AD, MA

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: 8 yrs Use: domestic Contractor: _____
Type (drilled or dug): Drilled Diameter: 6" Well Depth: 152 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: Artesian m
Subsequent Water Level Measurements: Very high water level overflow pipe going pond.
(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: 40-50 gallon
Do you have a: Chlorinator: _____ Water Softener: ☒ Water Filter: ☒ Filter Type: U.V.
Water Use: Domestic: No: _____ Yes: ☒ No. of persons using water from well: 5
Livestock: No: ☒ Yes: _____ No. of livestock watered from well: _____
Lawn Watering: No: ☒ Yes: ☒ Other: pool, 1 day and 1/2 Amount: _____
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.)

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

Previous Problems:

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

20 yrs.
E-coli (dug 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?

sealed dug well & got drilled.
due to E-coli

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:

Chlorinated due to high test results

Does homeowner grant permission to obtain a water quality sample?

No

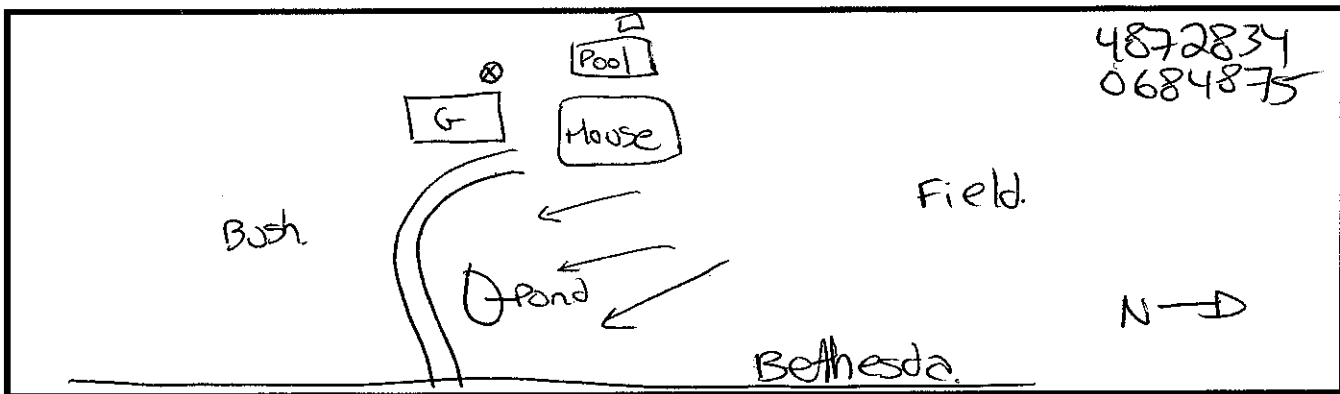
Yes



Signature:

James Johnson

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? _____

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 #: 3620

MOE #: _____

Owner of Well:

Name: John Krywucyk Telephone (Bus.): (____) _____
 Address: 3190 Darlington Townline (Home): 905, 983-9787
 Person Interviewed: John Residence: _____
 Date: June 13/08 Time: 11:10 Interviewed By: AD, HIA
 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: E9
 GLL Map Sheet: (to be completed by GLL Staff) Darlington

Well Construction Details:

Date Constructed: > 6 yrs Use: domestic Contractor: _____
 Type (drilled or dug): Dug Diameter: 28" Well Depth: ~ 24 ft.
 Is well accessible for direct sampling? _____ or buried: _____
 Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

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

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

Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence _____ Pumping Capacity: _____ Age: > 6 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: 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 ~ well water (top up)

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

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:

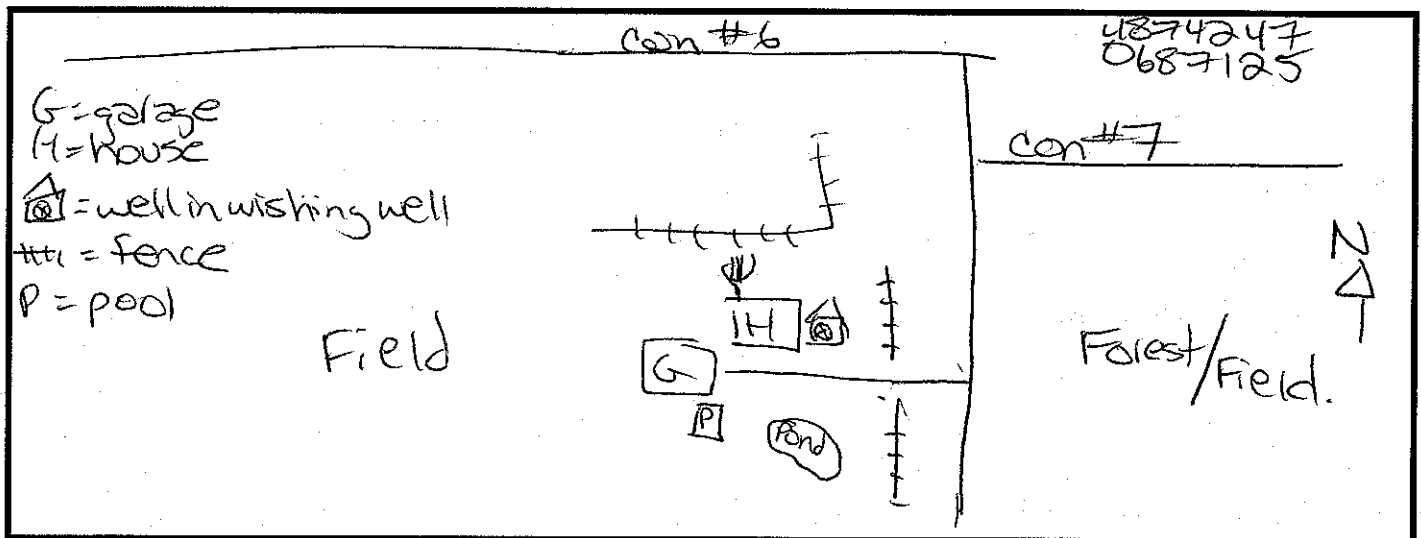
Does homeowner grant permission to obtain a water quality sample?

Yes ☒

No ☐

Signature: [Signature]

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition: sealed, good condition, in wishing well

Is there a depression around the well?




Yes




No

Photo Number: 135

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 #:	3621
MOE #:	

Owner of Well:

Name: Rose Gerbasi Telephone (Bus.): ()
Address: 123 Nixon rd. (Home): 905-983-5241
Person Interviewed: _____ Residence: yes
Date: July 23/08 Time: 11:00 Interviewed By: AD, JC
Name of Original Well Owner: (if different from above) _____

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

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

Well Location:

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

Well Construction Details:

Date Constructed: House ~32 yrs. Use: domestic Contractor: _____
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: _____ 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: 100 gal
Do you have a: Chlorinator: _____ Water Softener: _____ Water Filter: ☒ Filter Type: U.V. filter
Water Use: Domestic: No: _____ Yes: ☒ No. of persons using water from well: 3
Livestock: No: _____ Yes: ☒ No. of livestock watered from well: 19 chickens
Lawn Watering: No: ☒ Yes: _____ Other: _____ Amount: _____
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) reg. equipment
Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: 40m
Well is: 1) Uphill _____ 2) Downhill: _____ 3) Same Grade ☒

Previous Problems:

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

3.5 yrs

Have you ever experienced any previous problems with your well?

no water shortages

If so, when?

slightly high coliform when house purchased.

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?

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

If so, why?

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

Does homeowner grant permission to obtain a water quality sample?

Yes

No

Signature:

From PIC

Location Sketch: (to be completed by GLL staff)

Field Visit: (to be completed by GLL staff)

Well Condition:

Is there a depression around the well?

☐

Yes

☐

No

Photo Number:

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 #: 3622 ②
3623 ①
MOE #: _____

Owner of Well:

Name: Jack Story Greenbelt Services - Greenhouses (son's)
Address: 723 Brown Rd.
Telephone (Bus.): _____
(Home): (905) 983-5491
Person Interviewed: Jack
Residence: _____
Date: June 13 / 08 Time: 11:40
Interviewed By: AD, MA
Name of Original Well Owner: (if different from above) _____

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

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

Well Location:

Lot: 34 Concession: 7 Township: Former Clarke Township
GLL Map Sheet: (to be completed by GLL Staff) E9

Well Construction Details:

Date Constructed: 150 yrs ② Few yrs ago for greenhouses Use: domestic & agricultural Contractor: NA
Type (drilled or dug): 2 Dug Diameter: 28" Well Depth: NA
Is well accessible for direct sampling? _____ or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

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

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

Pumping Equipment:

Pump Type: Suction-lift: ☒ down by dry well. 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: 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.) 3 greenhouses (every day)

Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: ④ 60m

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

Previous Problems:

How long have you owned, operated or lived on this property? 1965

Have you ever experienced any previous problems with your well? No, in spring some runoff from fields

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?

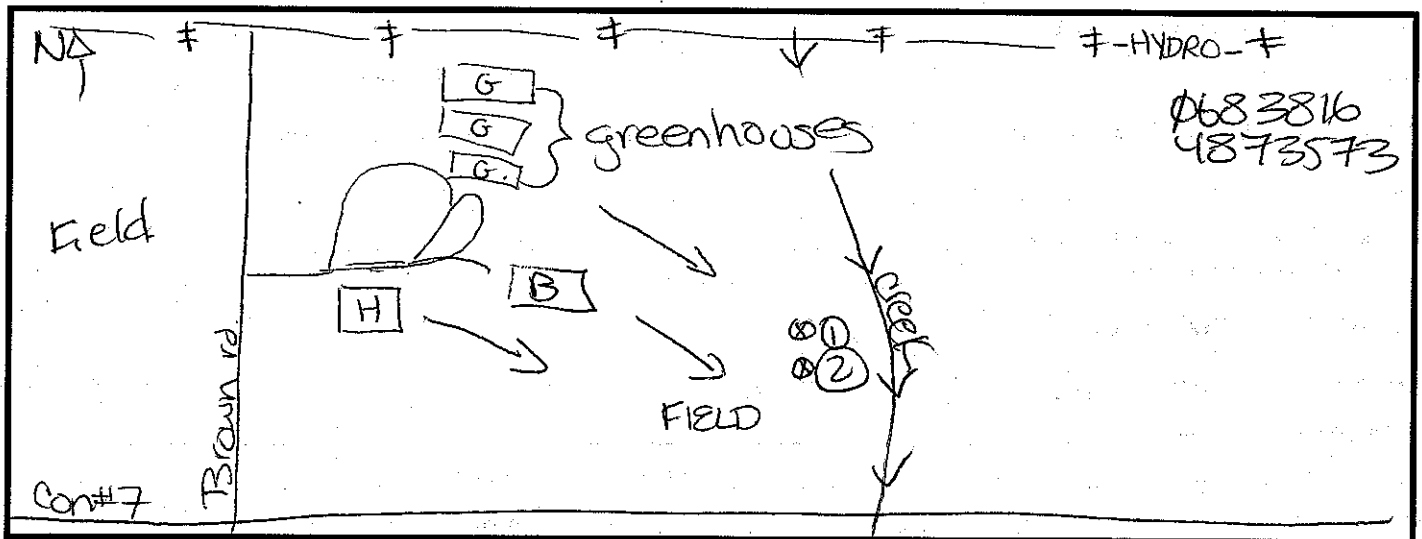
Yes _____

No ☒

Signature: _____

Sons sample for greenhouse left my card.

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition

1 By creek in tall grass field, far from house
very good condition sealed 5m from creek
3ft stick up

2 short in grass - didn't see
but told it was near other well.

Is there a depression around the well?



Yes



No

Photo Number:

2 136

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 #:	3626
MOE #:	

Owner of Well:

Name: Pollen Telephone (Bus.): ()
Address: 3226 Con #7 (Home): (905) 983-5064
Person Interviewed: Mr & Mrs. Pollen Residence: _____
Date: June 13/08 Time: 12:30 Interviewed By: AD, HA
Name of Original Well Owner: (if different from above) _____

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

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

Well Location:

Lot: _____ Concession: 28 29 Township: Clarke
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: 25+3 Use: domestic Contractor: Lot
Type (drilled or dug): Dug Diameter: _____ Well Depth: ~ 20ft
Is well accessible for direct sampling? _____ or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

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

Original Water Level Depth: _____ m
Subsequent Water Level Measurements: ~ Now over 1 tile 7-8ft from bottom.
(give depths in m and dates)

Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence _____ Pumping Capacity: _____ Age: 15-20 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 top up w well

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

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

Previous Problems:

How long have you owned, operated or lived on this property? 13 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? this year, reg. maintenance, company (Lott)

Outline briefly any previous repairs or changes in pumping equipment, and dates: came in Javex 25 well

Does homeowner grant permission to obtain a water quality sample?

Yes ☒

No ☐

Signature: P. Pullen

Location Sketch: (to be completed by GLL staff)

0687860
4874857

Field Visit: (to be completed by GLL staff)

Well Condition: recharge quickly, very quickly to clean well, had to leave pump in.

completed sealed + caulked
no lid, just vent, 3 ft high

Is there a depression around the well?

☐


Yes


☐

No

Photo Number: #139

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 #: 3627

MOE #: _____

Owner of Well:

Name: Rhonda Johnson

Telephone (Bus.): () _____

Address: 3237 Con#7

(Home): 905 983-5395

Person Interviewed: Rhonda

Residence: _____

Date: June 13/08 Time: 12:30

Interviewed By: DD, HA

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

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

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

Address: _____ (Home): () _____

Well Location:

Lot: _____ Concession: _____ Township: _____

GLL Map Sheet: (to be completed by GLL Staff) E9

Well Construction Details:

Date Constructed: >1967

Use: domestic

Contractor: _____

Type (drilled or dug): Dug

Diameter: 28"

Well Depth: ~6-8 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 ~3 ft now.
(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: 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: 1

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

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

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

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

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

Previous Problems:

How long have you owned, operated or lived on this property? 1967

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:

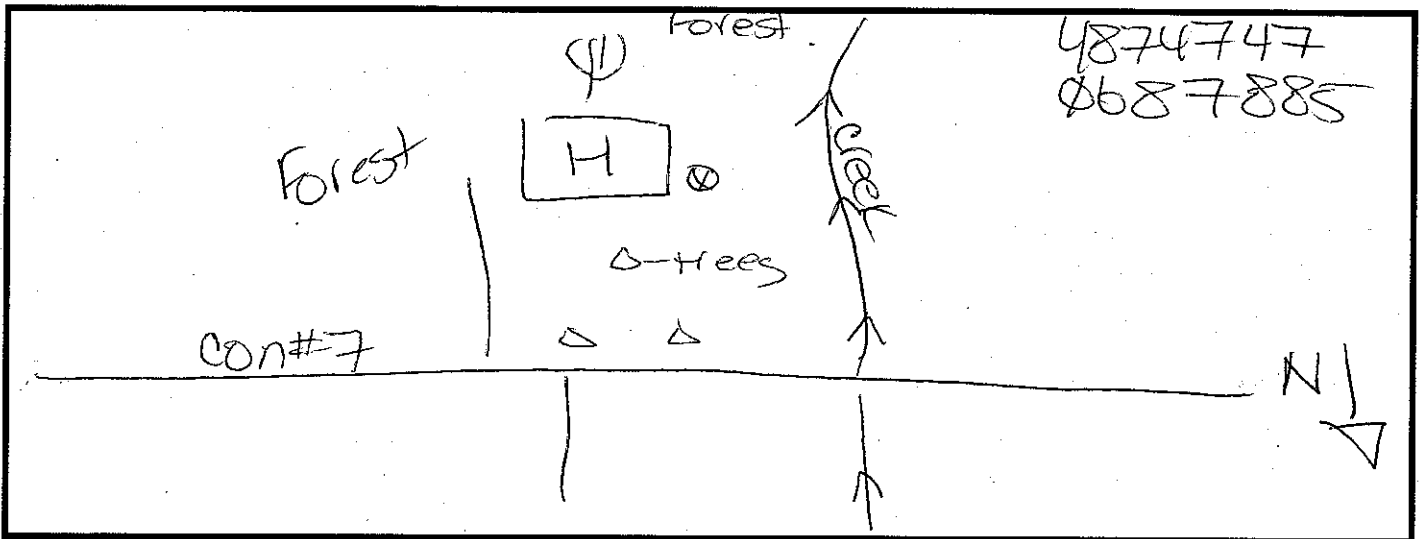
Does homeowner grant permission to obtain a water quality sample?

Yes ☒

No ☐

Signature: Phonda Johnson

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition: not in good condition, not sealed or caulked.
Moss growing, 1.5 ft stickup, tile cracked.

Is there a depression around the well?



Yes



No

Photo Number: 140

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 #: 3630

MOE #: _____

Owner of Well:

Name: Carson Trolley Telephone (Bus.): ()
Address: 3244 Brown St (Home): (905) 983-5405
Person Interviewed: Carson Residence: _____
Date: June 13/08 Time: 12:50 Interviewed By: AD, HFA
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: E9. Township: _____
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: 45 yrs ago Use: domestic Contractor: _____
Type (drilled or dug): Dug Diameter: 28" Well Depth: ~15-20 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: >23 yrs
How is your pump lubricated: _____
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: Pressure Capacity: 15 gallons - bladder.
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: 40m
Well is: 1) Uphill ☒ 2) Downhill: _____ 3) Same Grade: _____

Previous Problems:

How long have you owned, operated or lived on this property? ~23 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: _____

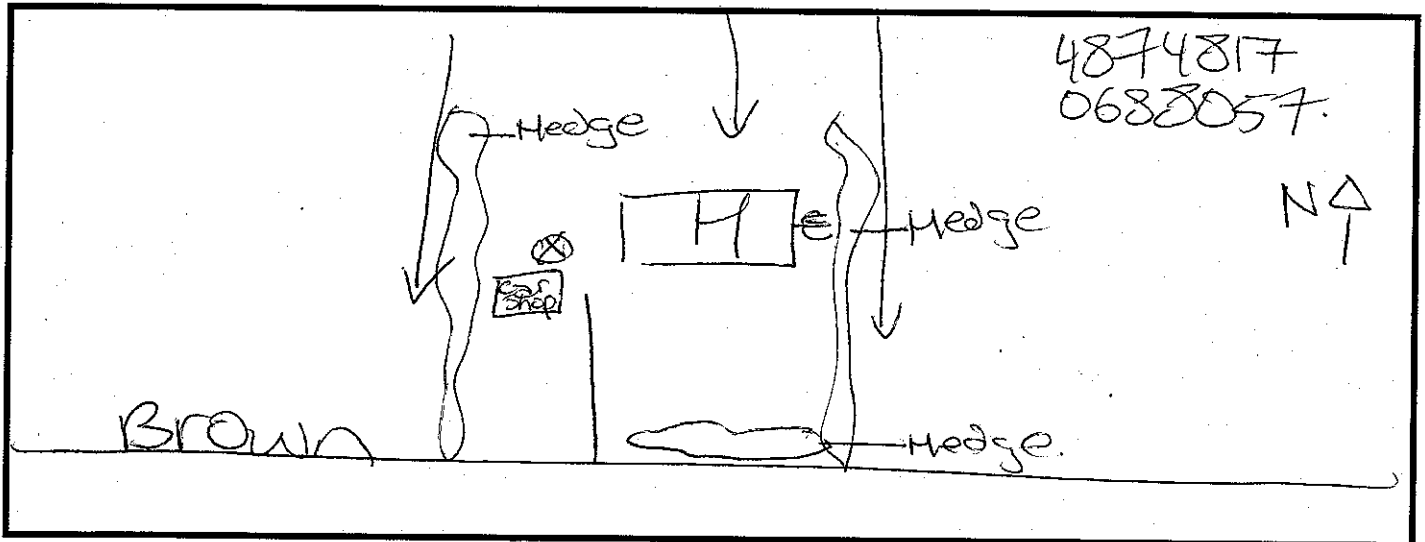
Does homeowner grant permission to obtain a water quality sample?

Yes ☒

No _____

Signature: Crisan Treley

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition: well is 2ft stick up, black cover on top

tile looks good. could not see top

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

Photo Number: 141

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 #:	3631
MOE #:	

Owner of Well:

Name: Mr + Mrs Noddle Telephone (Bus.): ()
Address: 3248 Con #7 (Home): 905 983-5982
Person Interviewed: Mr + Mrs Noddle Residence:
Date: June 13/08 Time: 1:00 Interviewed By: AD, HA
Name of Original Well Owner: (if different from above)

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

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

Well Location:

Lot: Concession: 29 Township: Clarke?
GLL Map Sheet: (to be completed by GLL Staff)

Well Construction Details:

Date Constructed: ~ 29 yrs ago Use: domestic Contractor:
Type (drilled or dug): Drilled dug Diameter: Well Depth: ~ 18 ft.
Is well accessible for direct sampling? or buried:
Screen: Yes No If Yes, length: m Depth of top of screen: m

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

Original Water Level Depth: m
Subsequent Water Level Measurements 10 yrs. 14 ft down.
(give depths in m and dates)

Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence Pumping Capacity: Age: ~ 10-12 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. 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? 28 years

Have you ever experienced any previous problems with your well? NO! lots of iron

If so, when? tested reg.

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:

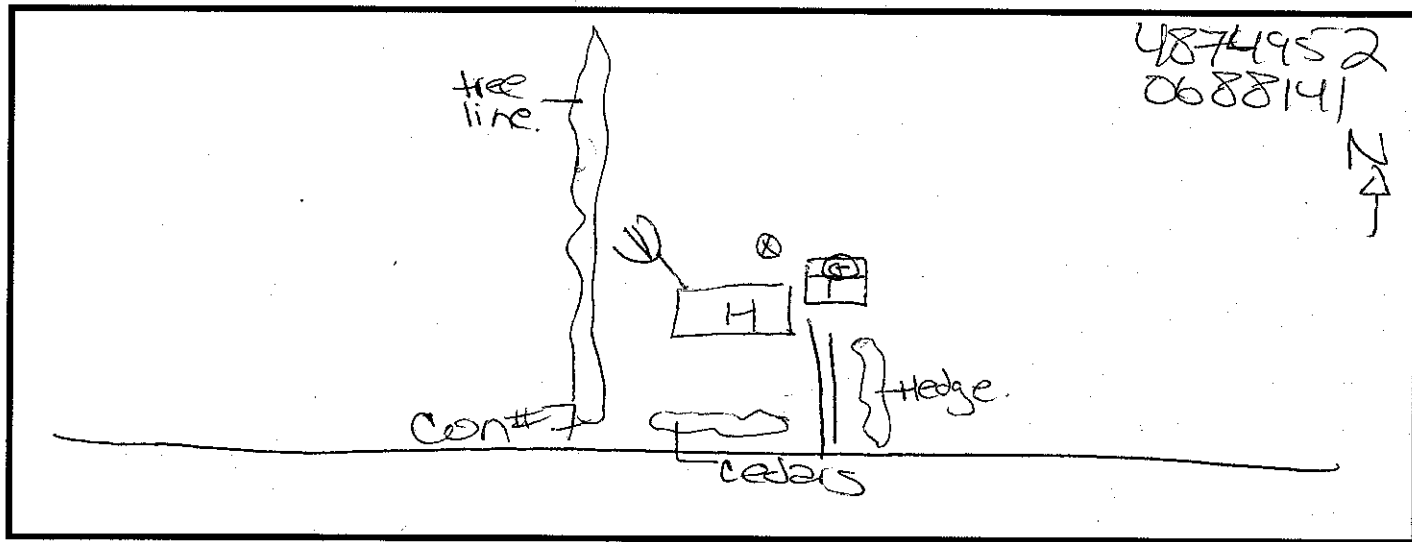
Does homeowner grant permission to obtain a water quality sample?

Yes

☒ No

Signature: J. Middle

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

almost @ ground level. lid sealed,
tile looked okay

Is there a depression around the well?



Yes



No

Photo Number:

142

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 #:	3633
MOE #:	

Owner of Well:

Name: Percy Fryza Telephone (Bus.): ()
Address: 3260 Con #7 (Home): 905 983-6120
Person Interviewed: Percy Residence: _____
Date: June 13/08 Time: _____ Interviewed By: AD, HA
Name of Original Well Owner: (if different from above) _____

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

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

Well Location:

Lot: _____ Concession: E9 Township: _____
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: > 16 yrs (+) Use: domestic Contractor: _____
Type (drilled or dug): Dug Diameter: _____ Well Depth: ~30 ft
Is well accessible for direct sampling? _____ or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

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

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

Pumping Equipment:

Pump Type: Suction-lift ☒ or Positive-submergence _____ Pumping Capacity: _____ Age: ~3-4 yrs ago
How is your pump lubricated: _____
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: Pressure Capacity: ~30 gallons
Do you have a: Chlorinator: _____ Water Softener: ☒ Water Filter: ☒ Filter Type: U.V. light
Water Use: Domestic: No: ☒ Yes: ☒ No. of persons using water from well: 7
Livestock: No: ☒ Yes: ☒ No. of livestock watered from well: 4 horses
Lawn Watering: No: ☒ Yes: _____ Other: _____ Amount: _____
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) 2 reg. equipment
Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: 45m
Well is: 1) Uphill _____ 2) Downhill: ☒ 3) Same Grade _____

Previous Problems:

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

16 yrs.

Have you ever experienced any previous problems with your well?

NO

If so, when?

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage _____

Interference: _____

Contamination: _____

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

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

What action was taken to overcome this problem?

What were the effects of this problem?

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

If so, why?

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

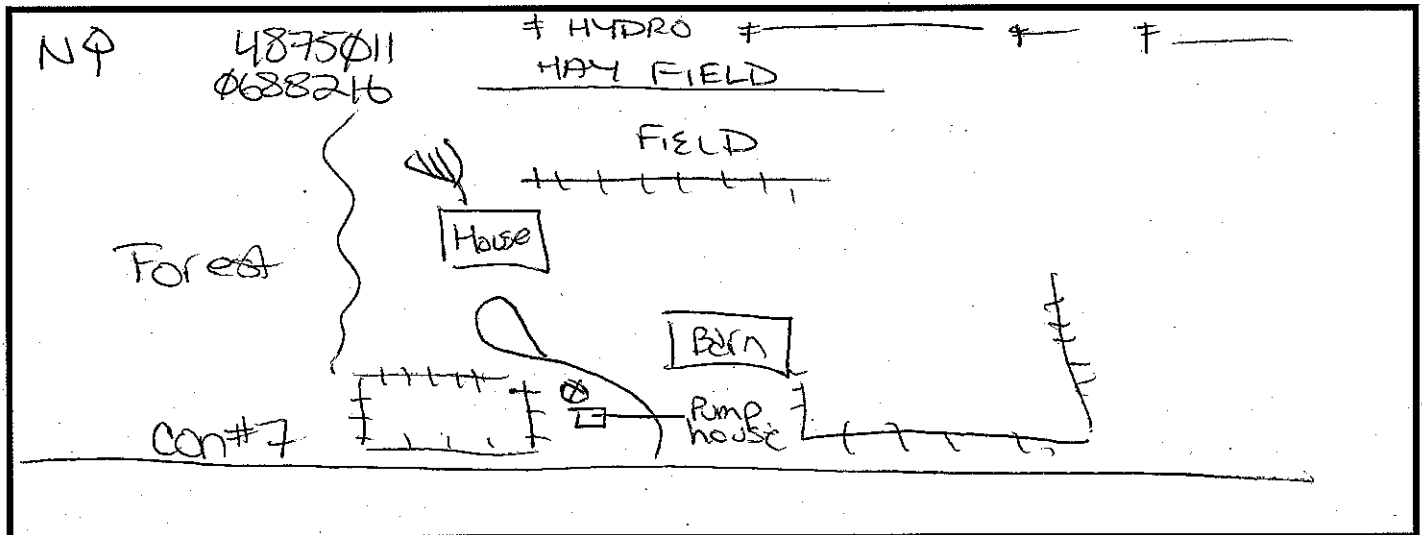
Does homeowner grant permission to obtain a water quality sample?

Yes _____

No _____

Signature: _____

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

well sealed, not clogged, 1.5 ft stick up
tile good

Is there a depression around the well?



Yes



No

Photo Number:

143

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 #: 1199

MOE #: _____

Owner of Well:

Name: Lloyd & Darla Lowery Telephone (Bus.): () _____
Address: 7420 Hwy 115 Lob 1MO (Home): (905) 983-5473
Person Interviewed: Lloyd & Darla Residence: _____
Date: June 25/08 Time: _____ Interviewed By: AD, CC
Name of Original Well Owner: (if different from above) _____

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

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

Well Location:

Lot: _____ Concession: E10? Township: _____

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

Well Construction Details:

Date Constructed: 1963 1927 Use: domestic Contractor: _____
Type (drilled or dug): Drilled Dug Diameter: 16" 36" Well Depth: 2885' 321'
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 well over 100ft + of water
Subsequent Water Level Measurements _____
(give depths in m and dates)

Pumping Equipment:

Pump Type: Suction-lift _____ or Positive-submergence ✓ Pumping Capacity: _____ Age: 1989
How is your pump lubricated: _____
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: Pressure Capacity: 50 gallon house done for barn
Do you have a: Chlorinator: _____ Water Softener: ✓ Water Filter: _____ Filter Type: _____
Water Use: Domestic: No: _____ Yes: ✓ No. of persons using water from well: 2
Livestock: No: ✓ Yes: _____ No. of livestock watered from well: _____
Lawn Watering: No: ✓ Yes: _____ Other: _____ Amount: _____
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) regular equipment
Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: 35m
Well is: 1) Uphill X 2) Downhill: _____ 3) Same Grade X 2

Previous Problems:

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

Family owned 1962

Have you ever experienced any previous problems with your well?

Dry used to go dry when they had cattle

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?

Drilled new well

What were the effects of this problem?

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

If so, why?

Used to clean shallow

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

Does homeowner grant permission to obtain a water quality sample?

Yes _____

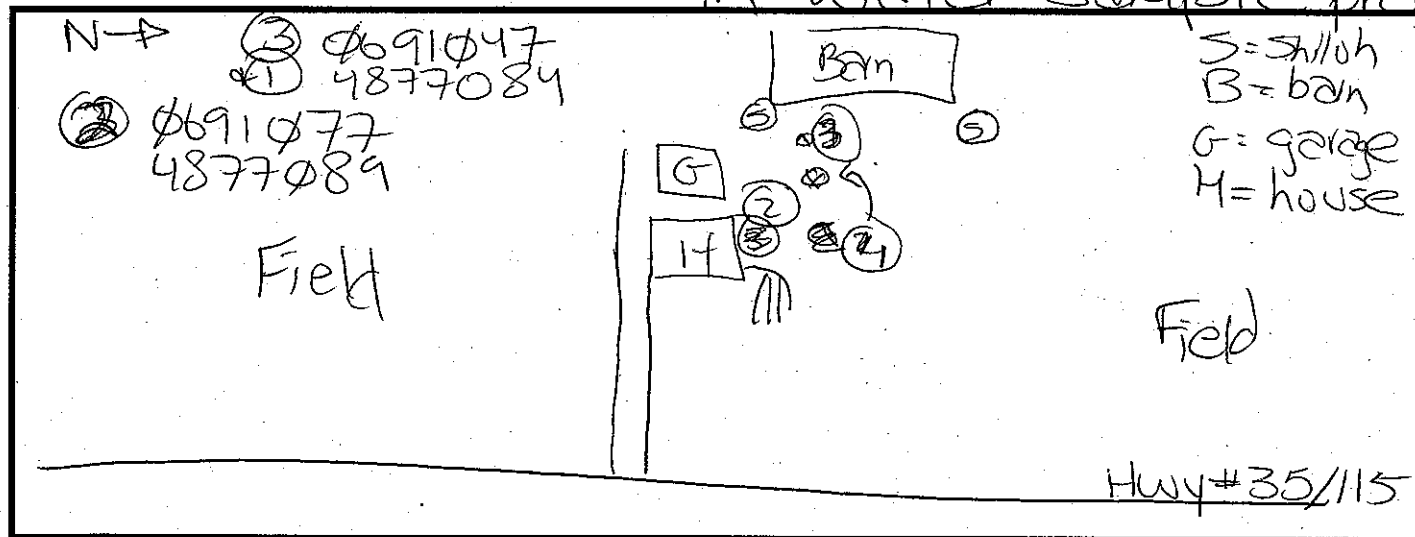
No _____

Signature: _____

407 going through house, but if it

Location Sketch: (to be completed by GLL staff)

doesn't they would participate in water sample program.



Field Visit: (to be completed by GLL staff)

3rd well decommissioned

Well Condition: _____

Is there a depression around the well?

☐

Yes


☐


No

Photo Number:

6, 7, 8

Water Well Survey

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

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

Well #: 4915

MOE #: _____

Owner of Well:

Name: Tanya Piney-titshall Telephone (Bus.): (____) _____
Address: 6715 Leask Rd (Home): (905) 983-8256
Person Interviewed: Tanya Residence: _____
Date: June 25/08 Time: 11:00 Interviewed By: AD, CC
Name of Original Well Owner: (if different from above) _____

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

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

Well Location:

Lot: _____ Concession: _____ Township: _____
GLL Map Sheet: (to be completed by GLL Staff) E9

Well Construction Details:

Date Constructed: 1978 Use: domestic Contractor: _____
Type (drilled or dug): Dug possibly drilled down. Diameter: _____ Well Depth: N/A
Is well accessible for direct sampling? _____ or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

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

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

Pumping Equipment:

Pump Type: Suction-lift: ☒ 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: 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: 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 little pool

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

Previous Problems:

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

~ 6 yrs - 7 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?

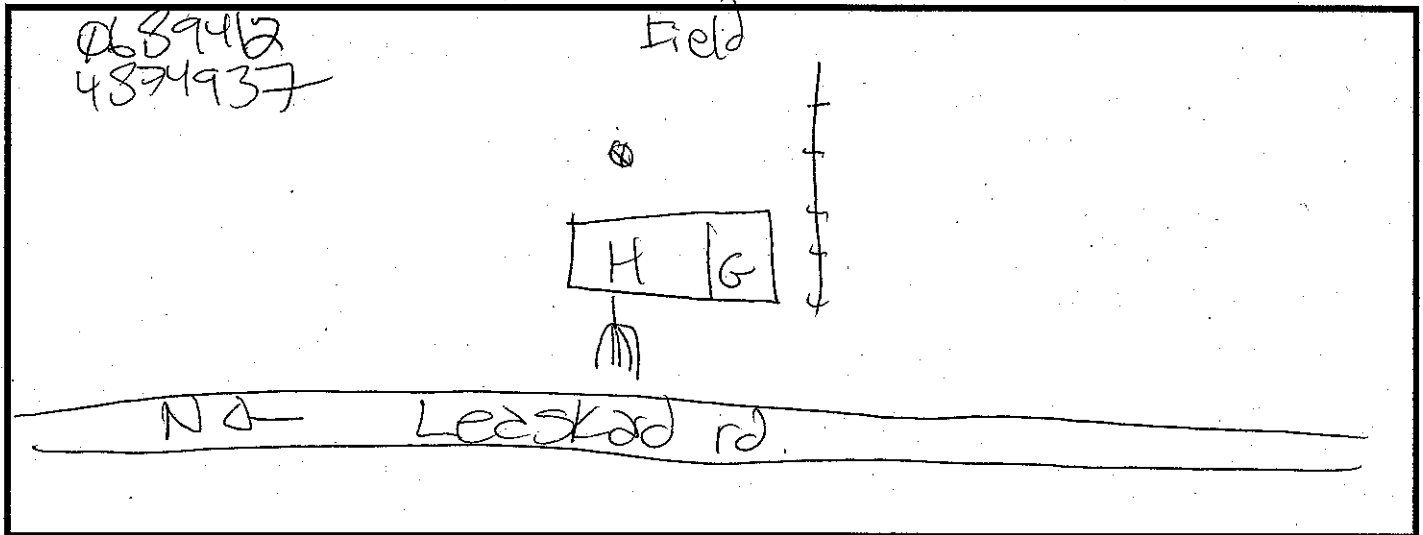
Yes ☒

No ☐

Signature: _____

Emma Penny-Isbell

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition: _____

Did not see well
Women in a hurry

Is there a depression around the well?



Yes





No

Photo Number: _____

no photo

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

3650
Well #: ~~119~~ ✓
MOE #: _____

Owner of Well:

Name: Dorothy Bradley Telephone (Bus.): (____) _____
Address: 6753 Leaskard (Home): 905 983-6753
Person Interviewed: Dorothy Residence: yes
Date: June 25/08 Time: 10:40 Interviewed By: AD, CC
Name of Original Well Owner: (if different from above) _____

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

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

Well Location:

Lot: _____ Concession: E9 Township: _____
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: ~35yrs Use: domestic Contractor: _____
Type (drilled or dug): Drilled Diameter: 6" Well Depth: ~60ft
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: 10yrs
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: 4

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

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

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

household

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

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

Previous Problems:

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

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:

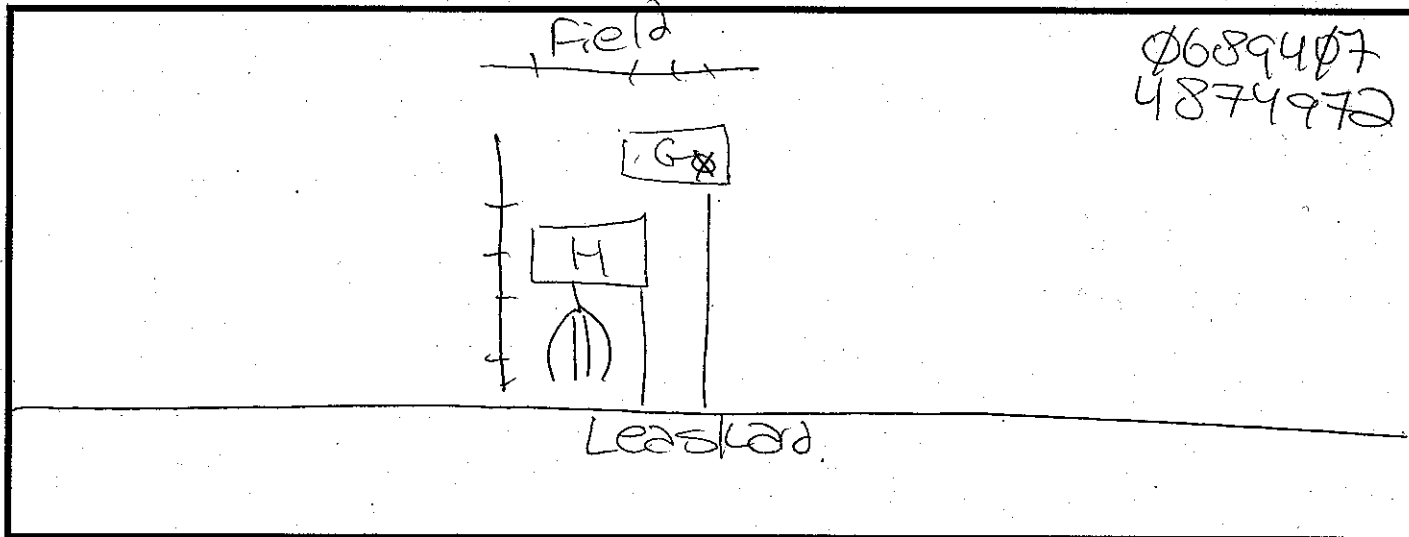
Does homeowner grant permission to obtain a water quality sample?

Yes _____

No _____

Signature: _____

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition: _____

In garage

Is there a depression around the well?



Yes



No

Photo Number: _____

No photo

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 #: 3655

MOE #: _____

Owner of Well:

Name: Elizabeth Harden

Address: 7374 Leaskard rd.

Person Interviewed: Elizabeth

Date: June 25/08 Time: 9:40

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

Telephone (Bus.): () _____

(Home): 905-983-5021

Residence: YES

Interviewed By: AD, CC

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

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

Address: _____ (Home): () _____

Well Location:

Lot: _____ Concession: E1

Township: Leaskard

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

Well Construction Details:

Date Constructed: 28 yrs

Use: domestic

Contractor: _____

Type (drilled or dug): Dug

Diameter: 36"

Well Depth: N/A

Is well accessible for direct sampling? _____

or buried: 12 ft

Screen: Yes _____ No _____

If Yes, length: _____ m

Depth of top of screen: _____ m

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

Original Water Level Depth: _____ m

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

never run out of water

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: ~40 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: 50m

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

Previous Problems:

How long have you owned, operated or lived on this property? 28 yrs

Have you ever experienced any previous problems with your well? slightly higher coliform

If so, when? 23 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? U.V. light

What were the effects of this problem? _____

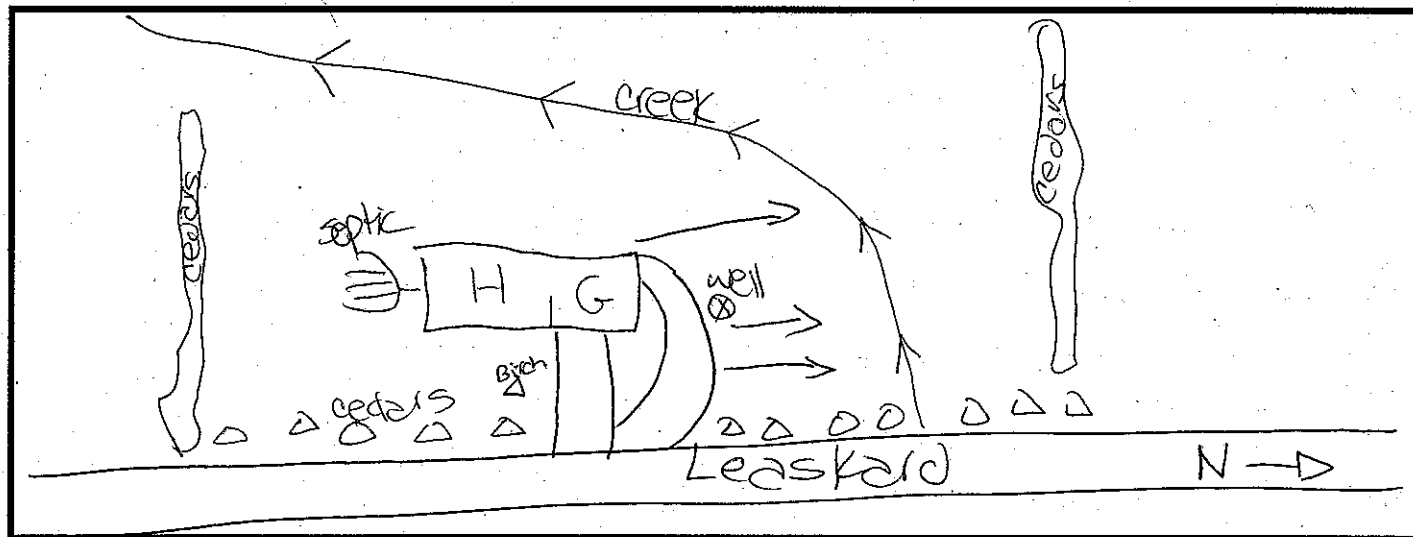
Did you ever have your well deepened _____, or cleaned _____, or a new well constructed _____?

If so, why? clean down sides w/ Javel

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: Elizabeth Hardin

Location Sketch: (to be completed by GLL staff)




Field Visit: (to be completed by GLL staff)

Well Condition: 2.5 ft sticker, sealed + caulked tile great

Is there a depression around the well? ☐ Yes ☒ No Photo Number: _____

Mail In

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 #: 3686

MOE #: _____

Owner of Well:

Name: Peter Shewchuk Telephone (Bus.): (____) _____
 Address: 2455 Conc. Rd 6 Bowmanville (Home): (905) 263-8256
 Person Interviewed: Not home Residence: _____
 Date: June 15th 2008 Time: _____ Interviewed By: _____
 Name of Original Well Owner: (if different from above) _____

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

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

Well Location:

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

Well Construction Details:

Date Constructed: unknown Use: _____ Contractor: _____
 Type (drilled or dug): Dug Diameter: 3 feet Well Depth: 18 feet
 Is well accessible for direct sampling? Yes or buried: _____
 Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

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

Original Water Level Depth: _____ m
 Subsequent Water Level Measurements _____
 (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: 18 ft m (Original) _____ m (Present) Pumping Rate: _____ L/s

Storage Tank: Type: _____ Capacity: _____

Do you have a: Chlorinator: _____ Water Softener: ☒ Water Filter: ☒ Filter Type: 10 micron

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.) Shower, washer, Dishwasher

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

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

Previous Problems:

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

2001

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? when we moved here

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:

Rite Shender

Location Sketch: (to be completed by GLL staff)

Field Visit: (to be completed by GLL staff)

Well Condition:

Is there a depression around the well?

☐

Yes

☐

No

Photo Number:

Water Well Survey

Ontario 1201 Wilson Avenue, Building D, 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 #: 1187

MOE #:

Owner of Well:

Name: Annie DeBlock Telephone (Bus.): ()
Address: 7357 Leesford (Home): 905 983-5885
Person Interviewed: Annie Residence:
Date: June 25/08 Time: 9:20 Interviewed By: AJO, CC
Name of Original Well Owner: (if different from above)

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

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

Well Location:

Lot: Concession: E1 Township:
GLL Map Sheet: (to be completed by GLL Staff)

Well Construction Details:

Date Constructed: 47 yrs ago Use: domestic Contractor:
Type (drilled or dug): Drilled Dug Diameter: 36" 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: 47
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: 0
Livestock: No: ✓ Yes: No. of livestock watered from well:
Lawn Watering: No: ✓ Yes: Other: Amount:
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) reg. equipment
Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: 35m
Well is: 1) Uphill 2) Downhill: 3) Same Grade

once water testing

Previous Problems:

How long have you owned, operated or lived on this property? 47.

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?

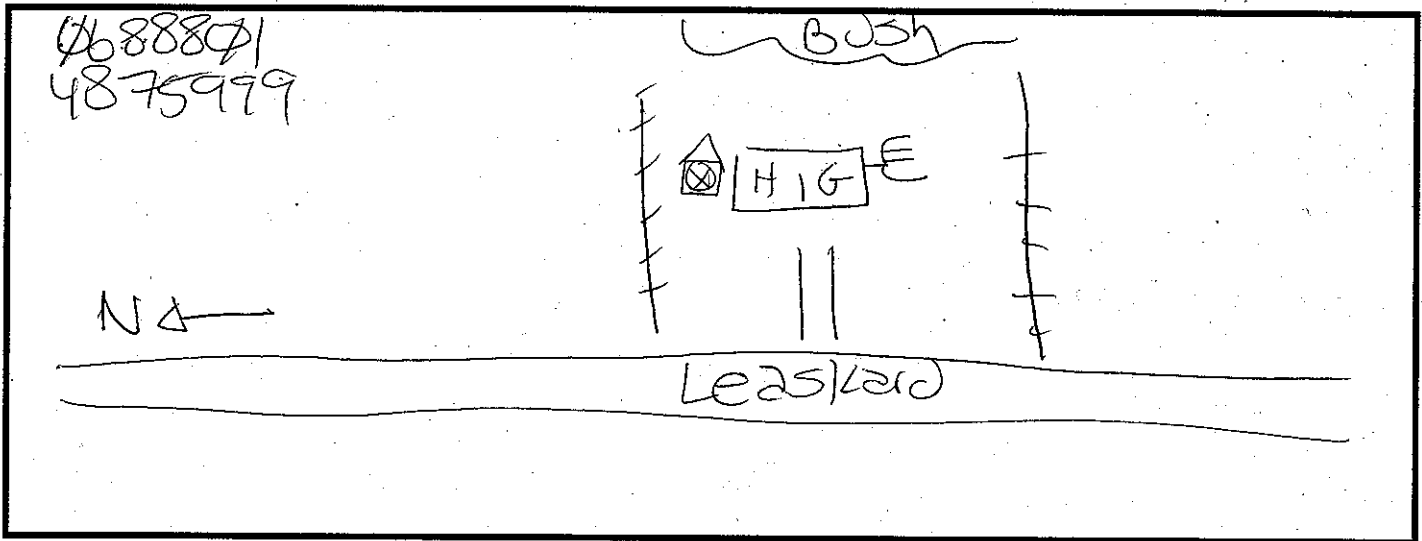
Yes _____

No _____

Signature: _____

rest card

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition: _____


In wishing well.


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

Photo Number: _____

no photo
allowed

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

3658
Well #: ~~1188~~ ✓

MOE #: _____

Owner of Well:

Name: Marjorie Lyle Telephone (Bus.): (____) _____
Address: 7337 Leask Rd. (Home): 905-989-9227
Person Interviewed: Marjorie Residence: Yes
Date: June 25/08 Time: 9:10 Interviewed By: AD, CC
Name of Original Well Owner: (if different from above) _____

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

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

Well Location:

Lot: _____ Concession: E9 Township: _____
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: 10 yrs redug another 15ft Use: Domestic Contractor: _____
Type (drilled or dug): Drilled Dug Diameter: 36" Well Depth: 27-30ft
Is well accessible for direct sampling? _____ or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

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

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

Pumping Equipment:

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

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

Storage Tank: Type: Pressure Capacity: 10 gallons

Do you have a: Chlorinator: _____ 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 _____

Previous Problems:

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

32-33 yrs. (1975)

Have you ever experienced any previous problems with your well?

Water Shortages

If so, when?

What was the cause of the previous problem?

Drought:

Pump Failure:

Plugging:

Increased Usage

Interference:

Contamination:

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

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

What action was taken to overcome this problem?

Redug.

What were the effects of this problem?

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

If so, why?

to get more water.

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

Does homeowner grant permission to obtain a water quality sample?

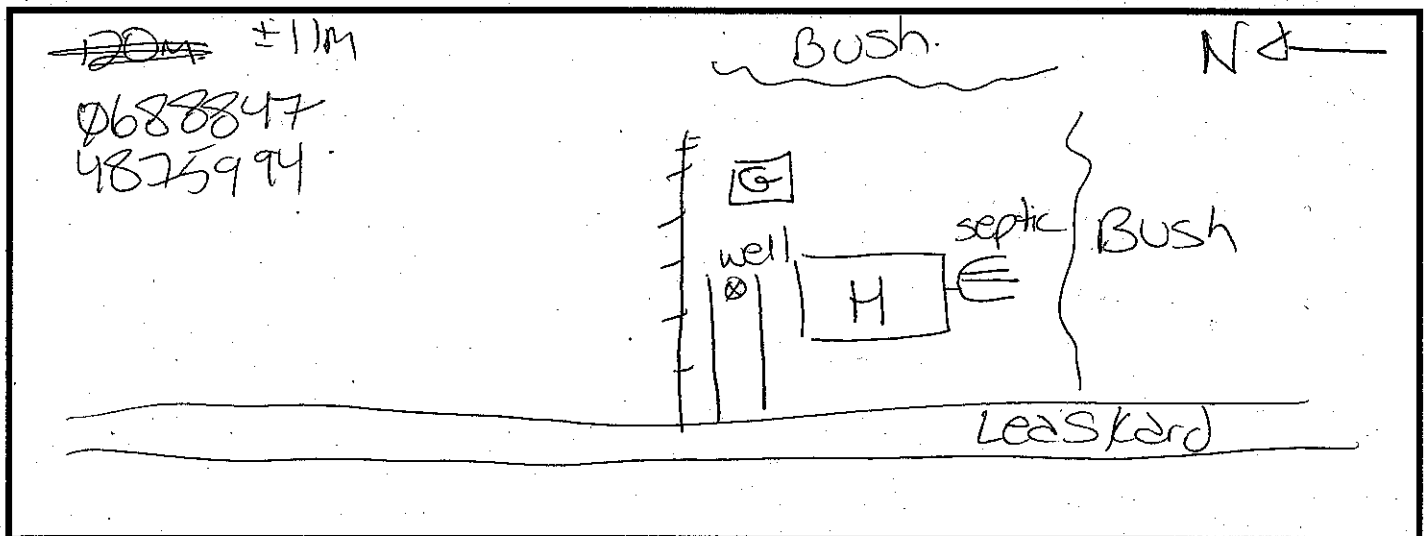
Yes ☒

No ☐

Signature:

Marjorie Lyle

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

in middle of driveway (cemented)
lid cracked around edge tile used to be, called
but deteriorating. 1.5 ft stick up

Is there a depression around the well?



Yes



No

Photo Number:

4

Water Well Survey

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

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

3659
Well #: 3658
MOE #: _____

Owner of Well:

Name: Caroline Dowson Telephone (Bus.): ()
Address: 2747 Cnr 6 (Home): ()
Person Interviewed: Caroline Residence: yes
Date: June 12/08 Time: 3:30 Interviewed By: JC
Name of Original Well Owner: (if different from above) _____

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

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

Well Location:

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

Well Construction Details:

Date Constructed: 1978 Use: domestic Contractor: _____
Type (drilled or dug): drilled Diameter: 6" Well Depth: 50-60'
Is well accessible for direct sampling? no or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

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

Original Water Level Depth: 0 artesian 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: _____
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.) no
Private Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well: 40 m
Well is: 1) Uphill _____ 2) Downhill _____ 3) Same Grade X

Previous Problems:

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

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

If so, when? _____

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage _____

Interference: _____

Contamination: _____

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

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

What action was taken to overcome this problem? _____

What were the effects of this problem? _____

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

If so, why? _____

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

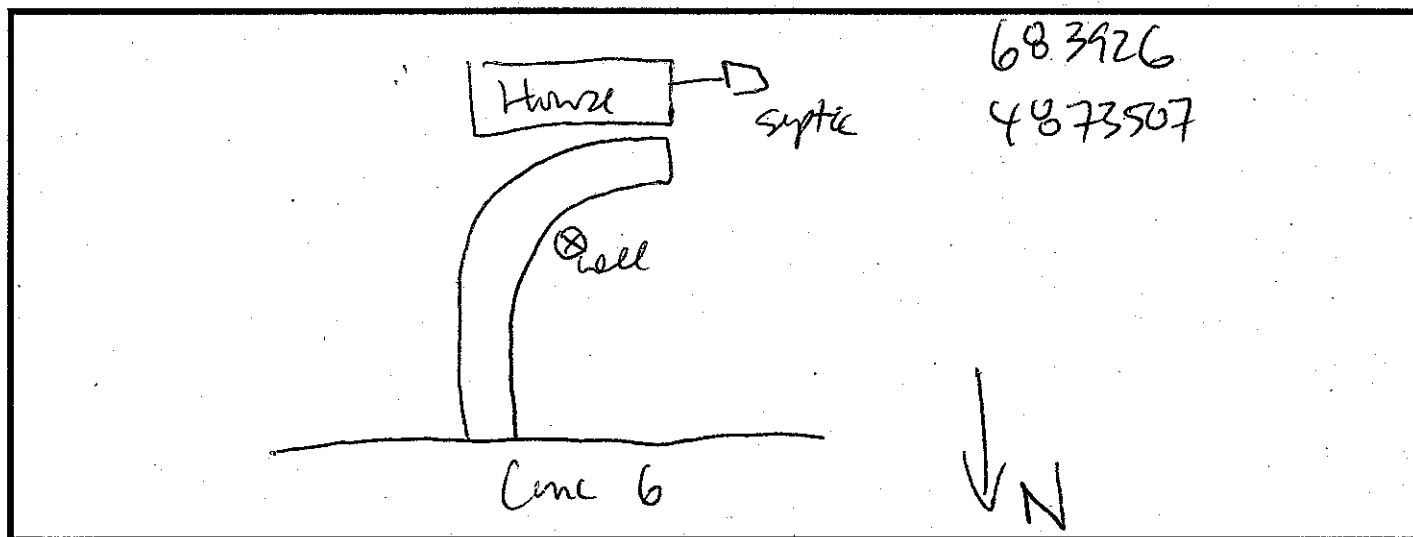
Does homeowner grant permission to obtain a water quality sample?

Yes _____

No X

Signature: _____

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

Covered by dirt and garden tools in a
wood well house

Is there a depression around the well?

☐

Yes

☒

No

Photo Number:

130

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 #: 3660

MOE #: _____

Owner of Well:

Name: JOHN & HEATHER LINDSAY Telephone (Bus.): (____) _____
 Address: 1570 CONC. CO HAMPTON LORBITO (Home): 905 263 8033
 Person Interviewed: _____ Residence: _____
 Date: _____ Time: _____ Interviewed By: _____
 Name of Original Well Owner: (if different from above) _____

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

Name: X14 Telephone (Bus.): (____) _____
 Address: _____ (Home): (____) _____

Well Location:

Lot: 32 PLC 27 Concession: 60 Township: CLARINGTON
 GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: 1967 or '68 Use: residential Contractor: FAULKNER OF PETERBOROUGH (NO LONGER IN BUSINESS)
 Type (drilled or dug): drilled Diameter: UNKNOWN Well Depth: UNKNOWN
 Is well accessible for direct sampling? NO or buried: NO CAP. ... NOT FOUND 3 LFT. down under a surface round concrete marker.
 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: 40-41 yrs.
 How is your pump lubricated: UNKNOWN
 Depth of Intake Setting: ? _____ m (Original) _____ m (Present) Pumping Rate: ? NO Problem
 Storage Tank: Type: diaphragm pressure tank Capacity: ?
 Do you have a: Chlorinator: _____ Water Softener: YES Water Filter: _____ Filter Type: _____
 Water Use: Domestic: No: _____ Yes: ✓ No. of persons using water from well: 2
 Livestock: No: ✓ Yes: _____ No. of livestock watered from well: _____
 Lawn Watering: No: _____ Yes: ✓ Other: _____ Amount: _____
 Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) 2 SHOWERS, WASH & LAUNDRY
 Private Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well: ?
 Well is: 1) Uphill _____ 2) Downhill: _____ 3) Same Grade: ✓

Previous Problems:

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

24 yrs. (1984 - 2008)

Have you ever experienced any previous problems with your well?

just RUST.

If so, when?

ALWAYS... PUT IN A CARTRIDGE PRE-FILTER TO KEEP CHUNKS OUT OF WATER SOFTENER

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage: _____

Interference: _____

Contamination: _____

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

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

What action was taken to overcome this problem?

What were the effects of this problem?

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

If so, why?

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

Does homeowner grant permission to obtain a water quality sample?

Yes ☒ No ☐

Signature:

John Lindley

Approx. 8" diameter circular marker is just EAST OF FRONT entrance, x 5-6 ft out from front wall.

Location Sketch: (to be completed by GLL staff)

Field Visit: (to be completed by GLL staff)

Well Condition:

Is there a depression around the well?

☐

Yes

☐

No

Photo Number:

Water Well Survey

Ontario 1201 Wilson Avenue, Building D, 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 #: 3661

MOE #: _____

Owner of Well:

Name: MARIE ELLEN JERMAN & CMOL MARIE HOSKIN Telephone (Bus.): (____) _____
Address: 1898 HIGHWAY # 2, (Home): (905) 436-2413
Person Interviewed: _____ Residence: _____
Date: MAY 7/08 Time: 2:30 P.M. Interviewed By: _____
Name of Original Well Owner: (if different from above) _____

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

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

Well Location:

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

Well Construction Details:

Date Constructed: 1949 Use: _____ Contractor: _____
Type (drilled or dug): Dug Diameter: 40" Dia. Well Depth: 16'
Is well accessible for direct sampling? YES or buried: _____
Screen: Yes _____ No ✓ If Yes, length: _____ m Depth of top of screen: _____ m

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

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

Pumping Equipment:

Pump Type: Suction-lift: ✓ or Positive-submergence _____ Pumping Capacity: _____ Age: 15 yr.
How is your pump lubricated: _____

Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: GALVANIZED STEEL Capacity: 30 gal.
Do you have a: Chlorinator: No Water Softener: No Water Filter: No Filter Type: _____
Water Use: Domestic: No _____ Yes: ✓ No. of persons using water from well: 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.) SHOWER - AUTO-WASHER

Private Waste and Water Disposal: Type (septic tank, etc.): SEPTIC Distance to Well: 45'
Well is: 1) Uphill _____ 2) Downhill: _____ 3) Same Grade: ✓

Previous Problems:

How long have you owned, operated or lived on this property? 60 yrs.

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

If so, when? _____

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage _____

Interference: _____

Contamination: _____

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

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

What action was taken to overcome this problem? _____

What were the effects of this problem? _____

Did you ever have your well deepened No, 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: Marie Sedman

Location Sketch: (to be completed by GLL staff)

Field Visit: (to be completed by GLL staff)

Well Condition: _____

Is there a depression around the well?

☐

Yes

☐

No

Photo Number: _____

Water Well Survey



1201 Wilson Avenue, Building D, 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 #:	3662
MOE #:	

Owner of Well:

Name: EVA GROF Telephone (Bus.): ()
Address: 2290 CONC 6 R.R1 BOWMANVILLE ON L1C3K2 (Home): (905) 263-2550
Person Interviewed: Residence:
Date: Time: Interviewed By:
Name of Original Well Owner: (if different from above)

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

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

Well Location:

Lot: 18 Concession: 6 Township: CLARINGTON
GLL Map Sheet: (to be completed by GLL Staff)

Well Construction Details:

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

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

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

Pumping Equipment:

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

Previous Problems:

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

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

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? _____

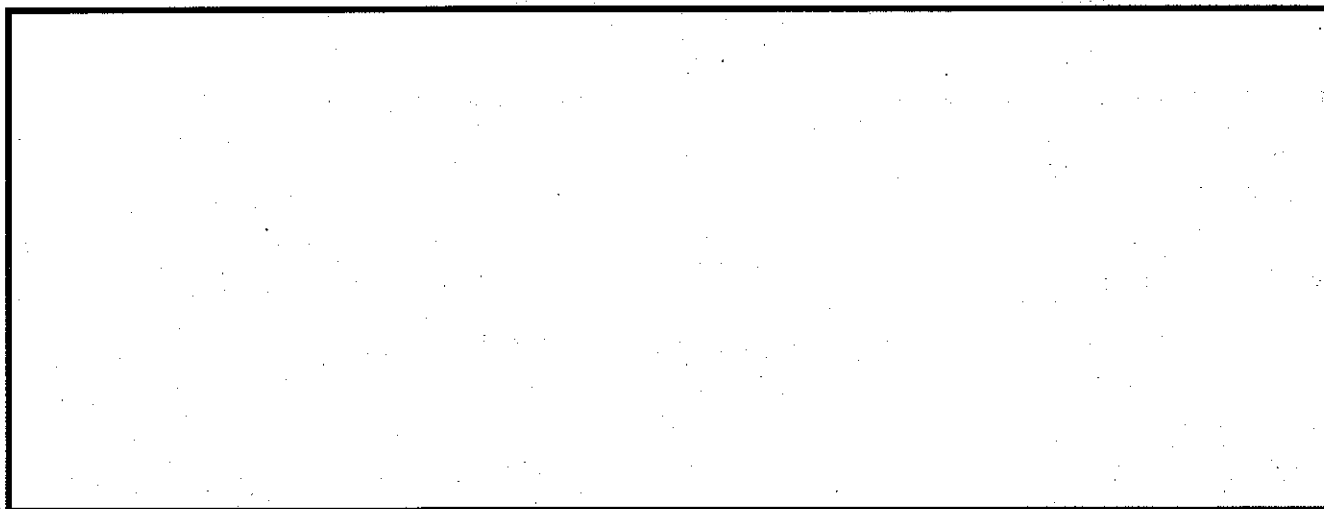
Yes ☒

No ☐

Signature: _____

[Handwritten 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

☐

Yes

☐

No

Photo Number: _____

Water Well Survey

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



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

Well #:	3663
MOE #:	

Owner of Well:

Name: RICHARD N. WRIGHT Telephone (Bus.): 905 263 8191
Address: 6067 RRG RD 5A (Home): 905 263 8191
Person Interviewed: _____ Residence: _____
Date: _____ Time: _____ Interviewed By: _____
Name of Original Well Owner: (if different from above) _____

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

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

Well Location:

Lot: 16 Concession: 6 Township: CHARINGTON
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: 1972 Use: _____ Contractor: _____
Type (drilled or dug): DRILLED Diameter: 3 FT Well Depth: 42 FOOT
Is well accessible for direct sampling? YES or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

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

Original Water Level Depth: 2.4 FOOT 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: 20 GAL Capacity: _____
Do you have a: Chlorinator: NO Water Softener: NO Water Filter: NO Filter Type: _____
Water Use: Domestic: No: _____ Yes: ☒ No. of persons using water from well: _____
Livestock: No: _____ Yes: ☒ No. of livestock watered from well: 12 HORSES
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: 100 FEET
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 NO, or cleaned No, or a new well constructed NO?

If so, why?

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

Does homeowner grant permission to obtain a water quality sample?

Yes ☒

No ☐

Signature: Richard N. Dwyer

Location Sketch: (to be completed by GLL staff)

Field Visit: (to be completed by GLL staff)

Well Condition: _____

Is there a depression around the well?

☐

Yes

☐

No

Photo Number: _____

Water Well Survey



JOSEPH BIGGER
9050 HWY 35-115 RR 1
ORONO ON
LOB 1M0

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

Well #:	3664
MOE #:	

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

Owner of Well:

Name: Joseph Bigger Telephone (Bus.): (416) 298 5373
Address: 9050 Highway 35/115 (Home): (905) 983 6075
Person Interviewed: Joseph Bigger SR. Residence: _____
Date: Apr. 22/08 Time: _____ Interviewed By: _____
Name of Original Well Owner: (if different from above) _____

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

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

Well Location:

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

Well Construction Details:

Date Constructed: _____ Use: _____ Contractor: _____
Type (drilled or dug): DRILLED Diameter: 8" Well Depth: 100 FT.
Is well accessible for direct sampling? POSSIBLE 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 DONT KNOW
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: BALL BEARINGS
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: CARTRIAGE
Water Use: Domestic: No: _____ Yes: ☒ No. of persons using water from well: 3
Livestock: No: _____ Yes: ☒ No. of livestock watered from well: 2
Lawn Watering: No: _____ Yes: ☒ Other: _____ Amount: _____
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) 1 BATH ROOM . 2 SHOWERS
POOL . AUTO WASHER
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? 6 YEARS

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

If so, when? NO PROBLEMS

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage: _____

Interference: _____

Contamination: _____

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

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

What action was taken to overcome this problem?

What were the effects of this problem?

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

If so, why?

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

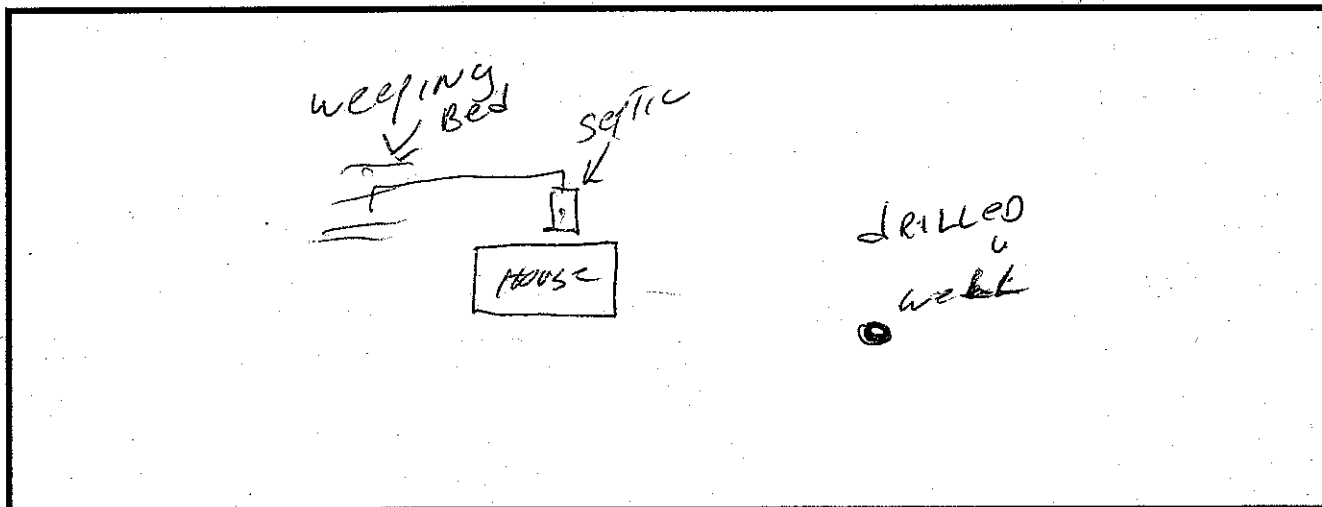
Does homeowner grant permission to obtain a water quality sample?

Yes

☒ No

Signature: _____

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition: _____

Is there a depression around the well?

☐

Yes

☒

No

Photo Number: _____

Water Well Survey

Ontario 1201 Wilson Avenue, Building D, 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 #:	3665
MOE #:	

Owner of Well:

Name: Rob Whistle Telephone (Bus.): ()
Address: 154 King Lane (Home): (905) 263-2890
Person Interviewed: Rob Whistle Residence: Yes
Date: Apr 12, 08 Time: 10:20 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: East 4 Township:
GLL Map Sheet: (to be completed by GLL Staff)

Well Construction Details:

Date Constructed: 1986-88 Use: Domestic Contractor: Bondary Drilling
Type (drilled or dug): Drilled Diameter: 6" Well Depth: 140 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 X Pumping Capacity: 4gpm Age: < 6 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: X Water Filter: X Filter Type: UV
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.) Pool
Private Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well: < 100 ft
Well is: 1) Uphill 2) Downhill: 3) Same Grade X

Previous Problems:

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

5 yrs

Have you ever experienced any previous problems with your well?

NO

If so, when?

What was the cause of the previous problem?

Drought:

Pump Failure:

Plugging:

Increased Usage

Interference:

Contamination:

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

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

What action was taken to overcome this problem?

What were the effects of this problem?

Did you ever have your well deepened _____, 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?

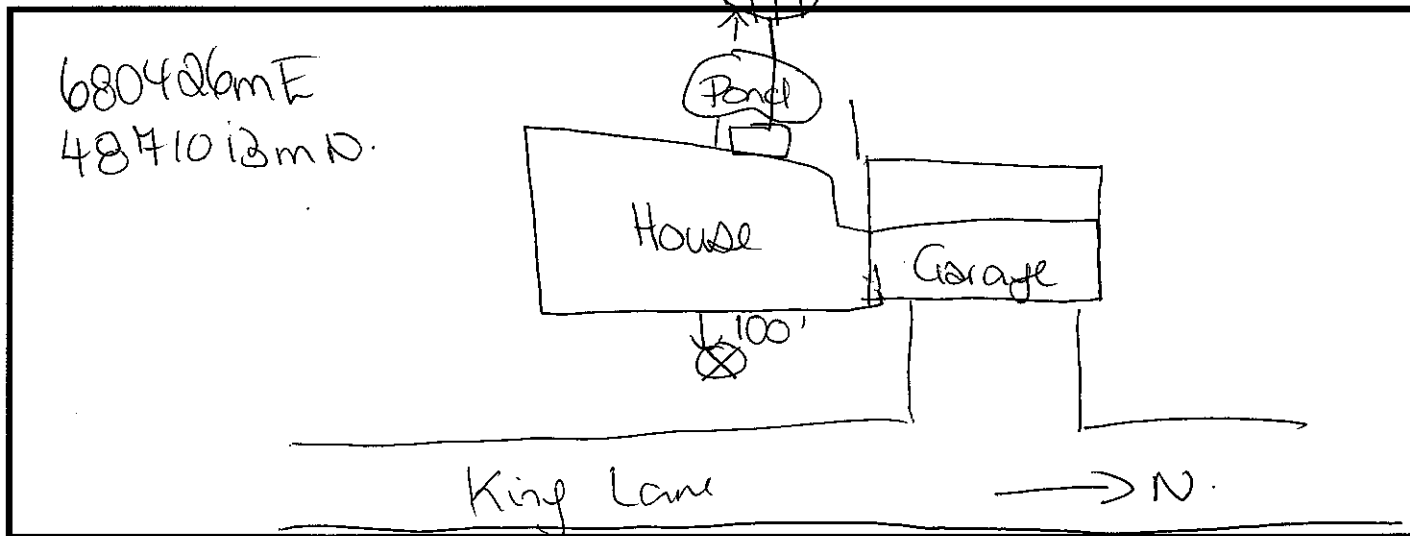
Yes

☒ No

Signature:

Rob Whittle

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

Water flowing over top of well, well + ground are iron stained, cap not vermin proof. Brick up. $\approx 1ft$.

Is there a depression around the well?



Yes



No

Photo Number:

3+4

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 #: 3708
MOE #: 3707
3706

Owner of Well:

Name: Fred Gaul Telephone (Bus.): ()
Address: 2746 Con. 6 (Home): 905 263-4157
Person Interviewed: Fred Residence: _____
Date: June 12/08 Time: 3:30 Interviewed By: AD, MA.

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

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

Well Location:

Lot: _____ Concession: E8 Township: _____
GLL Map Sheet (to be completed by GLL Staff): _____

Well Construction Details:

Date Constructed: 30 yrs ago Use: domestic Contractor: _____
Type (drilled or dug): 1 Dug, 2 Dug, 3 Dug Diameter: 28" Well Depth: 1 20 ft, 2 15 ft, 3 10 ft
Is well accessible for direct sampling? 3 Dug or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

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

Original Water Level Depth: _____ m
Subsequent Water Level Measurements: 25 ft of water
(give depths in m and dates)

Pumping Equipment: 1 Shop

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: 10 gallons

Do you have a: Chlorinator: _____ Water Softener: _____ Water Filter: 2 Filter Type: Sediment

Water Use: Domestic: No: _____ Yes: ✓ No. of persons using water from well: 5

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

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

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

1988.

Have you ever experienced any previous problems with your well?

water shortage in fall (1)

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?

slow recharge -> wait it out.

What were the effects of this problem?

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

If so, why?

5 yrs - reg. maintenance

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

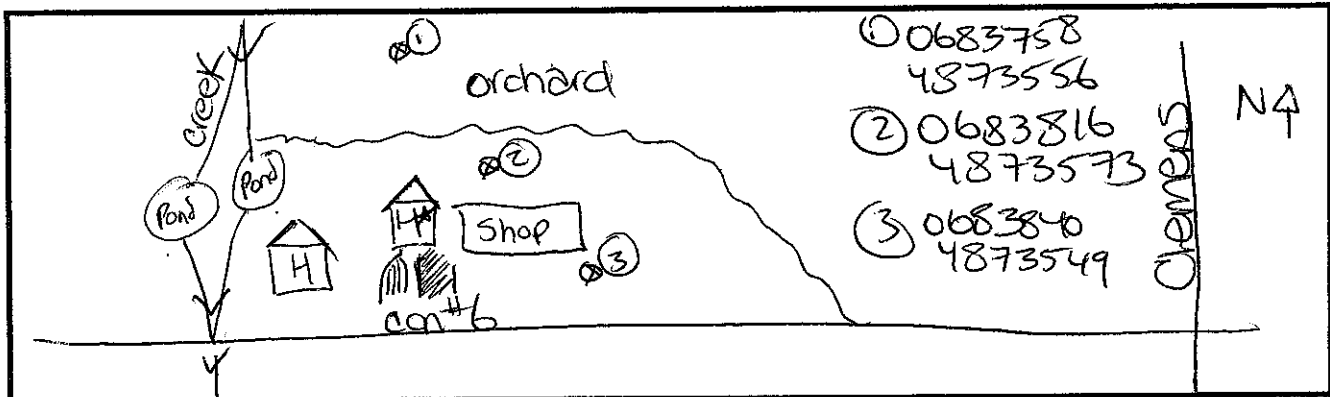
Does homeowner grant permission to obtain a water quality sample?

No

Yes ☒

Signature: _____

Location Sketch:



Field Visit: (to be completed by GLL staff)

- ① - water for house
- ② - water for shop
- ③ - water pumped up if he needs it

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? _____

Photo#

IPAQ and
form don't match.

✓

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 #: ~~3295~~ 3299
MOE #:

Owner of Well:

Name: Paul & Nancy Collins Telephone (Bus.): ()
Address: 2066 Hwy #2 Clarington (Home): (905) 623-2500
Person Interviewed: Travis Collins Residence: yes
Date: Apr. 2/08 Time: Interviewed By: EC/AD

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

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

Well Location:

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

Well Construction Details:

Date Constructed: 40 years Use: Domestic Contractor:
Type (drilled or dug): Dug Diameter: 30" 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:

Pump Type: Suction-lift: ✓ or Positive-submergence Pumping Capacity: N/A Age: N/A
How is your pump lubricated:
Depth of Intake Setting: m (Original) m (Present) Pumping Rate: L/s
Storage Tank: Type: Pressure Capacity: 45L
Do you have a: Chlorinator: Water Softener: ✓ Water Filter: ✓ Filter Type: UV
Water Use: Domestic: No: ✓ Yes: ✓ No. of persons using water from well: 4
Livestock: No: ✓ Yes: No. of livestock watered from well:
Lawn Watering: No: ✓ Yes: Other: Amount:
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) Regular appliance
Private Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well: 100 ft
Well is: 1) Uphill ✓ 2) Downhill: 3) Same Grade: 4) Update

Previous Problems:

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

~~5~~ 7 years

Have you ever experienced any previous problems with your well?

Dry up every year

If so, when?

last summer

What was the cause of the previous problem?

Drought: ☒

Pump Failure: ☐

Plugging: ☐

Increased Usage: ☐

Interference: ☐

Contamination: ☐

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

NONE

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

What action was taken to overcome this problem?

Tauked in water

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:

repaired recently

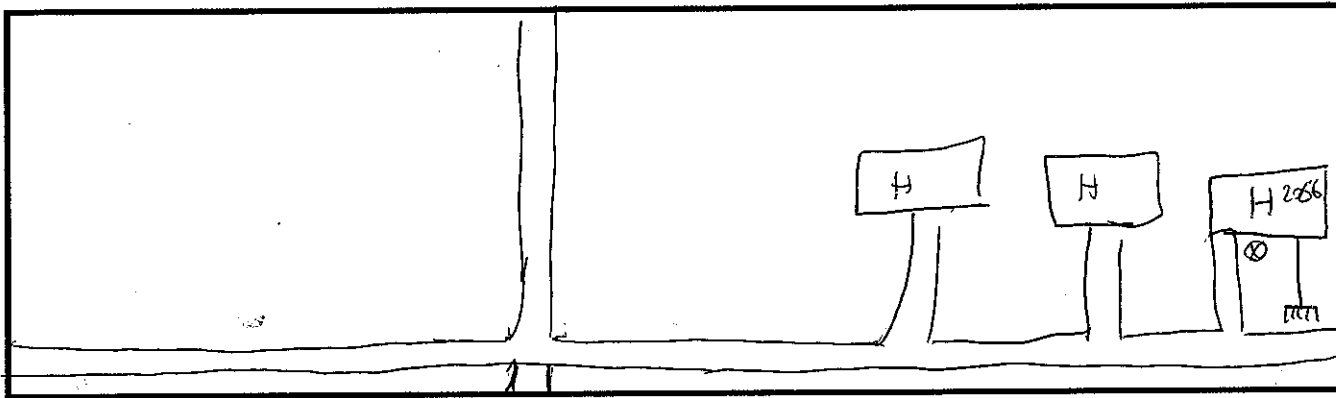
Does homeowner grant permission to obtain a water quality sample?

No

Yes

Signature: _____

Location Sketch:



Field Visit: (to be completed by GLL staff)

Well Condition:

Fair

Is there a depression around the well?

No

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

No

Is there staining on the inside of the tiles?

No

photo #41

0681041
4364817