

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: Valis Sanderson Telephone (Bus.): ()
Address: 404 Lakeridge Rd. (Home): 905 427-1990
Person Interviewed: Valis Residence: yes
Date: June 20/08 Time: Interviewed By: CRC
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: N/A Use: Domestic Contractor: N/A
Type (drilled or dug): slug Diameter: 36" Well Depth: N/A
Is well accessible for direct sampling? No or buried: No
Screen: Yes No ✓ If Yes, length: m Depth of top of screen: m

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

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

Pumping Equipment:

Pump Type: Suction-lift: X or Positive-submergence Pumping Capacity: 3/4 hrs. Age: 1 year
How is your pump lubricated: N/A
Depth of Intake Setting: N/A m (Original) N/A m (Present) Pumping Rate: L/s
Storage Tank: Type: Premise Capacity: 40 gal
Do you have a: Chlorinator: Water Softener: ✓ Water Filter: Filter Type:
Water Use: Domestic: No: Yes: ✓ No. of persons using water from well: 3
Livestock: No: ✓ Yes: No. of livestock watered from well: 2 chickens
Lawn Watering: No: ✓ Yes: ✓ Other: Amount:
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) standard.
Private Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well: 100 ft
Well is: 1) Uphill X 2) Downhill: 3) Same Grade

Previous Problems:

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

23 years

Have you ever experienced any previous problems with your well?

great

If so, when?

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage: _____

Interference: _____

Contamination: _____

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

N/A

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

What action was taken to overcome this problem?

N/A

What were the effects of this problem?

N/A

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

If so, why?

N/A

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

changed pump drive wear & tear

Does homeowner grant permission to obtain a water quality sample?

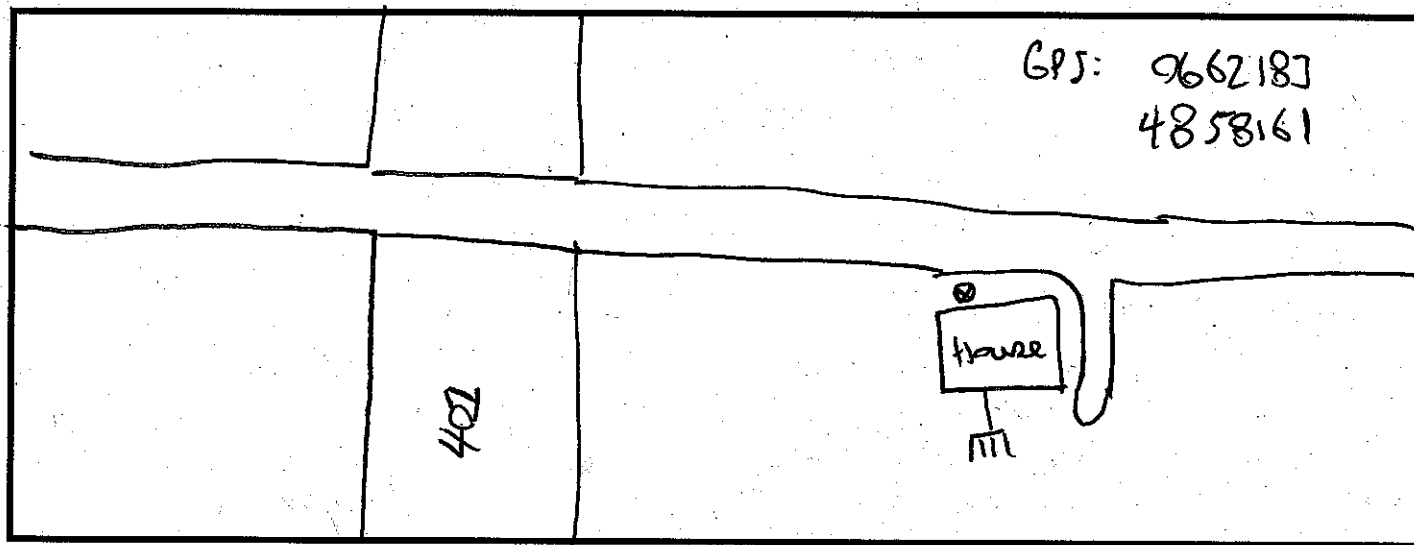
Yes _____

No _____

X

Signature: _____

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

excellent condition in terms of seal across road from residence that has not been in looking behind house (412 lateridge)

Is there a depression around the well?



Yes



No

Photo Number:

no photo

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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 #: 6013
MOE #: 4601116

Owner of Well:

Name: THOMAS BURGESS Telephone (Bus.): (905) 427-2600
Address: 370 LAKERIDGE RD. S (Home): (905) 427-2600
Person Interviewed: "SAME" Residence: yes
Date: JUNE 20, 08 Time: _____ Interviewed By: CRC
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: N/A Use: Domestic Contractor: N/A
Type (drilled or dug): Dug Diameter: 36" Well Depth: ±22'
Is well accessible for direct sampling? yes or buried: _____
Screen: Yes _____ No ✓ If Yes, length: N/A m Depth of top of screen: N/A m

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

Original Water Level Depth: NA m
Subsequent Water Level Measurements ±6'
(give depths in m and dates) _____

Pumping Equipment:

Pump Type: Suction-lift: ✓ or Positive-submergence _____ Pumping Capacity: 1 hrs Age: 15 years
How is your pump lubricated: _____
Depth of Intake Setting: 20' m (Original) 20' m (Present) Pumping Rate: N/A L/s
Storage Tank: Type: Pressure tank Capacity: 40 gal
Do you have a: Chlorinator: _____ Water Softener: ✓ Water Filter: ✓ Filter Type: iron
Water Use: Domestic: No: _____ Yes: ✓ No. of persons using water from well: 3
Livestock: No: ✓ Yes: _____ No. of livestock watered from well: 0
Lawn Watering: No: ✓ Yes: _____ Other: X Amount: X
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) pool, but water slipped in
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?

45 years

Have you ever experienced any previous problems with your well?

ecoli contamination

If so, when?

8 years - 10 years ago

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage: _____

Interference: _____

Contamination: X

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

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

advised owner to become ill

What action was taken to overcome this problem?

installed UV light & filter systems

What were the effects of this problem?

fixed ecoli problem.

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

If so, why? ecoli contamination

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

NONE

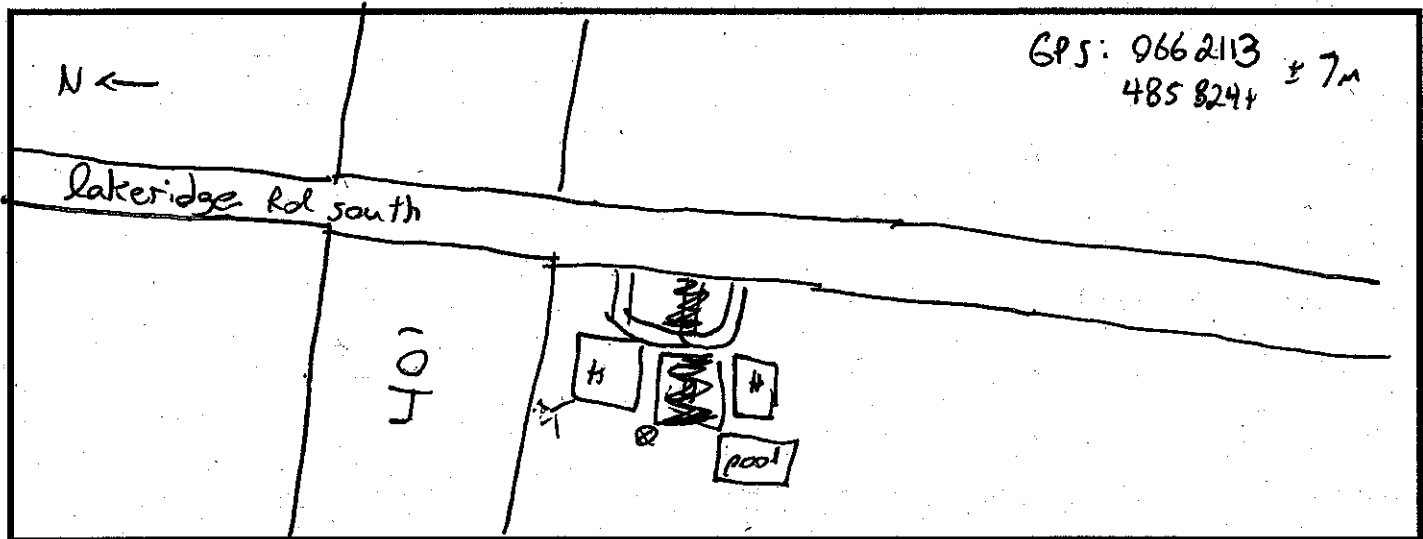
Does homeowner grant permission to obtain a water quality sample?

Yes ✓

No _____

Signature: [Signature]

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition: good, sealed

Is there a depression around the well?




Yes




No

Photo Number: _____

Water Well Survey

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

Well #: 6047
MOE #: 1905540

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

Owner of Well:

Name: BOBSTONE INC Telephone (Bus.): 905 433-0250
Address: 1712 BASELINE RD W. COURTICE (Home): ()
Person Interviewed: _____ Residence: _____
Date: _____ Time: _____ Interviewed By: _____

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

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

Well Location:

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

Well Construction Details:

Date Constructed: 1979 Use: _____ Contractor: FALLAKER
Type (drilled or dug): DRILLED Diameter: _____ Well Depth: 38'
Is well accessible for direct sampling? _____ or buried: _____
Screen: Yes _____ No X If Yes, length: _____ m Depth of top of screen: _____ m

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

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

Pumping Equipment:

Pump Type: Suction-lift: 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: _____
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 _____ 4) Update _____

Previous Problems:

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

29 YRS

Have you ever experienced any previous problems with your well?

If so, when?

SUMMER 2007

What was the cause of the previous problem?

Drought: ☒

Pump Failure: ☐

Plugging: ☐

Increased Usage: ☐

Interference: ☐

Contamination: ☐

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

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

What action was taken to overcome this problem?

What were the effects of this problem?

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

If so, why?

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

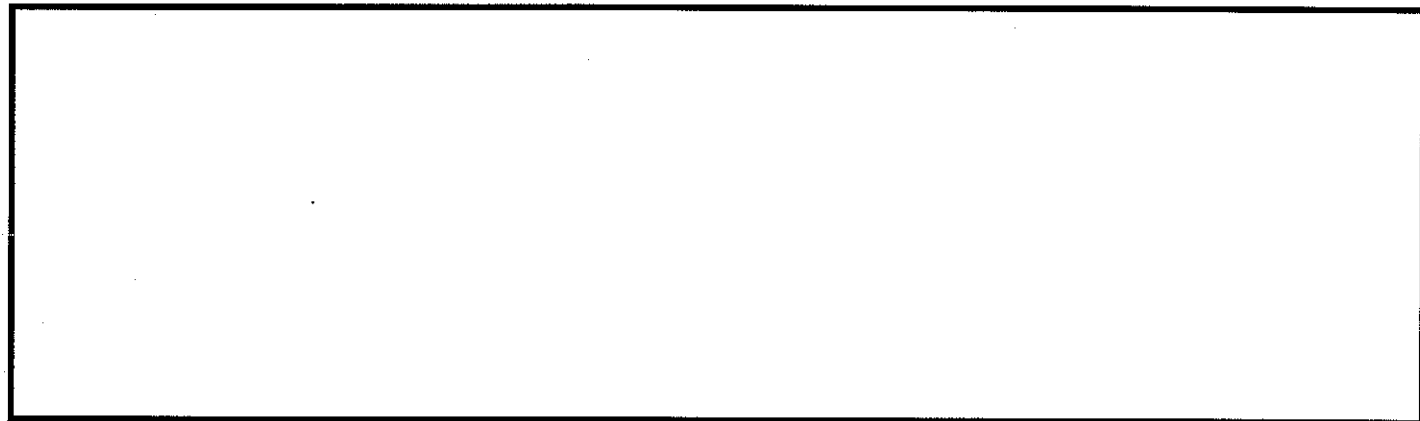
Does homeowner grant permission to obtain a water quality sample?

No ☐

Yes ☒

Signature: 

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

Well #: 1905939
MOE #: 6049

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

Owner of Well:

Name: Mike's Transmission Telephone (Bus.): (905) 432-3935
Address: _____ (Home): () _____
Person Interviewed: Michelle 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) E5

Well Construction Details:

Date Constructed: _____ Use: Bathrooms Contractor: _____
Type (drilled or dug): Dug Diameter: 28 Well Depth: 40'
Is well accessible for direct sampling? _____ or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

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

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

Pumping Equipment:

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

How is your pump lubricated: _____

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

Storage Tank: Type: _____ Capacity: _____

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

Water Use: Domestic: No: _____ Yes: ☒ No. of persons using water from well: don't drink water

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

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

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

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

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

40.5
403
12.0m

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? _____

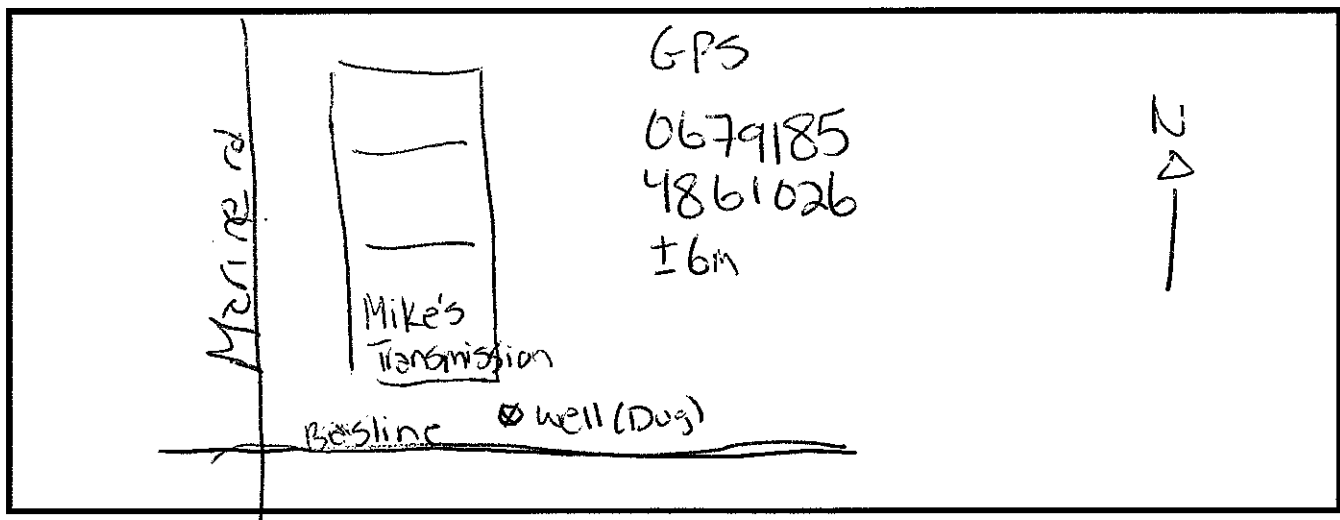
Did you ever have your well deepened _____, or cleaned _____, or a new well constructed _____?

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: Tile very old, on same grade as trailer with old transmissions inside.

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

Photo Number: 53/59

Water Well Survey

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

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

Well #:

MOE #:

Owner of Well:

Name: AWC Company. Telephone (Bus.): (905) 434-6703.
Address: 60 Courtice Court. (Home): ()
Person Interviewed: Chris Cameron Residence:
Date: Mar 6/08 Time: 1:35 Interviewed By: AD/RC
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: BF East 5 Township: Clarington.
GLL Map Sheet: (to be completed by GLL Staff)

Well Construction Details:

Date Constructed: N/A Use: N/A Contractor: N/A
Type (drilled or dug): Drilled Diameter: 6" Well Depth: ~60 ft.
Is well accessible for direct sampling? No. sealed shut. or buried:
Screen: Yes X No X If Yes, length: m Depth of top of screen: m

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

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

Pumping Equipment:

Pump Type: Suction-lift: or Positive-submergence X Pumping Capacity: N/A Age: older 2000
How is your pump lubricated:
Depth of Intake Setting: m (Original) m (Present) Pumping Rate: N/A L/s
Storage Tank: Type: N/A Capacity:
Do you have a: Chlorinator: X Water Softener: X Water Filter: X Filter Type: X
Water Use: Domestic: No: X Yes: No. of persons using water from well: < 25 people
Livestock: No: X Yes: No. of livestock watered from well:
Lawn Watering: No: X Yes: Other: Don't drink Amount:
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) reg. equipment
Private Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well: ~100ft
Well is: 1) Uphill X 2) Downhill: 3) Same Grade:

Previous Problems:

How long have you owned, operated or lived on this property? ~2000

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 X, or cleaned X, or a new well constructed _____?

If so, why? _____

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

N/A.

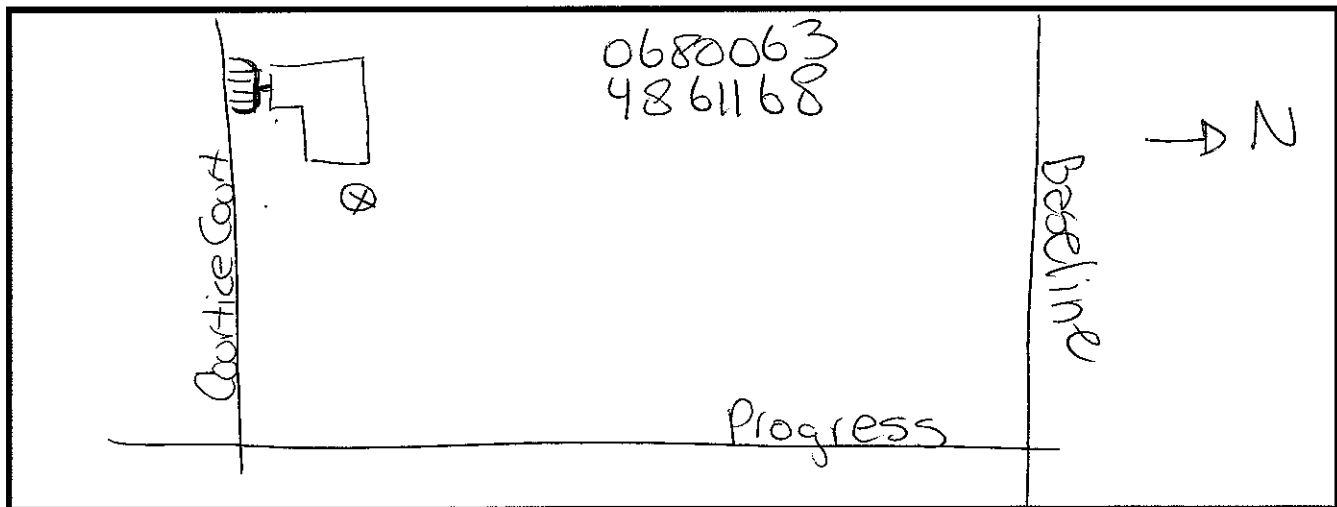
Does homeowner grant permission to obtain a water quality sample?

Yes —

No X

Signature: _____

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition: Good condition

Is there a depression around the well?



Yes



No

Photo Number: 70

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 #: 190635615
MOE #: 6054

Owner of Well:

Name: Dy Tech. Telephone (Bus.): 905 619-6519.
Address: 7 Progress Dr. (Home): ()
Person Interviewed: Mike DeFreitas. Residence: ()
Date: Mar 6/08 Time: 1:15 Interviewed By: AD/RC
Name of Original Well Owner: (if different from above) Dy Tech.

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

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

Well Location:

Lot: 27 Concession: CONF BF East 5 Township: Clarington.
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: ~1983 Use: _____ Contractor: _____
Type (drilled or dug): Dug Diameter: 28" Well Depth: 32 ft.
Is well accessible for direct sampling? _____ or buried: _____
Screen: Yes _____ No X If Yes, length: _____ m Depth of top of screen: _____ m

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

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

Pumping Equipment:

Pump Type: Suction-lift: _____ or Positive-submergence: _____ Pumping Capacity: 1/2 HP. Age: 1mth.
How is your pump lubricated: _____
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: Bladder Tank 4yr old Capacity: _____
Do you have a: Chlorinator: X Water Softener: X Water Filter: X Filter Type: X
Water Use: Domestic: No: X Yes: _____ No. of persons using water from well: ~20
Livestock: No: X Yes: _____ No. of livestock watered from well: _____
Lawn Watering: No: X Yes: _____ Other: _____ Amount: _____
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) reg. equipment. business use.
Private Waste and Water Disposal: Type (septic tank, etc.): 2 septic Distance to Well: _____
Well is: 1) Uphill X 2) Downhill: X 3) Same Grade _____

(50613-20/wws/F-08)

• Holding Tank
• roof run off.

• Pump redone b/c older pump
only in 1/2 way.

Previous Problems:

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

1991

Have you ever experienced any previous problems with your well?

water shortages

If so, when?

couple

What was the cause of the previous problem?

Drought: —

Pump Failure: —

Plugging: —

Increased Usage

yes

Interference: —

Contamination: —

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

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

What action was taken to overcome this problem?

Filled well. & got holding tank

What were the effects of this problem?

No water.

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

If so, why?

Dec 2007, maintenance. 3.4 inches deeper.

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

Replaced pump new b/c old pump burned out b/c it was only put down 1/2 way

Does homeowner grant permission to obtain a water quality sample?

Yes

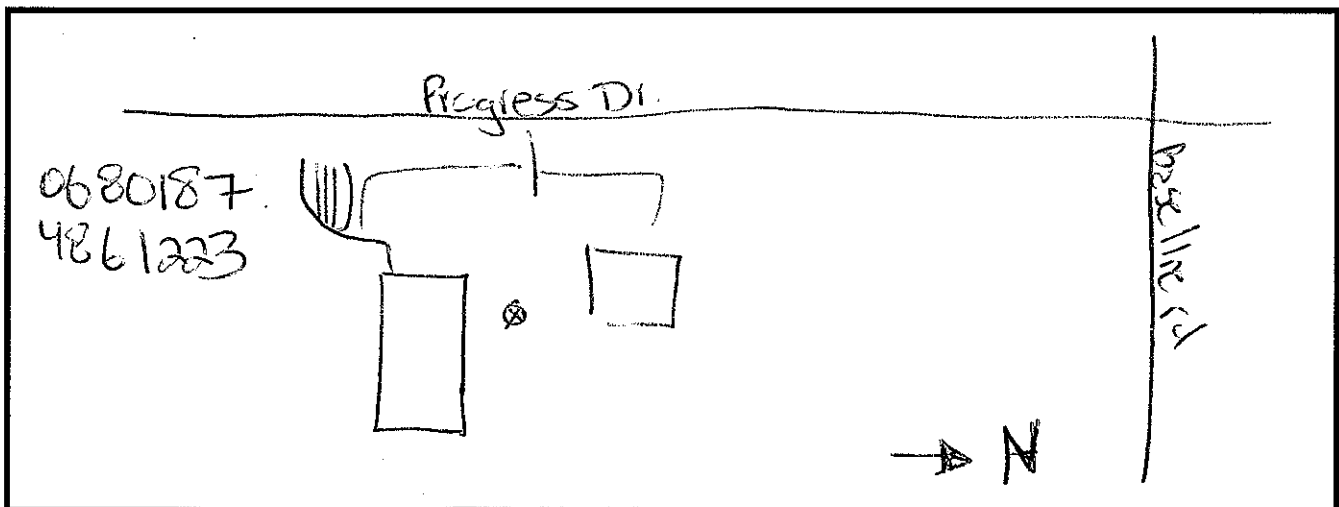
☒

No

Signature:

[Signature]

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

well lid open, roof water goes into well & holding tank. Lots of water used for business

Is there a depression around the well?

☐

Yes

☒

No

Photo Number:

69

Water Well Survey

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

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

Well #: 6056

MOE #: 191949

Owner of Well:

Name: Joseoliveira / J and F Structural Steel Telephone (Bus.): (905) 436-9129

Address: 21 Cartier Court (Home): ()

Person Interviewed: Residence:

Date: March 6, 2008 Time: 1:15 PM Interviewed By: RLC / 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: BF Township: Clarington Twp

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

Well Construction Details:

Date Constructed: 2 1988 Use: Contractor:

Type (drilled or dug): dug Diameter: 28" Well Depth: 27 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: .5 hp Age: 1988

How is your pump lubricated:

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

Storage Tank: Type: Bladder Capacity:

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

Water Use: Domestic: No: Yes: No. of persons using water from well: 10-12

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

Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: 300 ft

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

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?

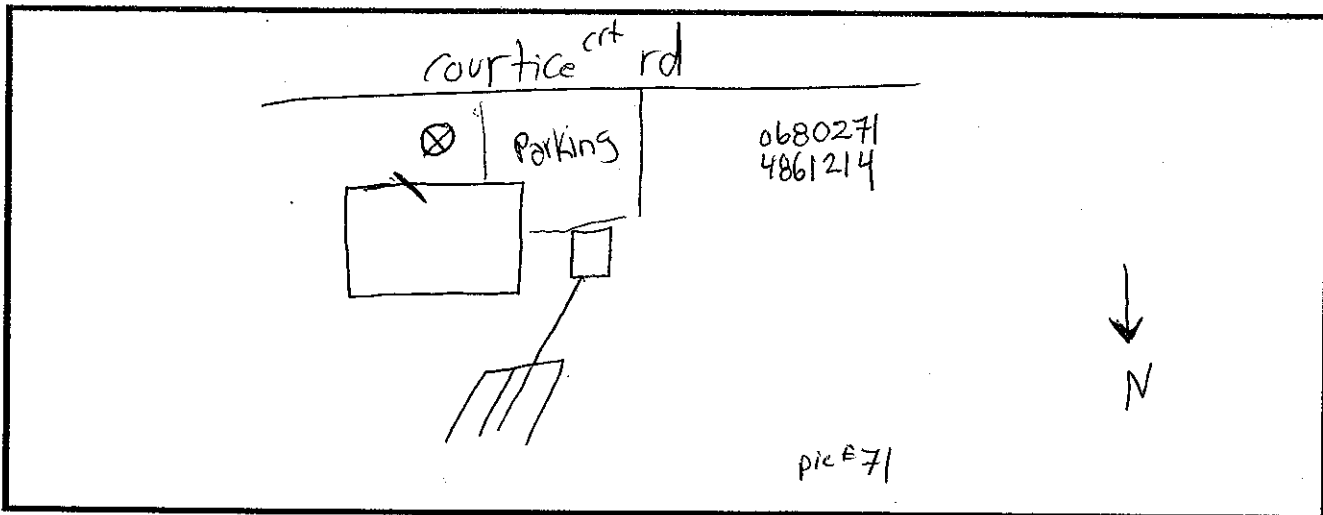
Yes

No

Signature:

John Oliveira

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition: Tile in good condition

Is there a depression around the well?

☐

Yes

☒

No

Photo Number:

71

Water Well Survey

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

Well #: 6057

MOE #: 1905057



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

Owner of Well:

Name: P.I. Tool Telephone (Bus.): (905) 436-2424
Address: 1 Progress Dr. Courtice (Home): ()
Person Interviewed: Jui Biesenthal Residence:
Date: Mar. 6/08 Time: 12:30 Interviewed By: AD / RLC
Name of Original Well Owner: (if different from above) P.I. Tool

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

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

Well Location:

Lot: 23 Concession: 2 Township: Clarington
GLL Map Sheet: (to be completed by GLL Staff) 25

Well Construction Details:

Date Constructed: Oct 11, 1978 Use: — Contractor: Faulkner
Type (drilled or dug): Drilled Diameter: 6" Well Depth: 46 ft.
Is well accessible for direct sampling? ~~not drilled~~ or buried:
Screen: Yes ☒ No If Yes, length: m Depth of top of screen: ~44 ft. m

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

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

Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence Pumping Capacity: — Age: 1999
How is your pump lubricated:
Depth of Intake Setting: m (Original) m (Present) Pumping Rate: L/s
Storage Tank: Type: 25 gallons Capacity:
Do you have a: Chlorinator: — Water Softener: — Water Filter: — Filter Type: —
Water Use: Domestic: No: ☒ Yes: No. of persons using water from well: 15
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.): Aerobic Septic Distance to Well: 135 ft.
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: YES

Contamination: —

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

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

Interference when Miller Waste Starting

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:

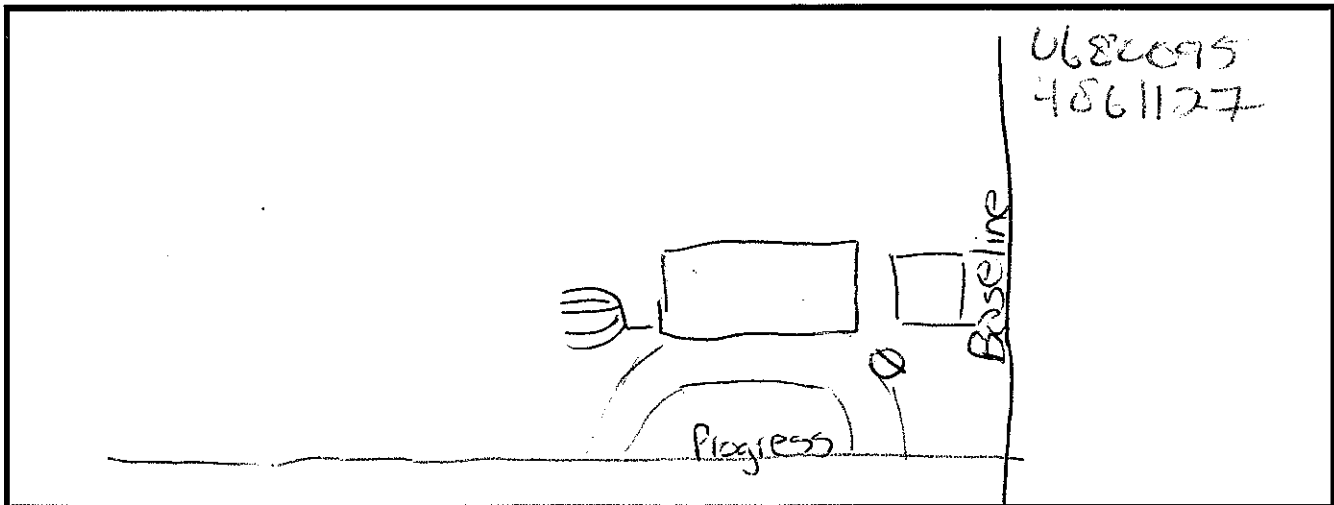
Does homeowner grant permission to obtain a water quality sample?

Yes

No

Signature: Mi Rimm

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

Tile looked in good condition

Is there a depression around the well?



Yes





No

Photo Number:

62

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 #: 6063

MOE #: 4603414

Owner of Well:

Name: Ron Bl Heath Telephone (Bus.): ()
Address: 1250 Rossland (Home): (905) 666-8574
Person Interviewed: Ron Residence: _____
Date: June 19/2008 Time: 1:52 Interviewed By: AD, JM
Name of Original Well Owner: (if different from above) _____

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

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

Well Location:

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

Well Construction Details:

Date Constructed: 1990 Use: domestic Contractor: _____
Type (drilled or dug): dug Diameter: 28" Well Depth: 40' +
Is well accessible for direct sampling? _____ or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

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

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

Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence: ☒ Pumping Capacity: _____ Age: ~8yr
How is your pump lubricated: _____
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: _____ Capacity: 20 gal
Do you have a: Chlorinator: _____ Water Softener: ☒ Water Filter: _____ Filter Type: Fe, u.v.
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.) no
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?

7/1993

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?

no maintenance

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

Does homeowner grant permission to obtain a water quality sample?

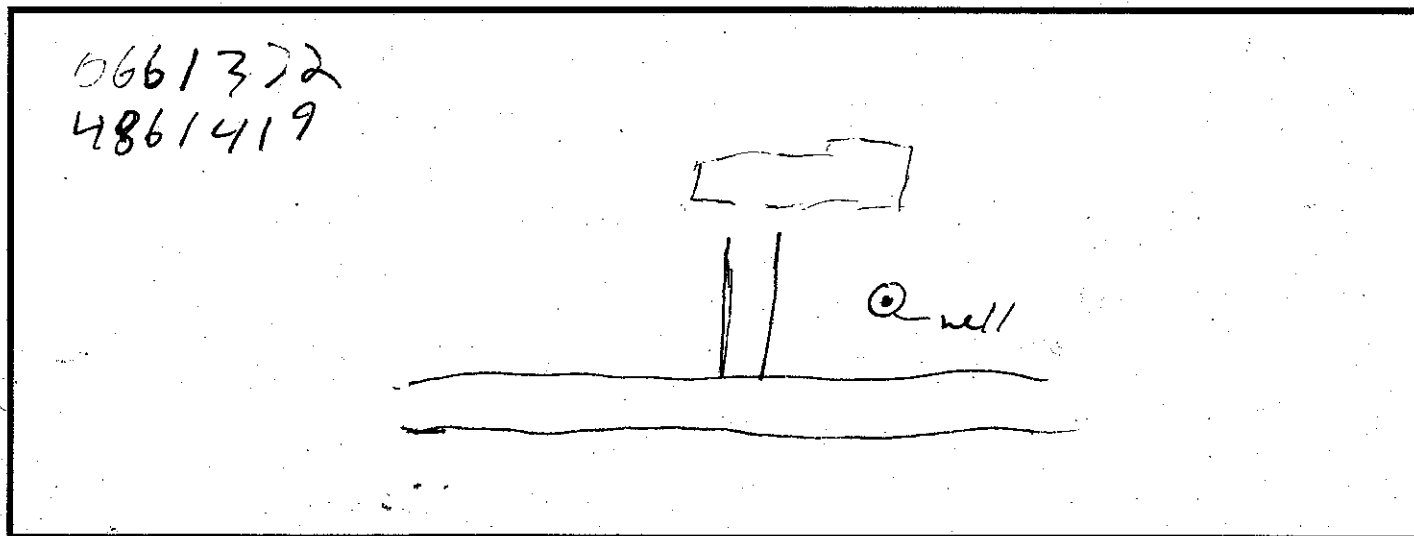
Yes

No

☒ Signature:

Location Sketch: (to be completed by GLL staff)

Property being Purchased



Field Visit: (to be completed by GLL staff)

Well Condition:

In wishing well, ground level. no metal plate for top
water level pull system.

Is there a depression around the well?

☐

Yes

☒

No

Photo Number:

20

15 yrs



Previous Problems:

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

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

If so, when? _____

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage _____

Interference: _____

Contamination: _____

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

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

What action was taken to overcome this problem? _____

What were the effects of this problem? _____

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

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

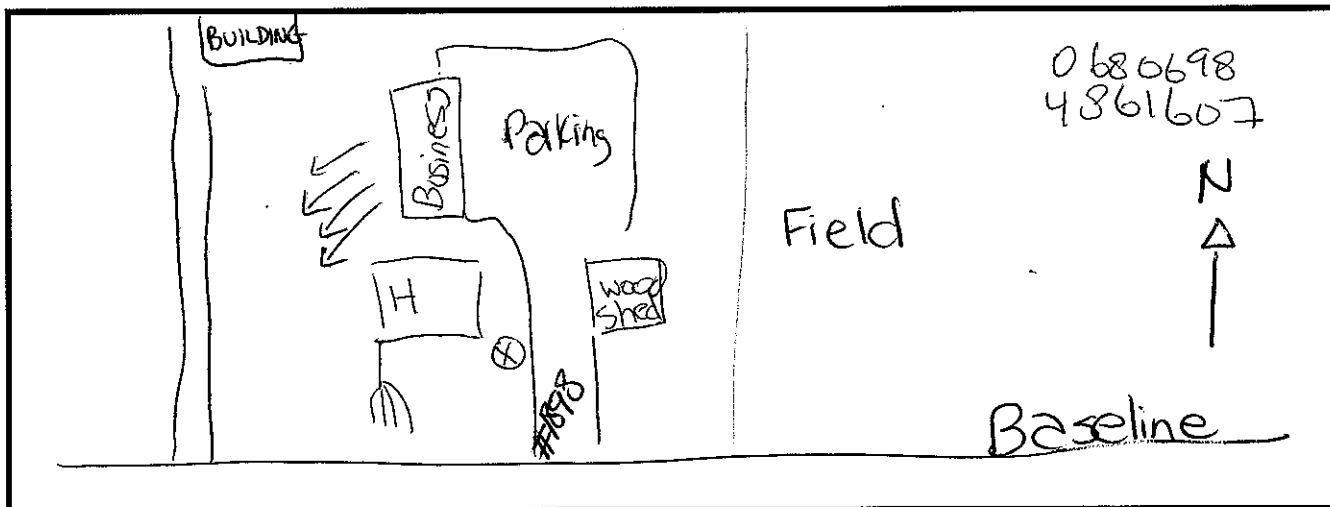


No

Signature: _____

Rivita J. J.

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

cemented around bottom of well.
Tile cracked.

Is there a depression around the well?



Yes



No

Photo Number:

74

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 #:	60643
MOE #:	1903518

Owner of Well:

Name: Spoiled Sports (Victory Motorcycles) (9am-6pm) Telephone (Bus.): (905) 436-9226
Address: 1898 Baseline rd (Home): ()
Person Interviewed: Linda Todd Residence: _____
Date: Mar. 6 / 08 Time: 3:50 Interviewed By: AD / RC
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: BF Township: Clarington
GLL Map Sheet: (to be completed by GLL Staff) E2516

Well Construction Details:

Date Constructed: 215 yrs Use: _____ Contractor: _____
Type (drilled or dug): dug Diameter: 28" Well Depth: 25-30'
Is well accessible for direct sampling? Yes or buried: _____
Screen: Yes _____ No X If Yes, length: _____ m Depth of top of screen: _____ m

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

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

Pumping Equipment:

Pump Type: Suction-lift: _____ in well or Positive-submergence X Pumping Capacity: _____ Age: 1.5 yrs
How is your pump lubricated: _____
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: Bladder tank Capacity: 20 gallons
Do you have a: Chlorinator: _____ Water Softener: _____ Water Filter: ✓ Filter Type: npw
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.) indoor plumbing
Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: 80ft.
Well is: 1) Uphill X 2) Downhill: _____ 3) Same Grade: _____

Water Well Survey

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

Well #: 6067

MOE #: 1904237

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

Owner of Well:

Name: Everett Groeneveld Telephone (Bus.): ()
Address: 578 Rundle Road. (Home): (905) 623-1145
Person Interviewed: Everett Residence: _____
Date: 03/04/2008 Time: _____ Interviewed By: AD/CRC
Name of Original Well Owner: (if different from above) NO (N/A)

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

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

Well Location:

Lot: 25 Concession: BF E6 Township: ?
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: 1975? Use: Domestic Contractor: N/A
Type (drilled or dug): Dug Diameter: 6" Well Depth: 150' ±
Is well accessible for direct sampling? Yes or buried: _____
Screen: Yes ☒ No _____ If Yes, length: N/A m Depth of top of screen: N/A m

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

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

Pumping Equipment:

Pump Type: Suction-lift: _____ or Positive-submergence ☒ Pumping Capacity: 1/2 house Age: 1977
How is your pump lubricated: _____

Depth of Intake Setting: N/A m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: Pressure tank Capacity: 10-25 gallon.
Do you have a: Chlorinator: N/A Water Softener: N/A Water Filter: N/A Filter Type: N/A
Water Use: Domestic: No: _____ Yes: ☒ No. of persons using water from well: 3
Livestock: No: ☒ Yes: _____ No. of livestock watered from well: N/A
Lawn Watering: No: ☒ Yes: _____ Other: _____ Amount: _____

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

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

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? NO

If so, when? N/A

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage _____

Interference: _____

Contamination: _____

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

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

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

What were the effects of this problem? N/A

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

If so, why? N/A

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

Replaced motor on pump in 1985

Does homeowner grant permission to obtain a water quality sample?

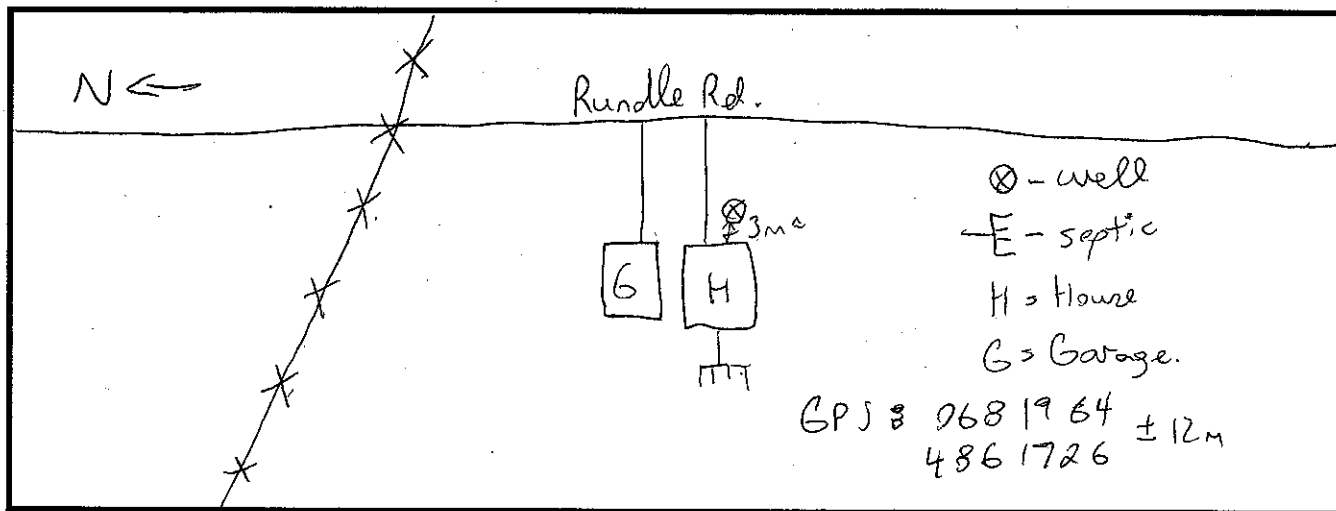
Yes ☒

No ☐

Signature: Robert J. [Signature]

Hydro collects monthly

Location Sketch: (to be completed by GLL staff)




Field Visit: (to be completed by GLL staff)


Well Condition: dilled well inside of well pit.

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

Photo Number: 63

Water Well Survey

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

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

Well #: 6070

MOE #: 1902695

Owner of Well:

Name: James Bind Telephone (Bus.): ()
Address: 1156 Solina rd (Home): ()
Person Interviewed: JAMES Residence: _____
Date: MARCH 14-08 Time: 1025 AM Interviewed By: AD, AM
Name of Original Well Owner: (if different from above) _____

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

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

Well Location:

Lot: _____ Concession: _____ Township: Clarington
GLL Map Sheet: (to be completed by GLL Staff) 1156 SOLINA RD E4/E5

Well Construction Details:

Date Constructed: ? Use: HOME Contractor: _____
Type (drilled or dug): DUG Diameter: 36" 28" Well Depth: 20'
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 BASEMENT Pumping Capacity: _____ Age: 5 YRS
How is your pump lubricated: _____

Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: PRESSURE Capacity: 10-20 GAL
Do you have a: Chlorinator: _____ Water Softener: ✓ Water Filter: _____ Filter Type: _____
Water Use: Domestic: No: _____ Yes: ✓ No. of persons using water from well: 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: 25M
Well is: 1) Uphill ✓ 2) Downhill: _____ 3) Same Grade: _____

4-5 Trucks

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?

Yes

If so, when?

last summer 2027

What was the cause of the previous problem?

Drought: ☒

Pump Failure: ☐

Plugging: ☐

Increased Usage ☐

Interference: ☐

Contamination: ☐

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

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

What action was taken to overcome this problem?

4-5 trucks of water

What were the effects of this problem?

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

If so, why?

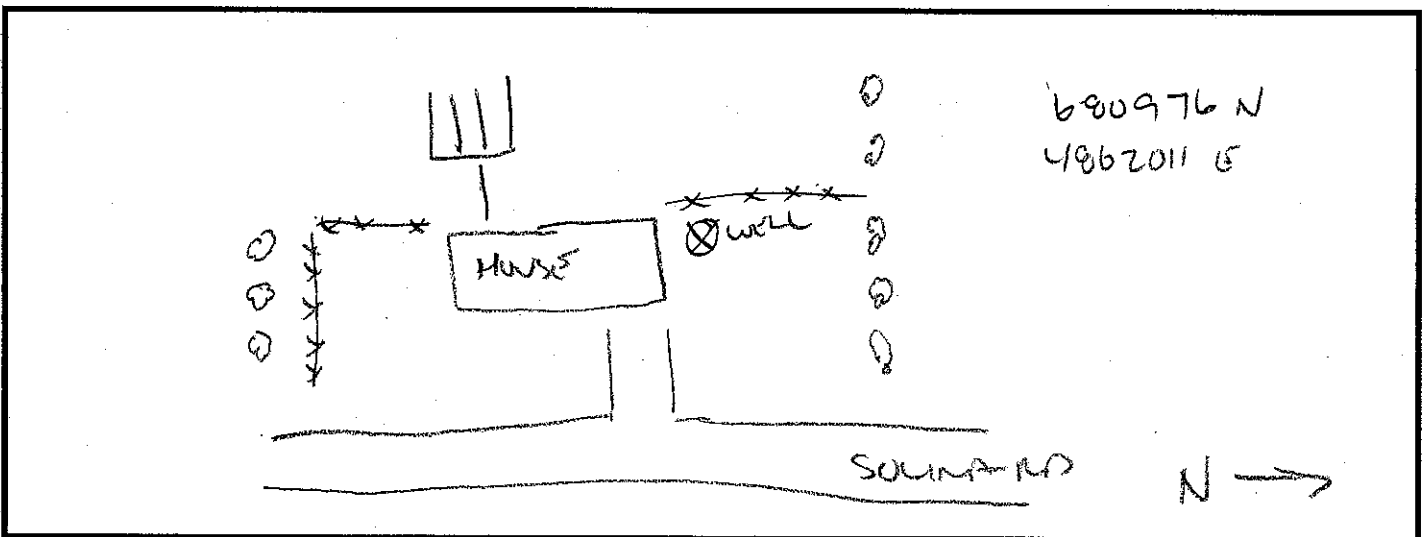
Outline briefly any previous repairs or changes in pumping equipment, and dates:

Does homeowner grant permission to obtain a water quality sample?

Yes ☒ No ☐

Signature: 

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

well under snow.

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 #: 6071

MOE #: 1906190

Owner of Well:

Name: DOUG BOWLES Telephone (Bus.): ()
Address: 1211 SOLINA RD (Home): (905) 429-3533
Person Interviewed: DOUG Residence:
Date: MARCH 14/88 Time: 10:00 AM Interviewed By:
Name of Original Well Owner: (if different from above)

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

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

Well Location:

Lot: Concession: Township: Clarington
GLL Map Sheet: (to be completed by GLL Staff) 1211 SOLINA RD. E4/185

Well Construction Details:

Date Constructed: 1962 Use: HOME Contractor:
Type (drilled or dug): DUG Diameter: 30" 28" Well Depth: 50'
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 Basement Pumping Capacity: Age: 40+
How is your pump lubricated:

Depth of Intake Setting: m (Original) m (Present) Pumping Rate: L/s
Storage Tank: Type: PRESSURE Capacity: 30-40 GAL
Do you have a: Chlorinator: N Water Softener: N Water Filter: N Filter Type:
Water Use: Domestic: No: Yes: L No. of persons using water from well:
Livestock: No: L Yes: No. of livestock watered from well:
Lawn Watering: No: L Yes: Other: Amount:

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

Private Waste and Water Disposal: Type (septic tank, etc.): SEPTIC Distance to Well: 60+ m
Well is: 1) Uphill L 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?

YES

If so, when?

LAST SUMMER, ALMOST ran out of water

What was the cause of the previous problem?

Drought:

✓

Pump Failure:

Plugging:

Increased Usage

Interference:

Contamination:

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

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

What action was taken to overcome this problem?

NONE, LESS USE OF WATER, WATER BECAME
CLEAR, RECHARGE WAS QUICK.

What were the effects of this problem?

CLEAR WATER

Did you ever have your well deepened

or cleaned

YES

or a new well constructed

?

If so, why?

CLEANED 2 YRS AGO

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

Does homeowner grant permission to
obtain a water quality sample?

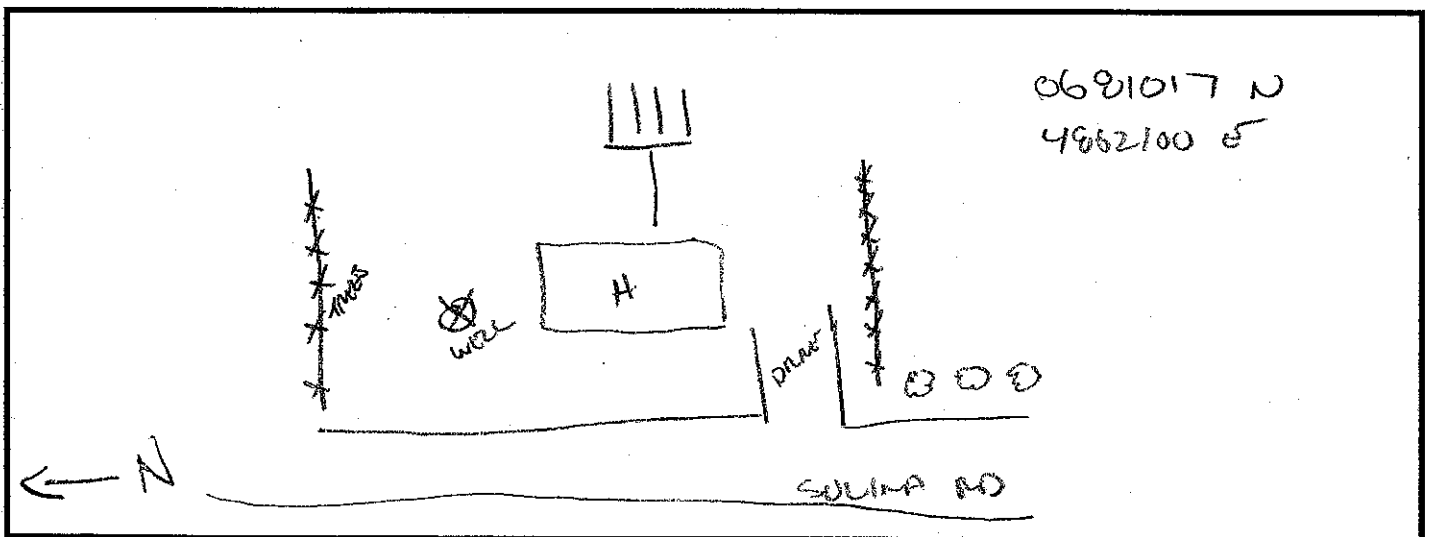
Yes

✓

No

Signature:

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

no pic due to snow

Is there a depression around the well?



Yes



No

Photo Number:

Water Well Survey

Ontario 1201 Wilson Avenue, Building D, 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 #: 6076

MOE #: 1905624

Owner of Well:

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

Address: 664 Tawton Rd. (Home): (905) 683-4241

Person Interviewed: Helen Residence: yes

Date: May 15/08 Time: 12:45 Interviewed By: CC/SC

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

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

Name: Telephone (Bus.): ()

Address: (Home): ()

Well Location:

Lot: Concession: Township:

GLL Map Sheet: (to be completed by GLL Staff) West 6

Well Construction Details:

Date Constructed: 1953 Use: domestic Contractor: Stone

Type (drilled or dug): dug Diameter: 36" Well Depth: 24'

Is well accessible for direct sampling? yes or buried:

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

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

Original Water Level Depth: 7-10' 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: X Water Filter: Filter Type:

Water Use: Domestic: No: Yes: X No. of persons using water from well: 5

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

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

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

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?

50

Have you ever experienced any previous problems with your well?

Rabbit Fell in well. After this, it
cap on.

If so, when?

1965

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage _____

Interference: _____

Contamination: _____

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

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

What action was taken to overcome this problem?

What were the effects of this problem?

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

If so, why?

maintenance.

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

replaced pump 2 times since 1953

Does homeowner grant permission to obtain a water quality sample?

Yes

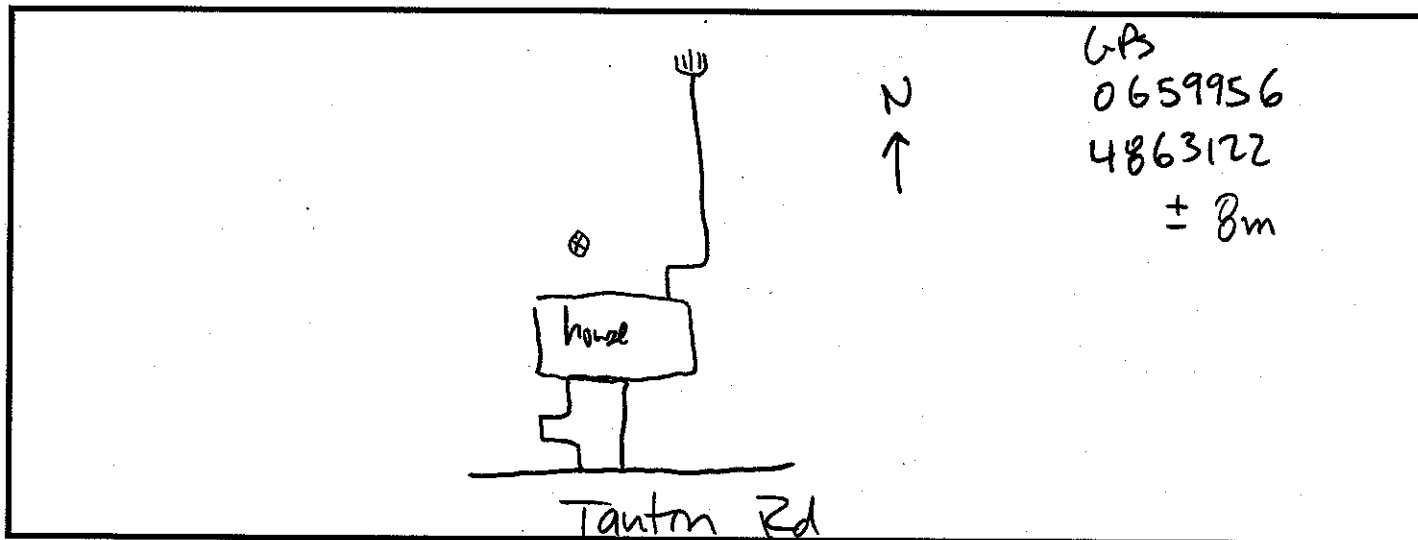
☒

No

Signature:

Helen Brown

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:

4/5

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 #: 6077

MOE #: 1905884

Owner of Well:

Name: Janet Fallaize Telephone (Bus.): ()
Address: 646 Tanton Rd. E, Ag #1234 (Home): (905) 683-9264
Person Interviewed: Janet Residence: yes
Date: May 15/08 Time: 1:15 Interviewed By: CC/SC
Name of Original Well Owner: (if different from above) _____

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

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

Well Location:

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

Well Construction Details:

Date Constructed: 1979 Use: domestic Contractor: Loth
Type (drilled or dug): dug Diameter: 36" Well Depth: 36'
Is well accessible for direct sampling? yes or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

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

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

Pumping Equipment:

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

How is your pump lubricated: _____

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

Storage Tank: Type: _____ Capacity: _____

Do you have a: Chlorinator: _____ Water Softener: _____ 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.) pool - don't use well water

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

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

Previous Problems:

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

30 years

Have you ever experienced any previous problems with your well?

Coliform, Ecoli - baseball caplux across street

If so, when?

8 years ago

What was the cause of the previous problem?

Drought:

Pump Failure:

Plugging:

Increased Usage

Interference:

Contamination:

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

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

What action was taken to overcome this problem?

What were the effects of this problem?

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

If so, why?

and sealed

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

Does homeowner grant permission to obtain a water quality sample?

Yes

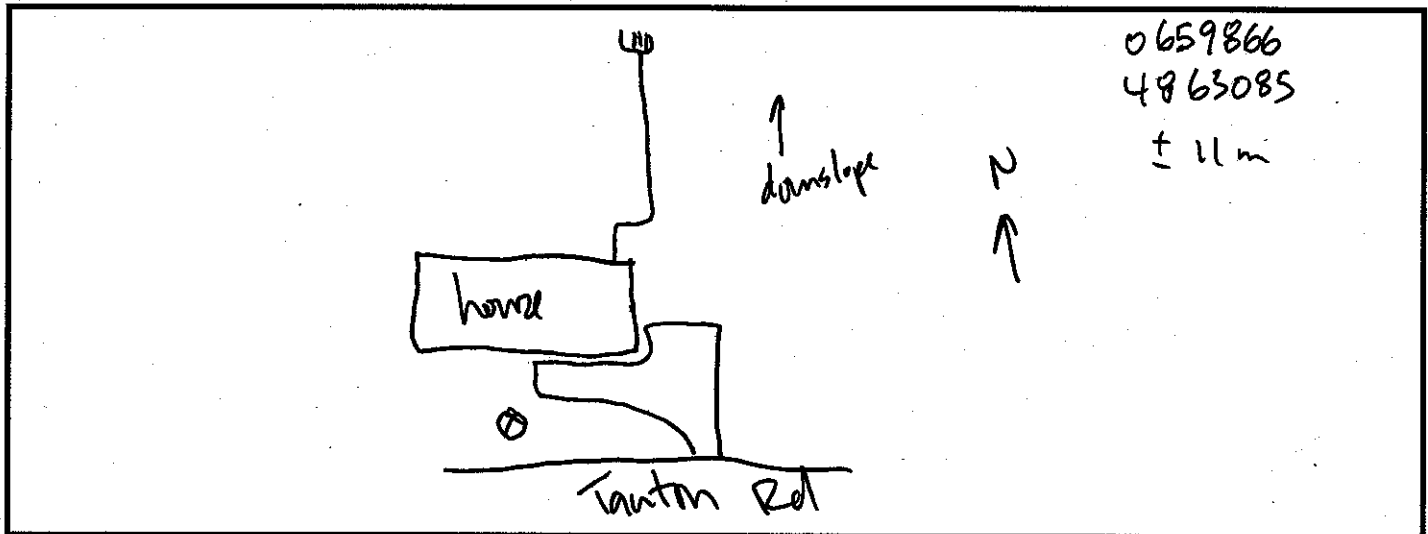


No

Signature:

Jane Dallage

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:

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 #: 6082
MOE #: 1903962

Owner of Well:

Name: Linda Albert (& Stewart) Telephone (Bus.): (905) 434-2512
Address: Linda & Stewart (Home): ()
Person interviewed: 2079 Hancock Rd. Residence: Yes
Date: March 12, 2008 Time: 15:30 Interviewed By: AD/RBC
Name of Original Well Owner: (if different from above) _____

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

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

Well Location:

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

Well Construction Details:

Date Constructed: n/a Use: Residential Contractor: _____
Type (drilled or dug): Dug Diameter: 28" Well Depth: 720 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: 75 yrs
How is your pump lubricated: PRESSURE TANK
Depth of Intake Setting: W2 m (Original) na m (Present) Pumping Rate: nc L/s
Storage Tank: Type: PRESSURE tank Capacity: _____
Do you have a: Chlorinator: _____ Water Softener: X Water Filter: X Filter Type: UV
Water Use: Domestic: No: _____ Yes: X No. of persons using water from well: 2
Livestock: No: X Yes: _____ No. of livestock watered from well: 00
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: 25m
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?

Yes

If so, when?

Last summer / fall (2007)

What was the cause of the previous problem?

Drought: X

Pump Failure: X

Plugging: _____

Increased Usage: _____

Interference: _____

Contamination: _____

If problem was 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 well use, replace pump "prime"

What were the effects of this problem?

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

If so, why?

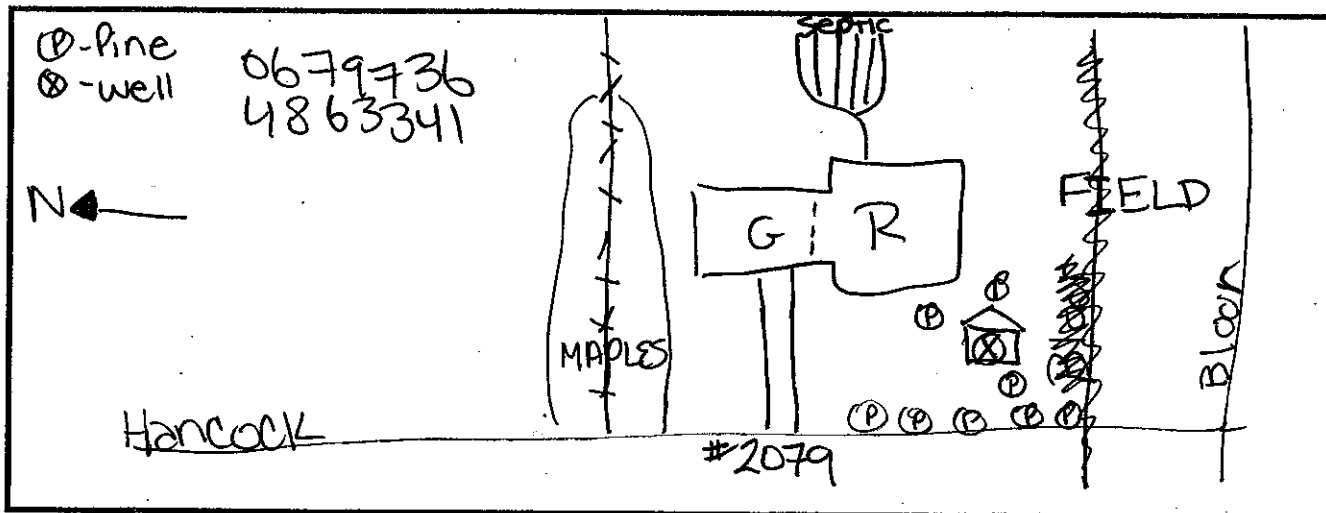
Outline briefly any previous repairs or changes in pumping equipment, and dates:

Does homeowner grant permission to obtain a water quality sample?

Yes X No _____

Signature: Linda Albert

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

lid not sealed shut.

Is there a depression around the well?



Yes



No

alot of snow in wishing well

Photo Number:

2 pics

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 #: 6083
MOE #: 1907408

Owner of Well:

Name: Steve Booth Telephone (Bus.): 905 474-8121
Address: 2119 Hancock Rd. (Home): () 4
Person Interviewed: Steve Booth Residence: Yes
Date: Mar. 12/08 Time: 2:15 Interviewed By: AD, RBC
Name of Original Well Owner: (if different from above) _____

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

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

Well Location:

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

Well Construction Details:

Date Constructed: 1989 Use: _____ Contractor: _____
Type (drilled or dug): Dug Diameter: 28" Well Depth: 28 ft
Is well accessible for direct sampling? _____ or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

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

Original Water Level Depth: _____ m
Subsequent Water Level Measurements: ~10ft of water 2 yrs ago when replacing pump
(give depths in m and dates)

Pumping Equipment:

Pump Type: Suction-lift: _____ or Positive-submergence ☒ Pumping Capacity: 1/2 HP (?) 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: 5-10 gal
Do you have a: Chlorinator: _____ Water Softener: ☒ Water Filter: ☒ Filter Type: ceramic
Water Use: Domestic: No: _____ Yes: ☒ No. of persons using water from well: 4
Livestock: No: ☒ Yes: _____ No. of livestock watered from well: _____
Lawn Watering: No: ☒ Yes: _____ Other: _____ Amount: _____

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

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?

16 yrs.

Have you ever experienced any previous problems with your well?

heat pump 24hrs in winter recharge couple hours.
~5 to 6 yrs ago Bact high

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?

Nothing noted

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

What action was taken to overcome this problem?

Put in a filter, when usage increased recharge was fairly quick

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:

discharge from heat pump goes to man made ditch (dry well) west of well so "replenishes" well.

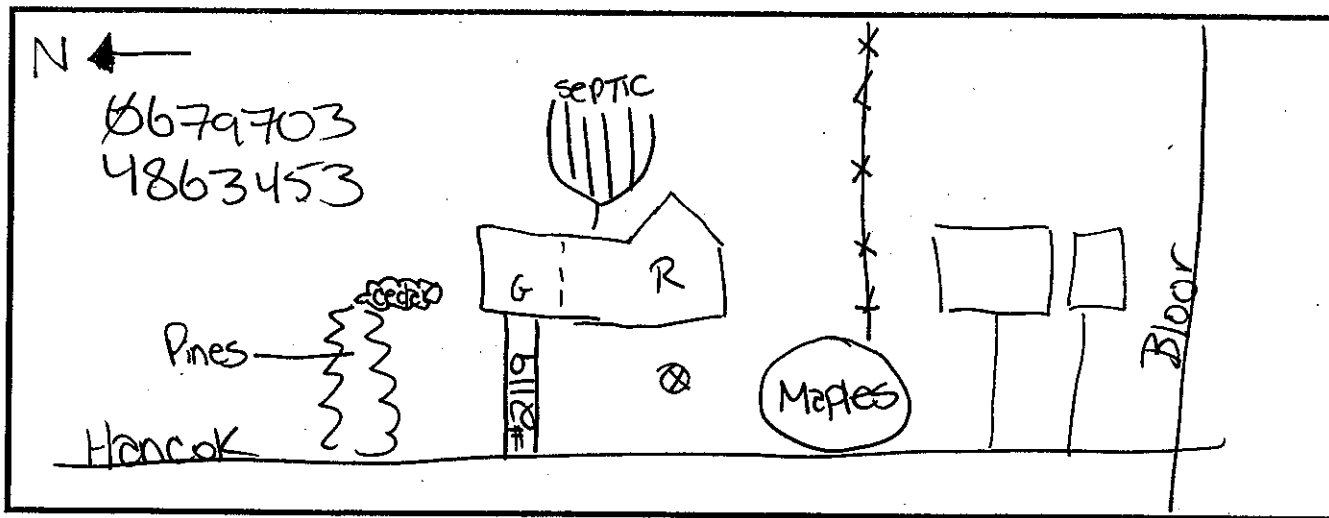
Does homeowner grant permission to obtain a water quality sample?

Yes ☒

No ☐

Signature: 

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

top lid not sealed or

Is there a depression around the well?

☐ Yes

☐ No

Photo Number:

3 pics

can't tell; too much snow

Water Well Survey "3 wells on PROPERTY"

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 #: 6084

MOE #: 905049

Owner of Well:

Name: Frances Anderson Telephone (Bus.): ()
Address: 1987 Bloor St. (Home): (R) 623-1708
Person Interviewed: Residence:
Date: MARCH 14-88 Time: 11:00 AM Interviewed By: BR, 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: E4 / E5 Township: Clarington
GLL Map Sheet: (to be completed by GLL Staff)

Well Construction Details:

Date Constructed: 1980 Use: Home Contractor:
Type (drilled or dug): DUG Diameter: 28" Well Depth: 37 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 Basement 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:

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

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

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

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

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

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

Well is: 1) Uphill ✓ 2) Downhill: 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?

NO

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 Y, or cleaned Y, or a new well constructed N?

If so, why?

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

Does homeowner grant permission to obtain a water quality sample?

Yes

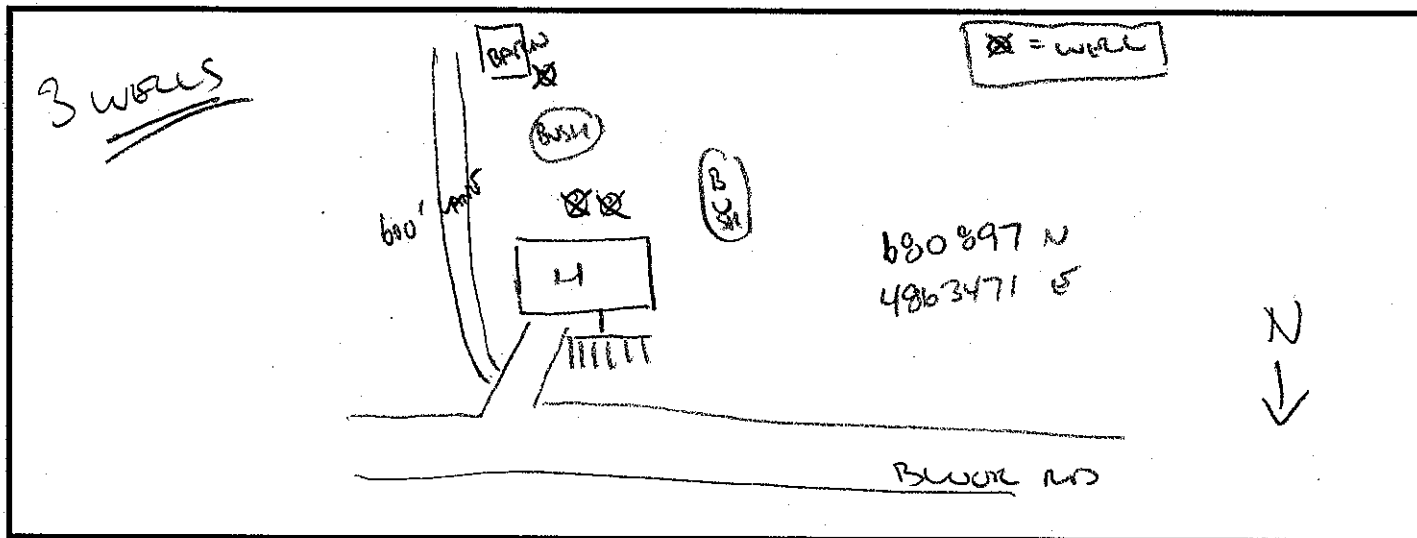
No

Signature:

Frances J. Anderson

Location Sketch: (to be completed by GLL staff)

2nd well - 27 1/2', 3rd - 12'



Field Visit: (to be completed by GLL staff)

Well Condition:

IRON IN WATER

well to the west photographed. well to the east shorter & under snow.

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 #: 6685
MOE #: 1907065

Owner of Well:

Name: Joe Martire Telephone (Bus.): 905 434-5656
Address: 2185 Hancock (Home):
Person Interviewed: Joe Martine Residence:
Date: Mar. 12/08 Time: Interviewed By: AD, RBC
Name of Original Well Owner: (if different from above)

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

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

Well Location:

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

Well Construction Details:

Date Constructed: 1984 Use: Contractor: Kewartha Drilling - Peterborough
Type (drilled or dug): Drilled Diameter: 6" Well Depth: 64 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
(give depths in m and dates)

Pumping Equipment:

Pump Type: Suction-lift or Positive-submergence ☒ Pumping Capacity: Age: 3 yrs old.
How is your pump lubricated:

Depth of Intake Setting: m (Original) m (Present) Pumping Rate: L/s
Storage Tank: Type: 100 gal. Capacity:
Do you have a: Chlorinator: on well Water Softener: X Water Filter: X charcoal Filter Type:
Water Use: Domestic: No: Yes: X No. of persons using water from well: 2
Livestock: No: Yes: X Pigeons No. of livestock watered from well: ~ 100
Lawn Watering: No: X Yes: Other: Amount:

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

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

Previous Problems:

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

1984 24 yrs

Have you ever experienced any previous problems with your well?

contamination - high results back from reg. sampling

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?

Chlorinated

What were the effects of this problem?

nothing noticed

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

~3 yrs ago

If so, why?

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

reg. maintenance

Does homeowner grant permission to obtain a water quality sample?

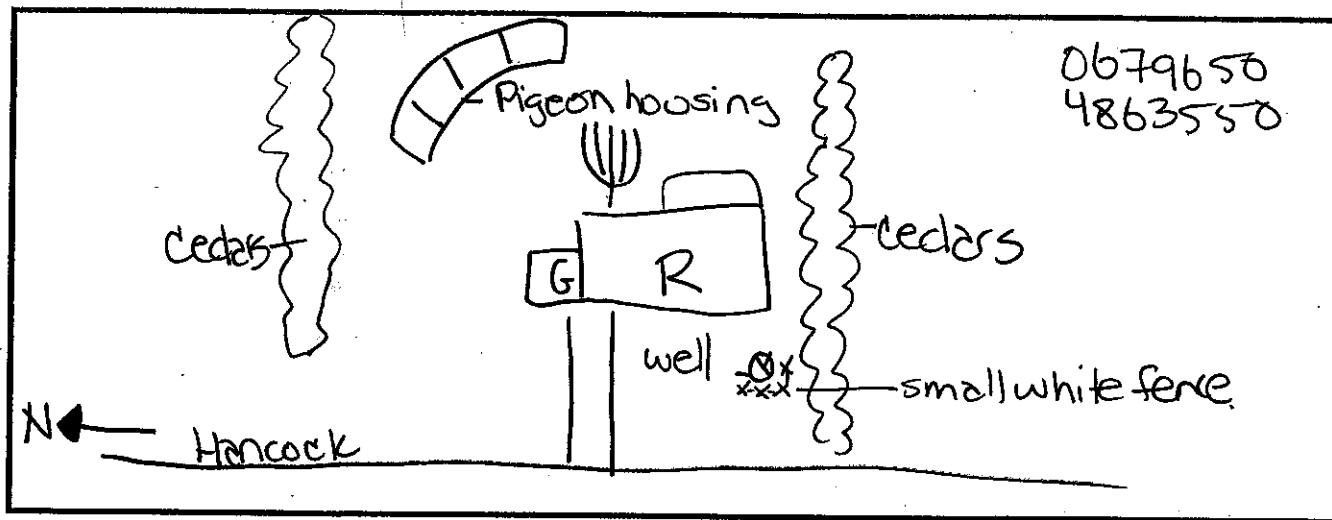
Yes ☐

No ☒

Signature: _____

Chlorination from well
no tap not filtered.

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

Chlorinator attached to well, small white fence around well.

Is there a depression around the well?



Yes



No

too much snow

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 #: 6086

MOE #: 1904060

Owner of Well:

Name: Steve Bobas Telephone (Bus.): 905 434-1643

Address: 2086 Solina rd. (Home): ()

Person interviewed: Steve Residence: Yes

Date: Mar. 13/08 Time: 1:35 Interviewed By: AD, HA

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

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

Name: _____ Telephone (Bus.): ()

Address: _____ (Home): ()

Well Location:

Lot: _____ Concession: _____ Township: Clarington

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

Well Construction Details:

Date Constructed: 2005 25 yrs Use: _____ Contractor: _____

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

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

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

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

Original Water Level Depth: _____ m

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

Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence _____ Pumping Capacity: 3/4 HP Age: <1 yr.

How is your pump lubricated: _____

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

Storage Tank: Type: Pressure Capacity: 20-30 GAL

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

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

Private Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well: 35-40m

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

Previous Problems:

How long have you owned, operated or lived on this property? 1990

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:

laved periodically

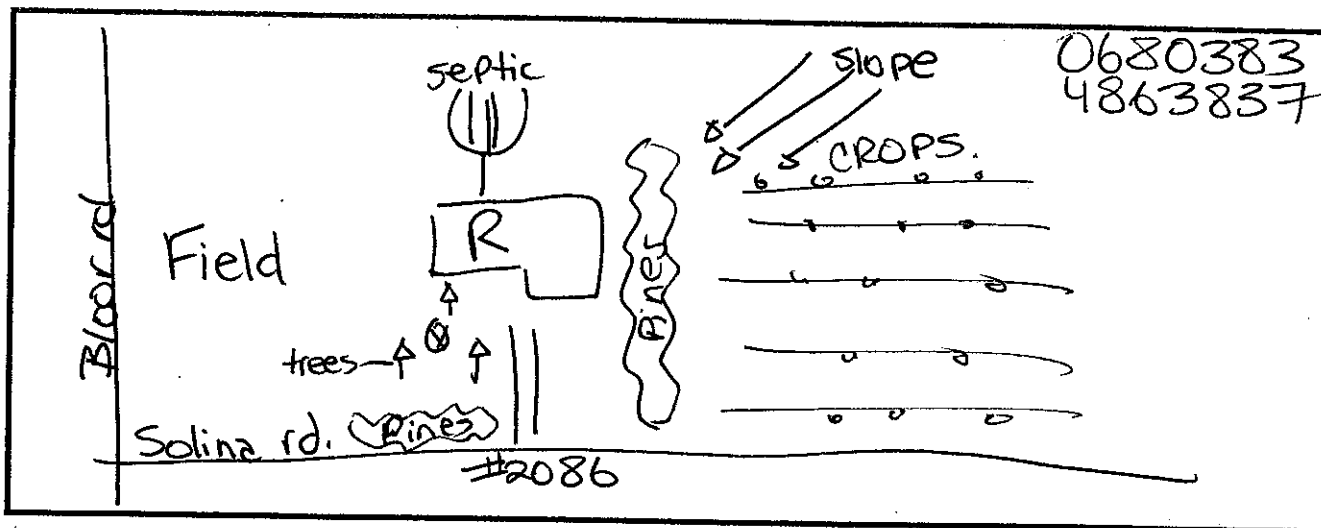
Does homeowner grant permission to obtain a water quality sample?

Yes _____

No ☒

Signature: _____

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition: _____

under snow

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

too much snow to determine

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 #:	6110
MOE #:	1904907

Owner of Well:

Name: Gwen Muir Telephone (Bus.): 905 426-2543
Address: 1775 Hwy 12 (Home):
Person Interviewed: Gwen Muir Residence: Yes
Date: Mar. 12/08 Time: 3:15 Interviewed By: AD, RBC
Name of Original Well Owner: (if different from above)

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

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

Well Location:

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

Well Construction Details:

Date Constructed: ~ 58 yrs old Use: Contractor:
Type (drilled or dug): Dug Diameter: 28" Well Depth: 15 ft
Is well accessible for direct sampling? or buried:
Screen: Yes No If Yes, length: m Depth of top of screen: m

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

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

Pumping Equipment:

Pump Type: Suction-lift: ✓ * repairs to pump, but never bought a new one. or Positive-submergence Pumping Capacity: Age: 58 yrs
How is your pump lubricated:

Depth of Intake Setting: m (Original) m (Present) Pumping Rate: L/s
Storage Tank: Type: Pressure Capacity: 5-10 GAL
Do you have a: Chlorinator: Water Softener: Water Filter: Filter Type:
Water Use: Domestic: No: Yes: X No. of persons using water from well: 1
Livestock: No: X Yes: No. of livestock watered from well:
Lawn Watering: No: X Yes: Other: Amount:

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

Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: 25m
Well is: 1) Uphill 2) Downhill: 3) Same Grade: X 10-15m

Previous Problems:

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

58 yrs.

Have you ever experienced any previous problems with your well?

Dry sometimes (last summer)
good recharge though (couple hrs)

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?

let it 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:

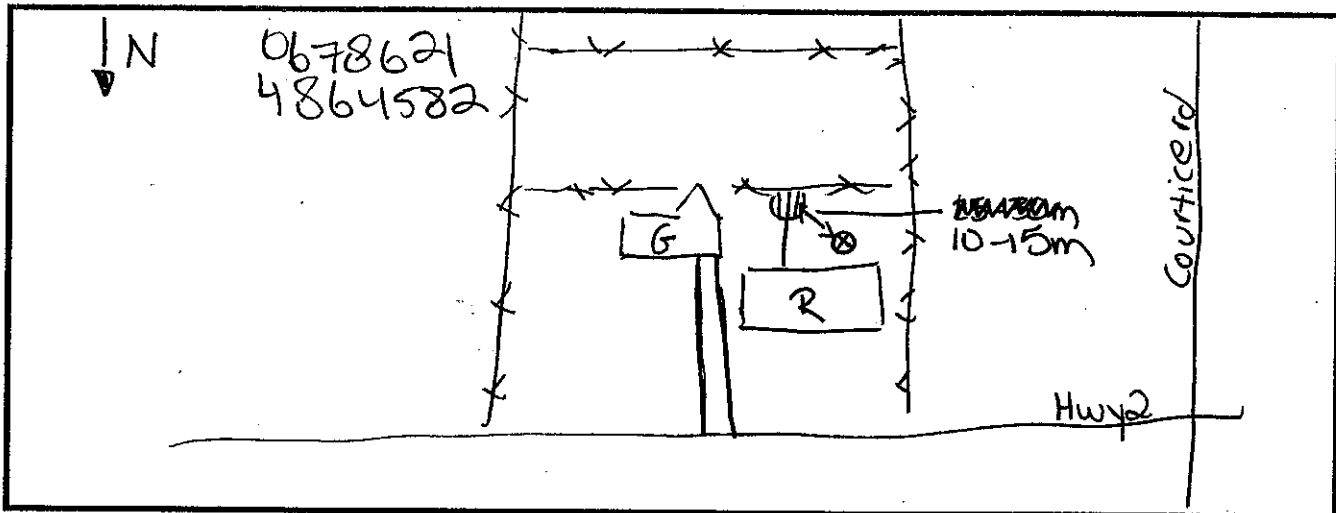
Does homeowner grant permission to obtain a water quality sample?

Yes ☒ No _____

Signature:

John M. Miller

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

Too much snow

Is there a depression around the well?

☐ Yes ☒ No

Photo Number:

1 pic

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 #: 6112
MOE #: 1906953

Owner of Well:

Name: Didn't Give name Telephone (Bus.): ()
Address: 2547 Solina rd (Home): () N/A.
Person interviewed: Female Residence:
Date: Mar. 13/08 Time: 10:20 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: E4. Township: Clarington
GLL Map Sheet: (to be completed by GLL Staff)

Well Construction Details:

Date Constructed: 1950 Use: Contractor:
Type (drilled or dug): Dug Diameter: 28" Well Depth: 18 ft
Is well accessible for direct sampling? or buried:
Screen: Yes No If Yes, length: m Depth of top of screen: m

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

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

Pumping Equipment:

Pump Type: Suction-lift: X 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: Bladder Pump Capacity:
Do you have a: Chlorinator: X Water Softener: X Water Filter: X Filter Type: X
Water Use: Domestic: No: Yes: X No. of persons using water from well: 3
Livestock: No: X Yes: No. of livestock watered from well:
Lawn Watering: No: X Yes: Other: Don't drink Amount:

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

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

Previous Problems:

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

60's (1966)

Have you ever experienced any previous problems with your well?

no problems, just hard.

If so, when?

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage: _____

Interference: _____

Contamination: _____

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

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

What action was taken to overcome this problem?

What were the effects of this problem?

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

If so, why?

clean bottom + replace footvalves

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

✓ New houses (septics raised) cause flooding in her back yard + road raised causing front ditch to flood as well.

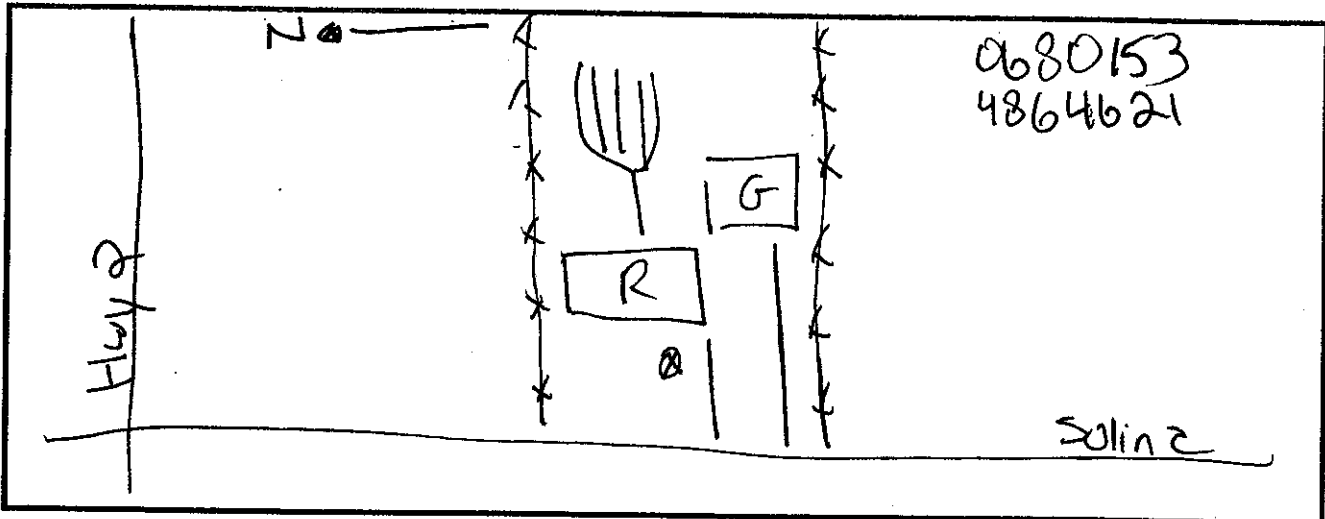
Does homeowner grant permission to obtain a water quality sample?

Yes _____

No ☒

Signature: _____

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

Too much snow to see well

Is there a depression around the well?



Yes



No N/A

Photo Number:

N:1

Send Burt copy of map + survey.

Water Well Survey

Well #: 6119
MOE #: 1904017

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: Bert Berger Telephone (Bus.): ()
Address: 1993 Hwy #2 RR6 Bowmanville (Home): 905 623-6350
Person Interviewed: Burt Residence: Yes
Date: 03/28/2008 Time: 11:25 Interviewed By: AD, CC

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

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

Well Location:

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

Well Construction Details:

Date Constructed: 20 years Use: Domestic Contractor: Harts
Type (drilled or dug): Drilled Diameter: 6" Well Depth: 135'
Is well accessible for direct sampling? Yes or buried: _____
Screen: Yes ☒ No _____ If Yes, length: N/A m Depth of top of screen: N/A m

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

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

Pumping Equipment:

Pump Type: Suction-lift: _____ or Positive-submergence ☒ Pumping Capacity: N/A Age: 20 years
How is your pump lubricated: _____
Depth of Intake Setting: 176' m (Original) N/A m (Present) Pumping Rate: N/A L/s
Storage Tank: Type: Pressure Capacity: 10-20 gal
Do you have a: Chlorinator: NO Water Softener: NO Water Filter: NO Filter Type: NO
Water Use: Domestic: No: _____ Yes: ☒ No. of persons using water from well: 3
Livestock: No: ☒ Yes: _____ No. of livestock watered from well: _____
Lawn Watering: No: ☒ Yes: _____ Other: _____ Amount: _____
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) shower, washing machine, fill pool with well.
Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: 30 m
Well is: 1) Uphill ☒ 2) Downhill: _____ 3) Same Grade _____ 4) Update _____

Deep well abandoned

Previous Problems:

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

32

Have you ever experienced any previous problems with your well?

NONE other than iron bacteria

If so, when?

recently (Natural)

What was the cause of the previous problem?

Drought:

Pump Failure:

Plugging:

Increased Usage

Interference:

Contamination:

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

N/A

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

What action was taken to overcome this problem?

NONE

What were the effects of this problem?

NONE

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

If so, why?

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

NONE

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

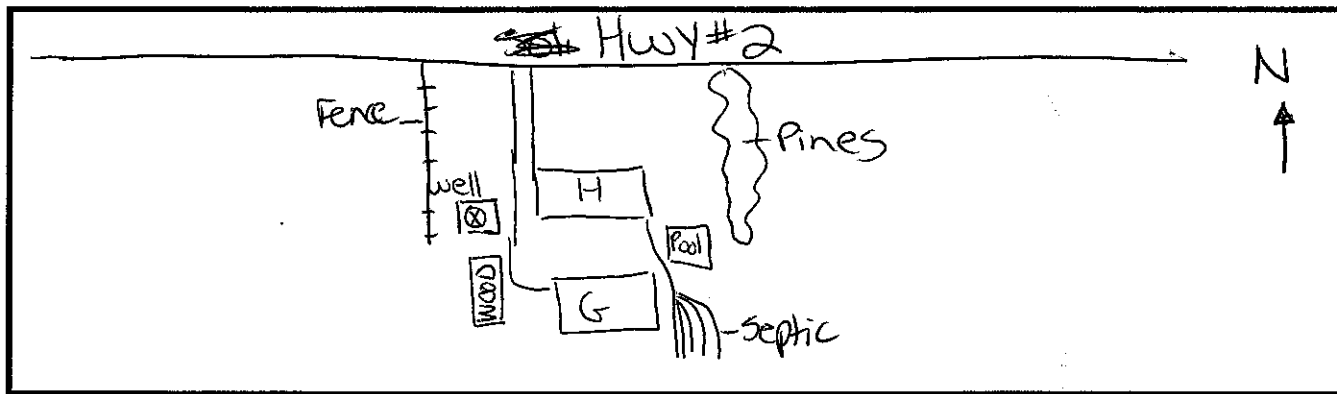
No

Yes

Signature:

[Signature]

Location Sketch:



Field Visit: (to be completed by GLL staff)

Well Condition:

1 ft above ground, concrete box around well


Is there a depression around the well?


NO

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

Is there staining on the inside of the tiles?

Water Well Survey

 Ontario 1201 Wilson Avenue, Building D, 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 #: 6126

MOE #: 1903423

Owner of Well:

Name: Jim + Rose PLANA Telephone (Bus.): ()
Address: 2885 HANCOCK RD (Home): () 436-2597
Person Interviewed: Residence:
Date: MARCH 14-08 Time: 2:15 PM Interviewed By: AD, Bm.
Name of Original Well Owner: (if different from above)

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

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

Well Location:

Lot: Concession: E4/E5 Township: Clarington
GLL Map Sheet: (to be completed by GLL Staff)

Well Construction Details:

Date Constructed: 1972 Use: Contractor:
Type (drilled or dug): DUG Diameter: 36" 28" Well Depth: 35'
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 BASINENT Pumping Capacity: 1/2 HP Age: 3-4 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 GAL
Do you have a: Chlorinator: N Water Softener: N Water Filter: N Filter Type:
Water Use: Domestic: No: Yes: ✓ No. of persons using water from well: 2
Livestock: No: ✓ Yes: No. of livestock watered from well: ✓
Lawn Watering: No: ✓ Yes: Other: Amount:

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

Private Waste and Water Disposal: Type (septic tank, etc.): SEPTIC Distance to Well: 75m +
Well is: 1) Uphill ✓ 2) Downhill: 3) Same Grade

Previous Problems:

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

1972

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 N, or cleaned N, or a new well constructed N?

If so, why?

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

Does homeowner grant permission to obtain a water quality sample?

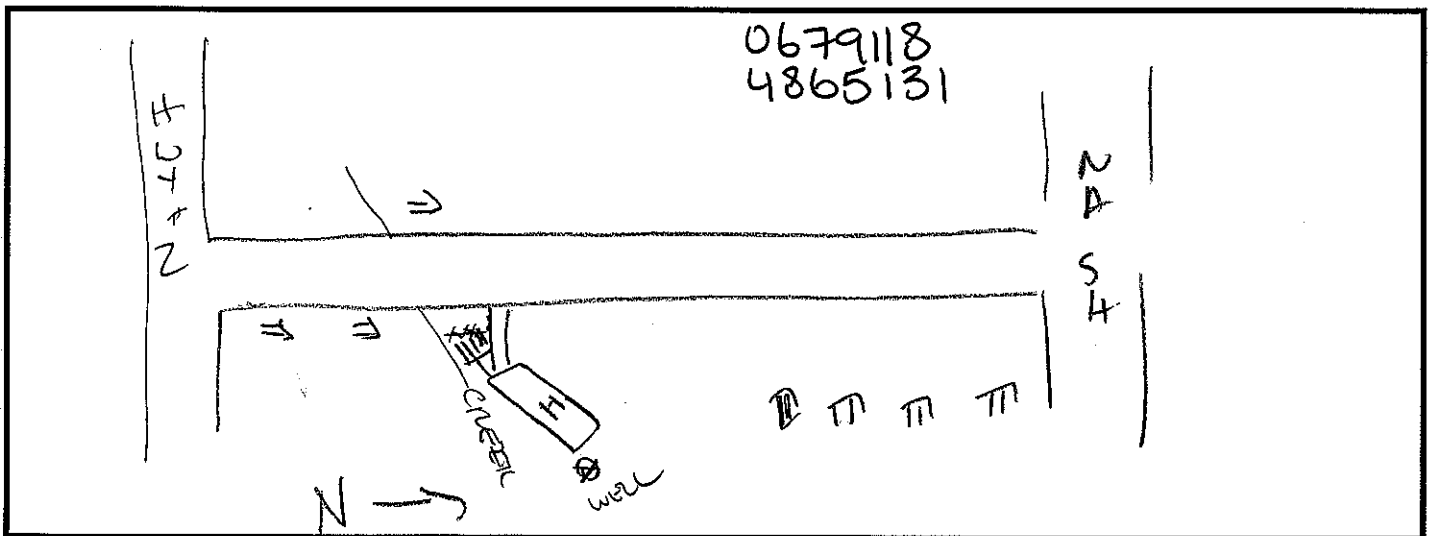
Yes

No

Signature:

J. Plonets

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

Could not see due to snow

Is there a depression around the well?



Yes



No

Photo Number:



★ Municipal water supply in process
of coming up Hancock rd.
~ months until
hook up.

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 #:	6130
MOE #:	1907155

Owner of Well:

Name: Donald McKay Telephone (Bus.): ()
Address: 3010 Hancock rd, Courtice (Home): (905) 436-2297
Person Interviewed: Donald Residence: _____
Date: April 4/08 Time: 12:00 Interviewed By: AD, CL

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

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

Well Location:

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

Well Construction Details:

Date Constructed: 1962 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 _____
(give depths in m and dates)

Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence _____ Pumping Capacity: _____ Age: ~7 yrs
How is your pump lubricated: _____
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: Pressure (2) Capacity: 25 gallons + 15 gallons
Do you have a: Chlorinator: _____ Water Softener: _____ Water Filter: _____ Filter Type: _____
Water Use: Domestic: No: _____ Yes: ☒ No. of persons using water from well: 2
Livestock: No: ☒ Yes: _____ No. of livestock watered from well: _____
Lawn Watering: No: ☒ Yes: _____ Other: Don't drink 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: 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?

> 4 yrs.

Have you ever experienced any previous problems with your well?

water shortages w increased usage

If so, when?

Summer '07

& 10+ yrs ago.

+ drought

What was the cause of the previous problem?

Drought: ☒

Pump Failure: ☐

Plugging: ☐

Increased Usage ☒

Interference: ☐

Contamination: ☐

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

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

What action was taken to overcome this problem?

What were the effects of this problem?

water shortages.

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

If so, why?

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

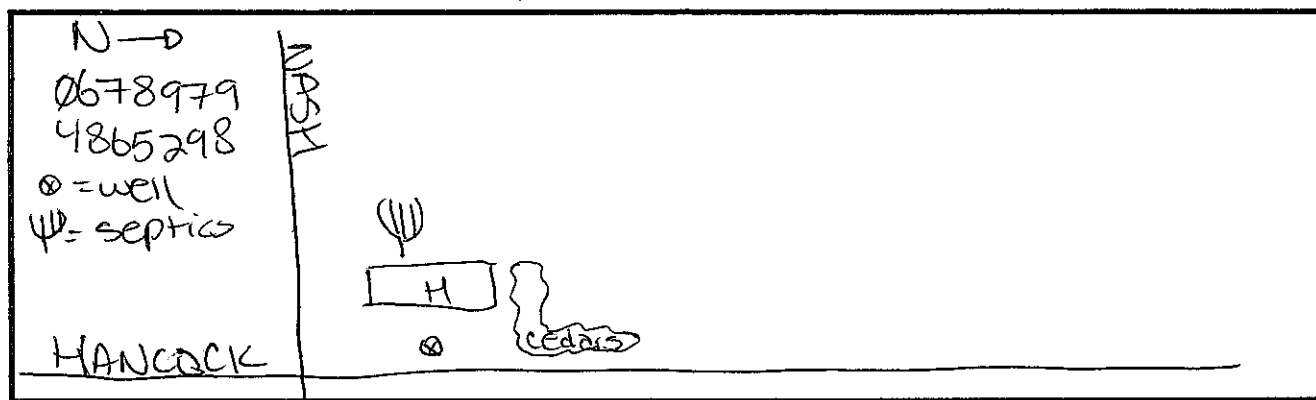
Does homeowner grant permission to obtain a water quality sample?

No ☐

Yes ☒

Signature: [Signature]

Location Sketch:



Field Visit: (to be completed by GLL staff)

Well Condition: is okay < 1 ft above ground, can't tell if caulked or sealed

Is there a depression around the well? No., near road ditch

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 #:	6132
MOE #:	1907154

Owner of Well:

Name: Shirley Maclean Telephone (Bus.): ()
Address: 1915 Nash rd. (Home): (905) 436-2133
Person Interviewed: Shirley Residence: _____
Date: April 7/08 Time: 11:45am. Interviewed By: AD, RBC

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

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

Well Location:

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

Well Construction Details:

Date Constructed: ~1977 Use: 28" Contractor: _____
Type (drilled or dug): Dug Diameter: Domestic Well Depth: 35 ft.
Is well accessible for direct sampling? _____ or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

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

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

Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence _____ Pumping Capacity: _____ Age: <5 yrs.
How is your pump lubricated: _____

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

Storage Tank: Type: Pressure Capacity: ~5 gallons

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

Water Use: Domestic: No: _____ Yes: ☒ No. of persons using water from well: 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: 15m

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

Previous Problems:

How long have you owned, operated or lived on this property? 1975

Have you ever experienced any previous problems with your well? No prob, older well de commissioned

If so, when? & used to go dry: dug newer well

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage ✓ (5 people @ 18)

Interference: _____

Contamination: _____

If problem was 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 newer well.

What were the effects of this problem? water shortages

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

If so, why? save 1 yr.

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

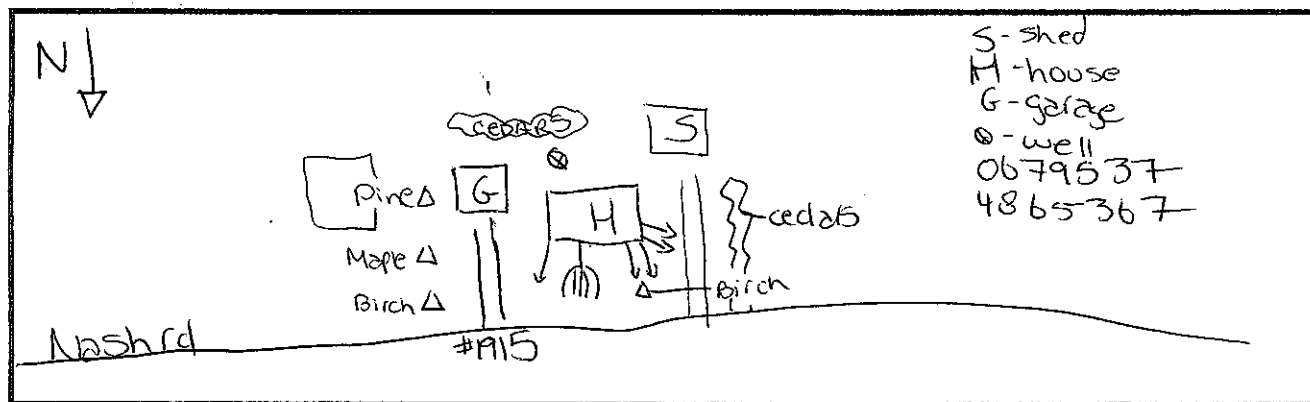
Does homeowner grant permission to obtain a water quality sample? _____

No

Yes ✓

Signature: [Signature]

Location Sketch:



Field Visit: (to be completed by GLL staff)

photo 20+21

Well Condition: bird feeder attached to well, lid not caulked, tile in good condition

Is there a depression around the well? East side

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 #:	6134
MOE #:	1906774

Owner of Well:

Name: John Joan + Paul Chubb Telephone (Bus.): ()
Address: 2740 Rundle rd North (Home): (905) 623-1050
Person Interviewed: Joan + Paul Residence: _____
Date: Mar. 28/08 Time: 2:40 Interviewed By: AD, CC.

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

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

Well Location:

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

Well Construction Details:

Date Constructed: 20 yrs Use: Domestic Contractor: N/A
Type (drilled or dug): Dug Diameter: 28" Well Depth: 30ft.
Is well accessible for direct sampling? _____ or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

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

Original Water Level Depth: ~20ft m
Subsequent Water Level Measurements 8ft water last year (2007)
(give depths in m and dates)

Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence _____ Pumping Capacity: _____ Age: at least 10 yrs
How is your pump lubricated: _____
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: _____ Capacity: _____
Do you have a: Chlorinator: ☒ Water Softener: ☒ Water Filter: _____ Filter Type: _____
Water Use: Domestic: No: _____ Yes: ☒ No. of persons using water from well: 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. equip.
Private Waste and Water Disposal: Type (septic tank, etc.): Septic (20) Distance to Well: 20m
Well is: 1) Uphill _____ 2) Downhill: _____ 3) Same Grade _____ 4) Update _____

Previous Problems:

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

30 yrs.

Have you ever experienced any previous problems with your well?

iron. older dugwell went dry.

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?

drained + scrubbed + sealed cracks

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

Does homeowner grant permission to obtain a water quality sample?

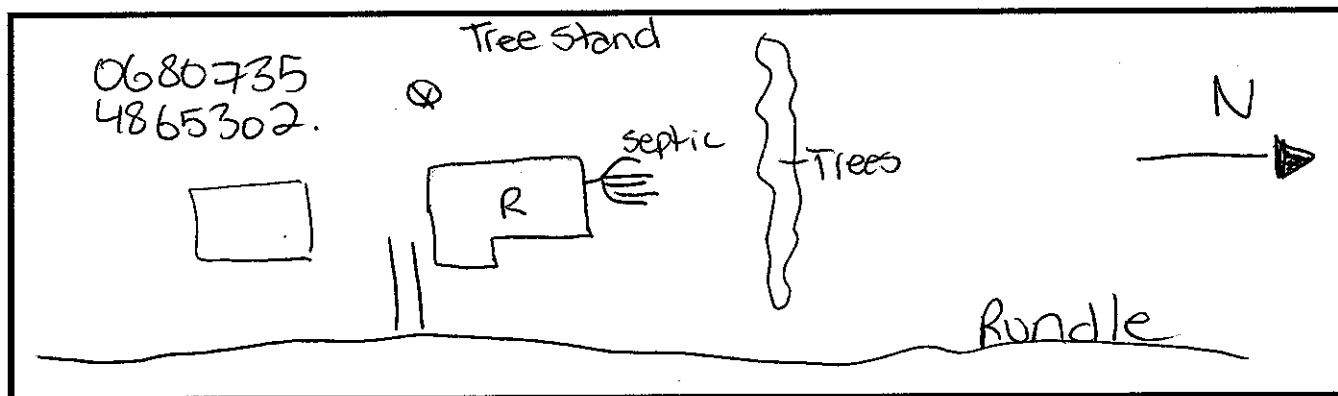
No

Yes ☒

Signature:

[Signature]

Location Sketch:



Field Visit: (to be completed by GLL staff)

Well Condition:

Good, 2ft above ground

Is there a depression around the well?

NO

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

Is there staining on the inside of the tiles?

Water Well Survey

need to
inter
-Marlin

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 #: 6236

MOE #: 1905436

Owner of Well:

Name: G. miles + V. SKINNER Telephone (Bus.): ()

Address: 50 WARD ST. BROOKLIN L1M 1G8 (Home): (905) 655-3706

Person Interviewed: Residence:

Date: Time: Interviewed By:

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

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

Name: Telephone (Bus.): ()

Address: (Home): ()

Well Location:

Lot: Concession: Township:

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

Well Construction Details:

Date Constructed: 1978 Use: Contractor:

Type (drilled or dug): Dug Diameter: 36" Well Depth: 30'

Is well accessible for direct sampling? NO or buried: cap is secured by concrete

Screen: ? Yes No If Yes, length: m Depth of top of screen: 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: 5yrs.

How is your pump lubricated: not lubricated -- a "jet" pump

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: garden/vegetables Amount:

Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) 2 toilets, 1 bath, 1 shower, dish washer, washer, 1 kitchen sink, 2 bathroom sinks, 1 laundry sink

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

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?

Silt removed twice; occasional trace contamination of coliform.

If so, when? Several years ago.

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage: _____

Interference: _____

Contamination: ☒

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

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

None - uncovered by regular testing.

What action was taken to overcome this problem?

chlorination

What were the effects of this problem?

solved problem.

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

If so, why?

part of maintenance

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

2001 had cover cemented on and cap placed around to block contamination as recommended by health dept.

Does homeowner grant permission to obtain a water quality sample?

Yes ☒

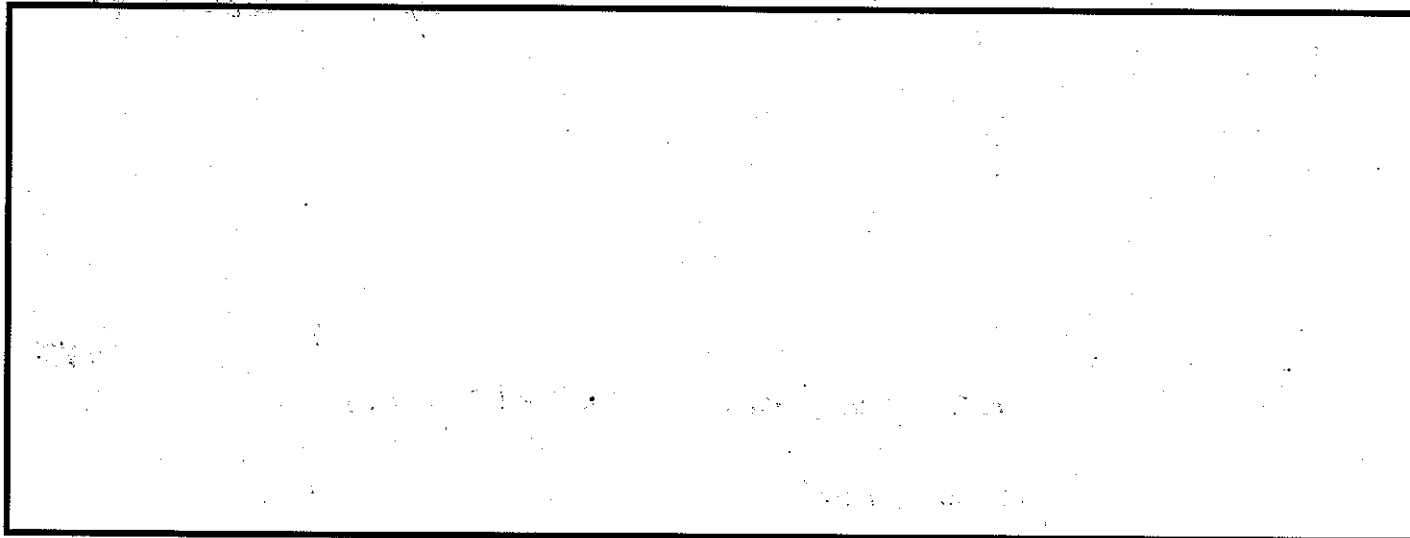
No _____

Signature: _____

July 9/08

Sample not available from well directly. Outside tap only access when homeowner not at home.

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 #: 6237
MOE #: 1914378

Owner of Well:

Name: MARIA LAZZARO Telephone (Bus.): ()
Address: 5710 MAUS ROAD (Home): 905-655-3523
Person Interviewed: Residence:
Date: APRIL 14/08 Time: 455 PM Interviewed By: BM
Name of Original Well Owner: (if different from above)

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

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

Well Location:

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

Well Construction Details:

Date Constructed: 27 yrs old Use: Contractor:
Type (drilled or dug): DUG Diameter: 36" Well Depth: 25'
Is well accessible for direct sampling? or buried:
Screen: Yes No If Yes, length: m Depth of top of screen: m

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

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

Pumping Equipment:

Pump Type: Suction-lift or Positive-submergence Pumping Capacity: Age: 18' 10"
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: CHARLOTTE Filter Type:
Water Use: Domestic: No: Yes: No. of persons using water from well: 2
Livestock: No: Yes: No. of livestock watered from well:
Lawn Watering: No: Yes: Other: Amount:
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) SHOWER, WASHING MACHINE, DISH WASHING MACHINE
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?

1981 - 27 yrs

Have you ever experienced any previous problems with your well?

NO

If so, when?

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage _____

Interference: _____

Contamination: _____

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

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

What action was taken to overcome this problem?

What were the effects of this problem?

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

If so, why?

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

Does homeowner grant permission to obtain a water quality sample?

Yes

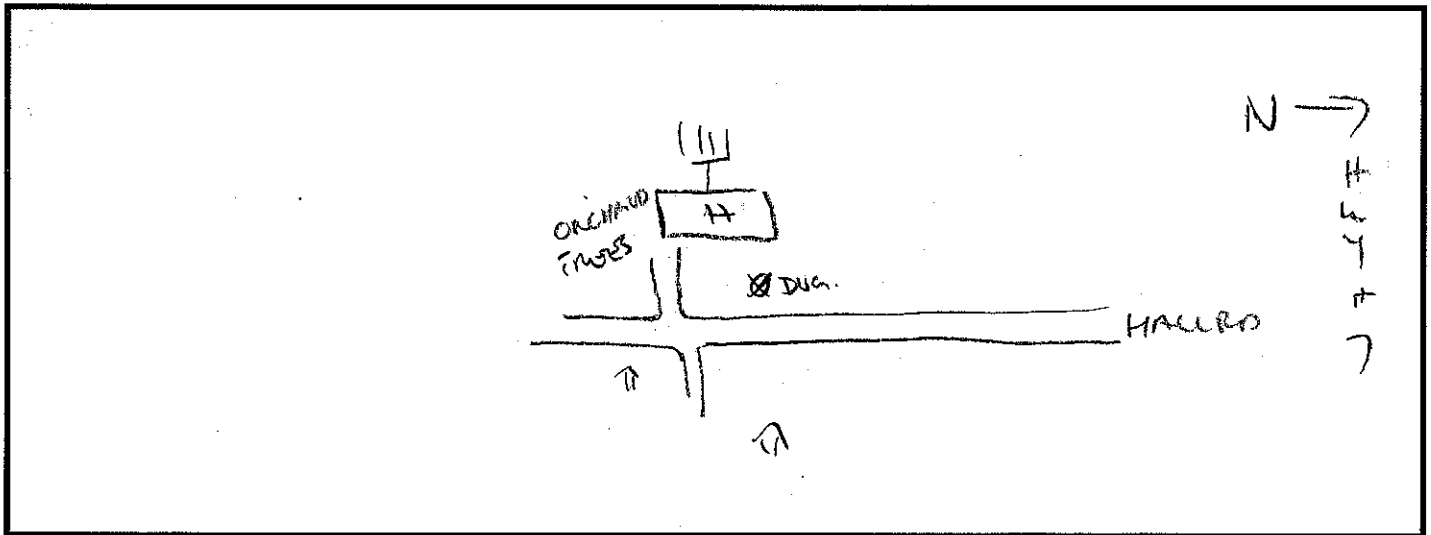


No

Signature: _____

Marko Lopez

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition: _____

Is there a depression around the well?

☐

Yes

☐

No

Photo Number: _____

7

 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 #:	6138
MOE #:	1906830

Name: Not Given Telephone (Bus.): ()

Address: 2943 Solina rd. (Home): ()

Person Interviewed: _____ Residence: _____

Date: Mar 27/08 Time: 1:07 Interviewed By: AD, CC

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

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

Date Constructed: 17yr ago Use: domestic Contractor: _____

Type (drilled or dug): Dug Diameter: _____ Well Depth: ~25-30ft

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

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

Original Water Level Depth: _____ m

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

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

How is your pump lubricated: _____

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

Storage Tank: Type: 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: 4 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: _____

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

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? 8/1/2007

What was the cause of the previous problem? _____

Drought: ☒

Pump Failure: _____

Plugging: _____

Increased Usage _____

Interference: _____

Contamination: _____

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

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

What action was taken to overcome this problem? _____

What were the effects of this problem? _____

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

If so, why? _____

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

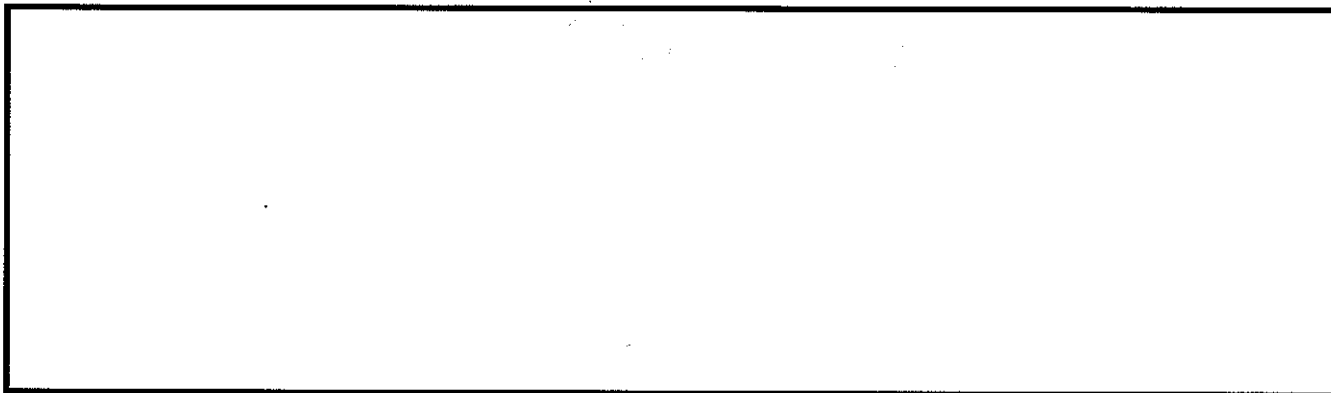
Does homeowner grant permission to obtain a water quality sample? _____

No

Yes

Signature: _____

Location Sketch:



Field Visit: (to be completed by GLL staff)

Well Condition: _____

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

6133 (10)
Well #: 6139 (15)
MOE #: 1907415 (16)
190-1552-15

Owner of Well:

Name: Peter Hogenbirk Telephone (Bus.): (905) 404-0602
Address: 2897 Solina (Home): ()
Person Interviewed: Peter Residence: ✓
Date: Mar. 27/08 Time: 1:30 Interviewed By: AB, CC

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

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

Well Location:

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

Well Construction Details:

Date Constructed: Drilled - 7 yrs
Dug - >10 yrs Use: _____ Contractor: _____
Type (drilled or dug): Main - Drilled Diameter: 28" + 6" Well Depth: Drilled - 147 ft
outbuilding Dug or buried: _____
Is well accessible for direct sampling? _____
Screen: Yes ✓ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

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

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

Pumping Equipment:

Pump Type: ✓ Suction-lift or ✓ Positive-submergence Pumping Capacity: _____
How is your pump lubricated: _____
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: Pressure Capacity: ~10 Gal
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: 4 main 3 outbuilding
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 - bring in water

Private Waste and Water Disposal: Type (septic tank, etc.): 2 Septic Distance to Well: _____

Well is: 1) Uphill X 2) Downhill: _____ 3) Same Grade X 4) Update _____
H#2 H#1

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?

Drilled - No Problem

If so, when?

Dug - Don't Drink water.

What was the cause of the previous problem?

Drought:

Pump Failure:

Plugging:

Increased Usage

Interference:

Contamination:

If problem was 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?

~ 8 yrs, reg. maintenance

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

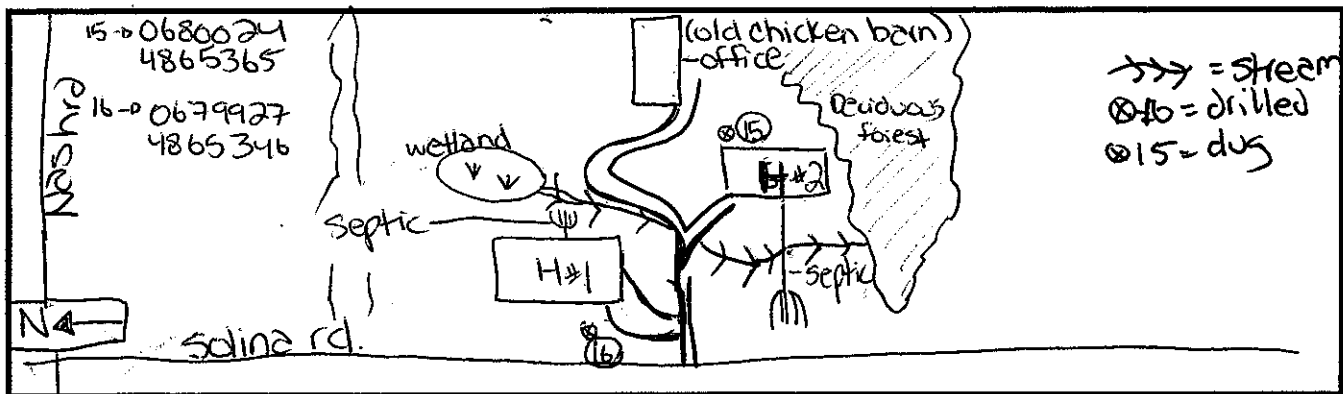
Does homeowner grant permission to obtain a water quality sample?

No

Yes

Signature:

Location Sketch:



Field Visit: (to be completed by GLL staff)

Well Condition:

Drilled - vermain proof cap,

Dug - gap b/w lid + top

Is there a depression around the well?

Too much snow

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

N/A

Is there staining on the inside of the tiles?

N/A

39+40

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 #: 8200 ✓

MOE #: 1404938

Owner of Well:

Name: ELAINE COUSINEAU Telephone (Bus.): ()
Address: 12 SHEPHERD ROAD (Home): (905) 655-3921
Person Interviewed: Elaine Residence: _____
Date: June 19/08 Time: 10:30 Interviewed By: AD, JM
Name of Original Well Owner: (if different from above) _____

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

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

Well Location:

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

Well Construction Details:

Date Constructed: 1955 Use: domestic Contractor: _____
Type (drilled or dug): Dug Diameter: _____ Well Depth: 15 ft
Is well accessible for direct sampling? _____ or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

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

Original Water Level Depth: _____ m or 12 ft
Subsequent Water Level Measurements: ~ 10 ft of water
(give depths in m and dates) quick recharge (noticed when cleaning)

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: ~ 30 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: _____
Livestock: No: ✓ Yes: _____ No. of livestock watered from well: _____
Lawn Watering: No: ✓ Yes: _____ Other: don't drink for personal pref.
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: 50 ft
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?

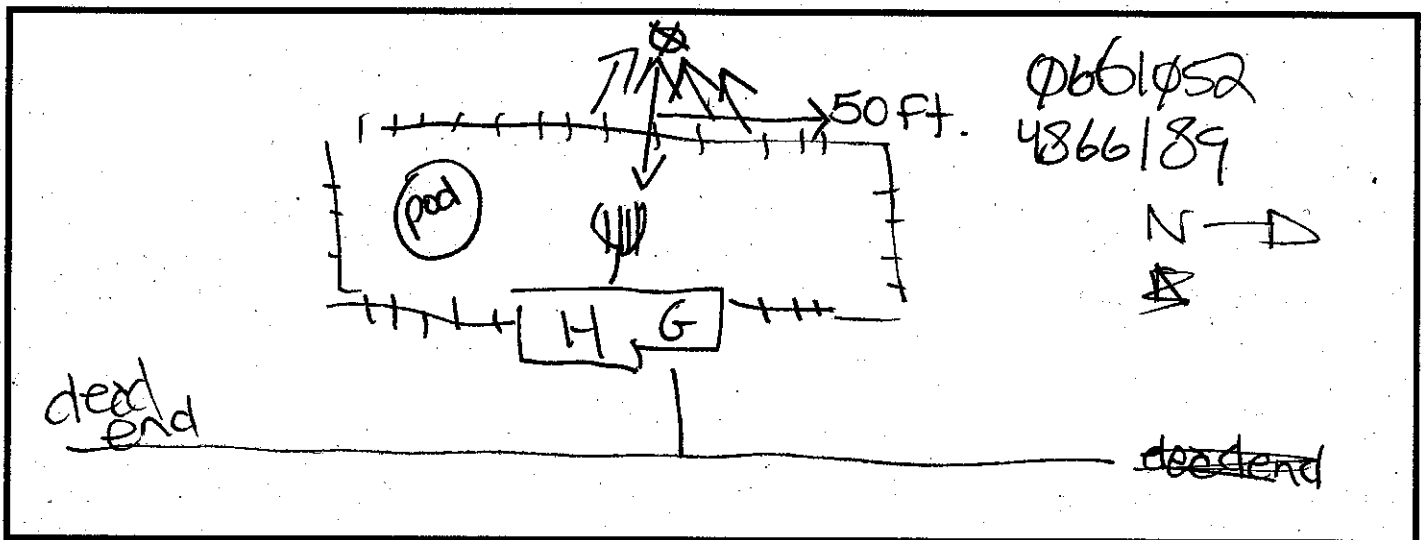
Yes ☒

No ☒

Signature: _____

ELAINE COUSINEAU

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

well in ravine - steep, tile good

Is there a depression around the well?



Yes



No

in ravine.

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 #: 6205 Q? ✓

MOE #: 914158

Owner of Well:

Name: R. Renwick Telephone (Bus.): ()
Address: 16 Park rd. (Home): (905) 655-1882
Person Interviewed: R. (Mr. Renwick) Residence: _____
Date: June 18/08 Time: 11:37 Interviewed By: ARJM
Name of Original Well Owner: (if different from above) _____

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

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

Well Location:

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

Well Construction Details:

Date Constructed: > ~ 5 yrs Use: domestic Contractor: Kawartha
Type (drilled or dug): Drilled Diameter: 6" Well Depth: ~ 60 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: smaller pump ~ 5 yrs.
How is your pump lubricated: _____
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: Pressure Capacity: ~ 30 gallons
Do you have a: Chlorinator: ✓ Water Softener: need 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
Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: 40m
Well is: 1) Uphill _____ 2) Downhill: _____ 3) Same Grade _____

Previous Problems:

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

5 years

Have you ever experienced any previous problems with your well?

High Bact when moved in.

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 (Has always drank bottle water, even in city)

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?

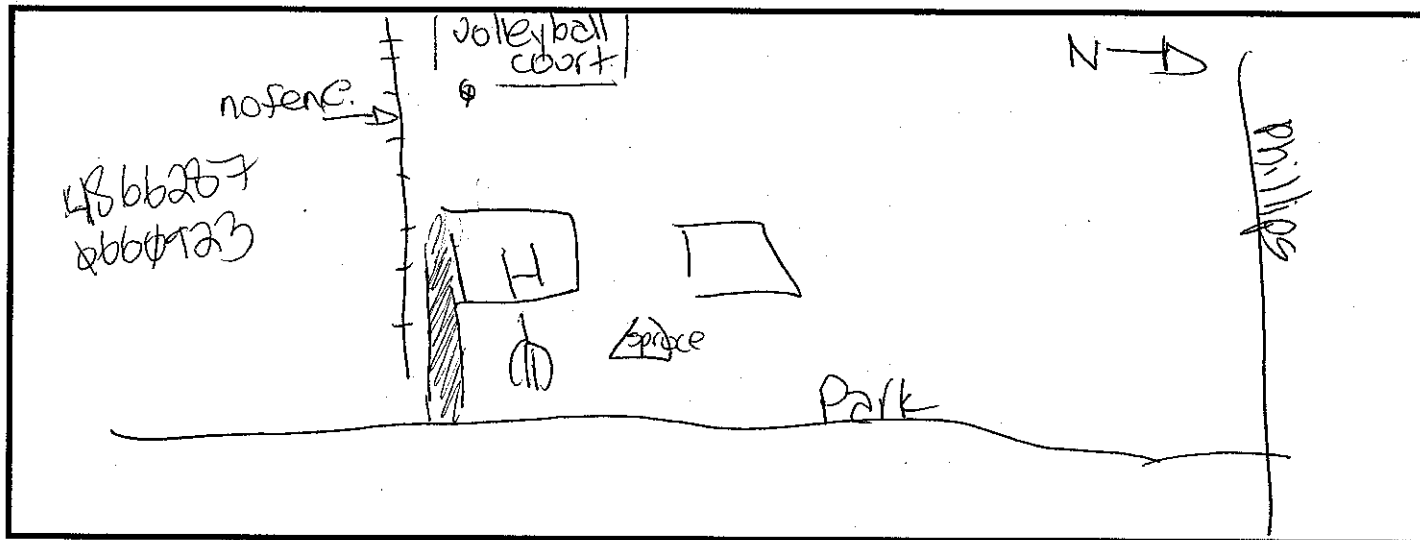
Yes

No

Signature:

[Handwritten Signature]

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

21 ft stick up, velman proof cap.
good condition

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

6207
Well #: 07
MOE #: 4605446

Owner of Well:

Name: Ian Masters Telephone (Bus.): ()
Address: 16 Stevens. (Home): 905 409-9650
Person Interviewed: Ian Residence: Yes
Date: June 18/ Time: 3:40 Interviewed By: AD, JM
Name of Original Well Owner: (if different from above)

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

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

Well Location:

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

Well Construction Details:

Date Constructed: 1975 Use: domestic Contractor: NA
Type (drilled or dug): Dug Diameter: 6 28" Well Depth: 30 ft
Is well accessible for direct sampling? or buried: NA
Screen: Yes ☐ No ☐ If Yes, length: m Depth of top of screen: m

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

Original Water Level Depth: m
Subsequent Water Level Measurements Full est 10ft - 12ft of water slow recharge
(give depths in m and dates)

Pumping Equipment:

Pump Type: Suction-lift ☒ or Positive-submergence Pumping Capacity: 40 Age: 10

How is your pump lubricated:

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

Storage Tank: Type: Pressure, 1500gal holding tank 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: 2

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

Lawn Watering: No ☒ Yes ☐ Other: don't drink due to preference. 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?

20 yrs.

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?

silted out & pumped out
holding tank present ~20 yrs

What were the effects of this problem?

recharge quickly

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?

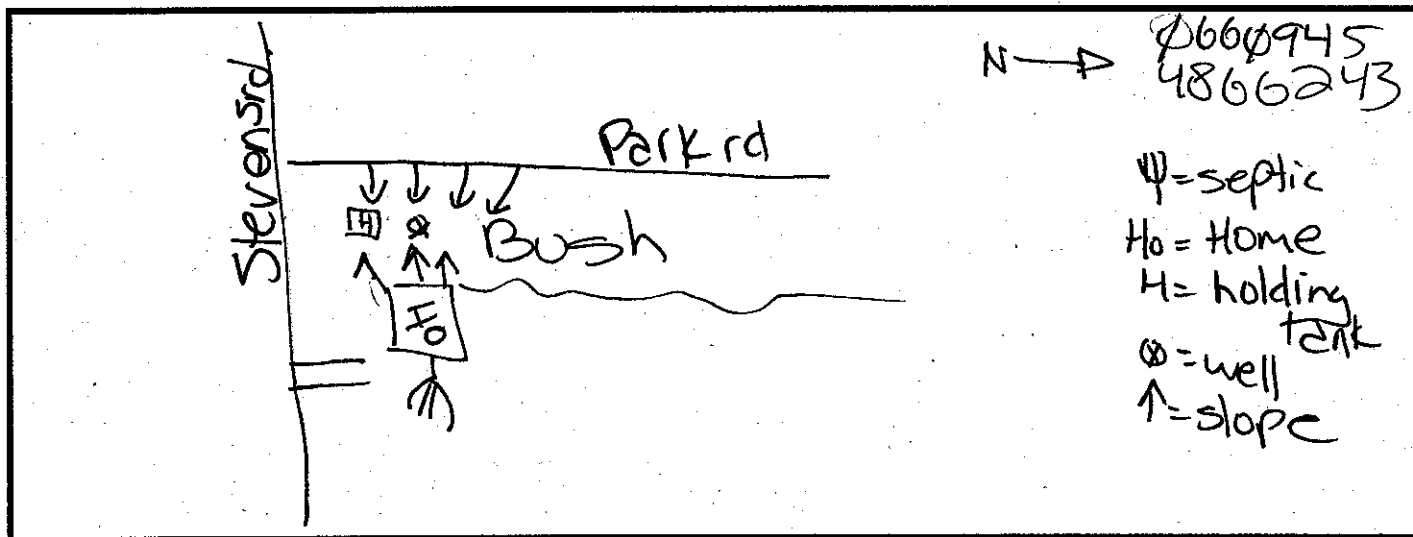
Yes



No

Signature: _____

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

in ravine, tile good, not sealed or
caulked, but lid fits nice.

Is there a depression around the well?



Yes



No

Photo Number:

No photo

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: BERZINS, VIC Telephone (Bus.): ()
Address: 5705 HILLS RD (Home): (905) 655-5122
Person Interviewed: Residence:
Date: April 14/00 Time: 4:25 PM Interviewed By: Bm
Name of Original Well Owner: (if different from above)

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

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

Well Location:

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

Well Construction Details:

Date Constructed: DUG - 1970's, DRILL - 1996 Use: HOUSE Contractor:
Type (drilled or dug): DUG - 30', DRILL 170' Diameter: BOTH Well Depth: 30, 170'
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:

- DUG NOT ACTIVE - CAN BE USED
Pump Type: Suction-lift: ☒ or Positive-submergence: ☒ Pumping Capacity: Age: 25, 96
How is your pump lubricated:

Depth of Intake Setting: m (Original) m (Present) Pumping Rate: L/s
Storage Tank: Type: PRESSURE Capacity: 50G - DUG, 90 GALL - DRILL
Do you have a: Chlorinator: Water Softener: ☒ Water Filter: N Filter Type:
Water Use: Domestic: No: Yes: ☒ No. of persons using water from well:
Livestock: No: ☒ Yes: No. of livestock watered from well:
Lawn Watering: No: ☒ Yes: Other: Amount:

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

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:

DRILLED LINE METHODS + ITEMS
HAVE EQUIP TO ADJUST.

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

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

If so, when? AUGUST - DEC 2005 ONLY

What was the cause of the previous problem?

Drought: ☒

Pump Failure: _____

Plugging: _____

Increased Usage: _____

Interference: _____

Contamination: _____

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

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

What action was taken to overcome this problem? CONVERTED

What were the effects of this problem? _____

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

If so, why? 1996

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

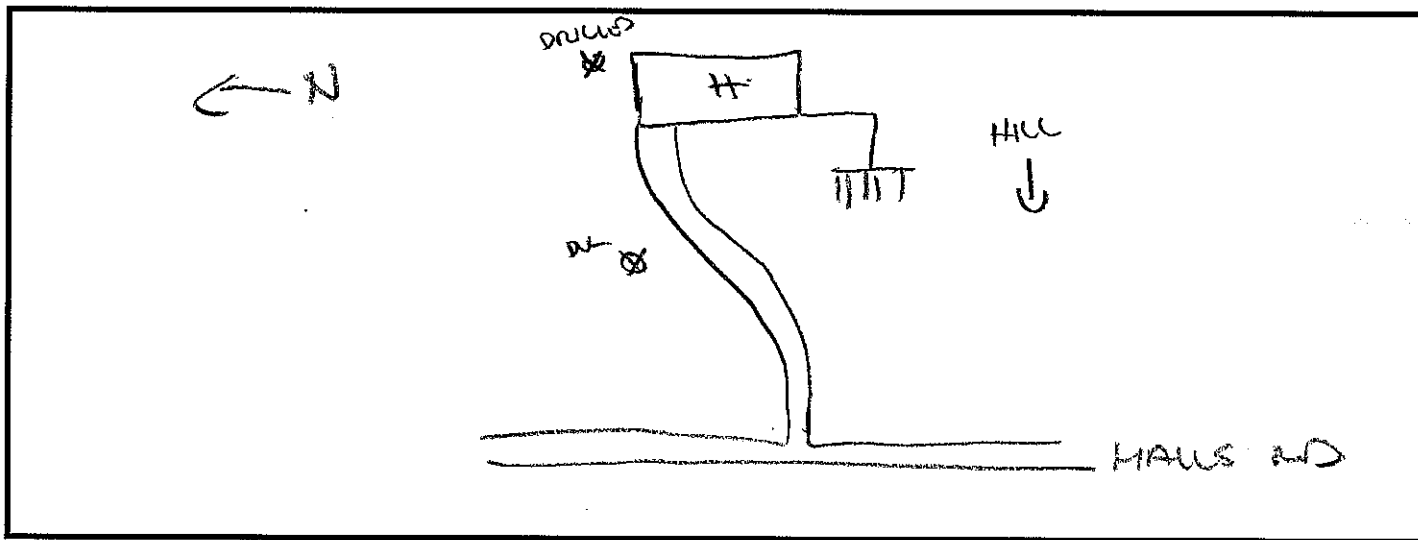
Does homeowner grant permission to obtain a water quality sample?

Yes ☒

No _____

Signature: [Signature]

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition: _____

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

Photo Number: 5, 6

Water Well Survey

Sampled

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 #: 6245

MOE #: 4603498

Owner of Well:

Name: Susie Search / Zahir Aulia Telephone (Bus.): ()
Address: 5615 Halls Rd. (Home): ()
Person Interviewed: Susie Residence: yes
Date: Aug 7/08 Time: 7:15 pm Interviewed By: JS
Name of Original Well Owner: (if different from above)

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

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

Well Location:

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

Well Construction Details:

Date Constructed: 7/1998 Use: domestic Contractor:
Type (drilled or dug): dug and drilled Diameter: 36" / 6" Well Depth: 32' / 150'
Is well accessible for direct sampling? yes or buried:
Screen: Yes X No If Yes, length: m Depth of top of screen: m

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

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

Pumping Equipment:

Pump Type: Suction-lift: X or Positive-submergence Pumping Capacity: Age:
How is your pump lubricated:
Depth of Intake Setting: m (Original) m (Present) Pumping Rate: L/s
Storage Tank: Type: pressure Capacity:
Do you have a: Chlorinator: Water Softener: X Water Filter: X Filter Type: UV
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.)
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?

10 years

Have you ever experienced any previous problems with your well?

If so, when?

Replaced & drilled well

old dry well would go dry

What was the cause of the previous problem?

Drought:

Pump Failure:

Plugging:

Increased Usage

Interference:

Contamination:

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

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

What action was taken to overcome this problem?

What were the effects of this problem?

Did you ever have your well deepened _____, or cleaned _____, 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:

Got permission through Zahir Cworks at GLL

Location Sketch: (to be completed by GLL staff)

None.

Field Visit: (to be completed by GLL staff)

Well Condition:

→ Said that wtr samples from top have high Na.
→ still use dry well, when wtr level drops, wtr is drawn from the drilled well & stored in dry well.

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 #: 6265

MOE #: 4665260

Owner of Well:

Name: Ontario Hydro Telephone (Bus.): ()
Address: (Home): ()
Person Interviewed: Bill & Betty Residence:
Date: Feb 14 2008 Time: 13:22 Interviewed By: REG/cc
Name of Original Well Owner: (if different from above)

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

Name: No house just a barn. Property was Telephone (Bus.): ()
Address: previously owned by Bill & Betty who lives @ (Home): ()
5710 Baldwin St. S. Bill used to live here & so

Well Location: Owner describes well as being covered w/ a steel plate.

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

Well Construction Details:

Date Constructed: ~1970 Use: Not in use Contractor: Faulkner
Type (drilled or dug): drilled (in pit) Diameter: Well Depth: 200'
Is well accessible for direct sampling? or buried: yes
Screen: Yes No If Yes, length: m Depth of top of screen: m

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

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

Pumping Equipment:

Pump Type: Suction-lift: N/A or Positive-submergence N/A Pumping Capacity: N/A Age:
How is your pump lubricated: N/A
Depth of Intake Setting: N/A m (Original) m (Present) Pumping Rate: L/s
Storage Tank: Type: Capacity:
Do you have a: Chlorinator: N/A Water Softener: N/A Water Filter: N/A Filter Type: N/A
Water Use: Domestic: No: ✓ Yes: No. of persons using water from well: 0
Livestock: No: ✓ Yes: No. of livestock watered from well: 0
Lawn Watering: No: ✓ Yes: Other: Amount:
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.)
Private Waste and Water Disposal: Type (septic tank, etc.): N/A Distance to Well: N/A
Well is: 1) Uphill 2) Downhill 3) Same Grade

Previous Problems:

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

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

If so, when? NA

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage _____

Interference: _____

Contamination: _____

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

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

What action was taken to overcome this problem? NA

What were the effects of this problem? NA

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

If so, why? _____

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

NA

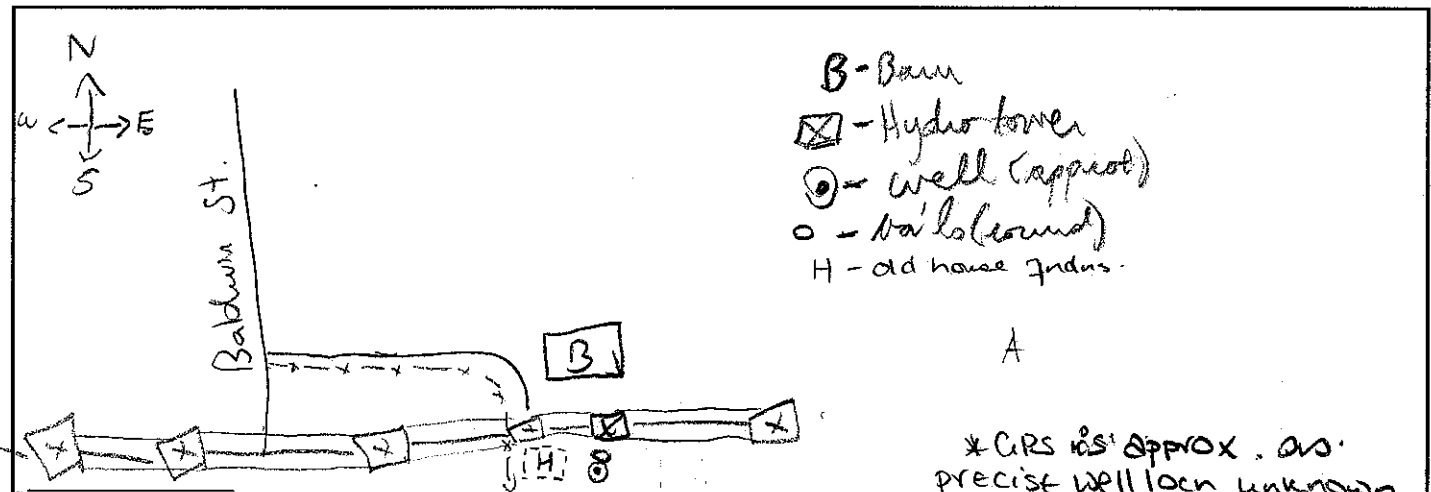
Does homeowner grant permission to obtain a water quality sample?

Yes _____

No _____

Signature: _____

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition: Well is covered up. Unsure if it has been decommissioned

Is there a depression around the well?



Yes



No



Photo Number:

265 44

MOE #: 4604989



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

Name: Betty Hunter Telephone (Bus.): ()

Address: 5280 Anderson Dr. (Home): (905) 655-3232

Person Interviewed: Betty Residence: Betty Hunter

Date: 02/15/2008 Time: 12:00 Interviewed By: CC RBC

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

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

Lot: 22#23 Concession: 5 Township: Whitby
GLL Map Sheet: (to be completed by GLL Staff) C1

Date constructed: 1972 Use: Domestic Contractor: _____
 Type (drilled or dug): Dug Diameter: 28" Well Depth: 25'
 Is well accessible for direct sampling? yes or buried: _____
 Screen: Yes _____ No ✓ If Yes, length: N/A m Depth of top of screen: N/A m

Original Water Level Depth: N/A m

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

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

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

Storage Tank: Type: Pressure Tank Capacity: 1020 gal

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

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 X 2) Downhill: 3) Same Grade

Previous Problems:

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

1970

Have you ever experienced any previous problems with your well?

Drying up in summer

If so, when?

Dry every summer since never went (approx.)

What was the cause of the previous problem?

Drought: ☒

Pump Failure: ☐

Plugging: ☐

Increased Usage: ☐

Interference: ☐

Contamination: ☐

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

N/A

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

What action was taken to overcome this problem?

N/A

What were the effects of this problem?

N/A

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

(5 years ago)

If so, why?

Drought

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

N/A (test well 2 times per year)

Does homeowner grant permission to obtain a water quality sample?

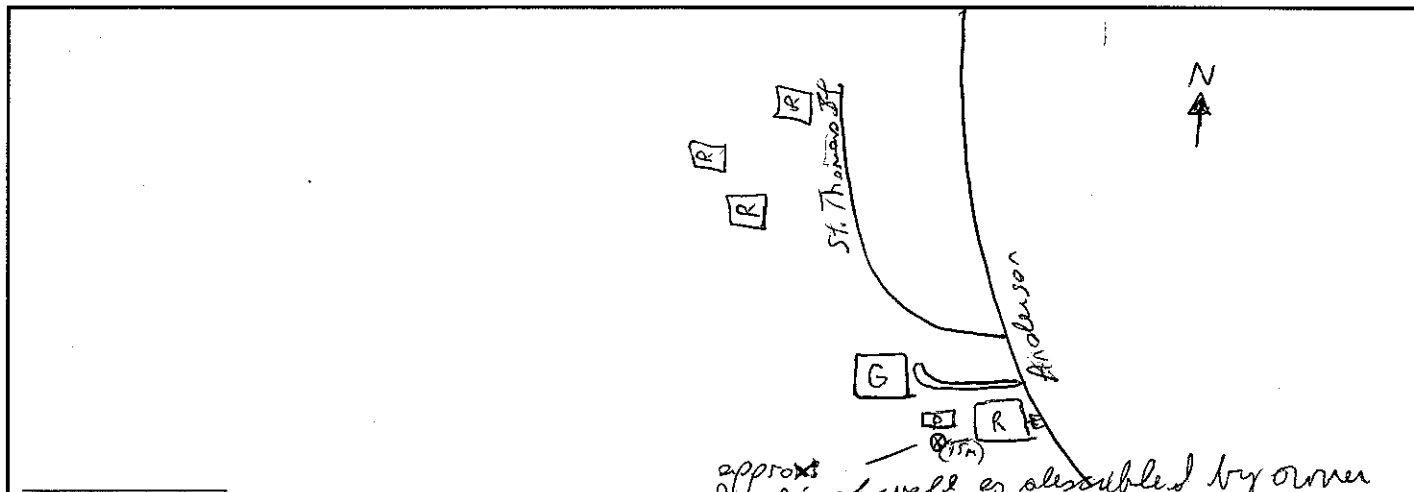
Yes ☒

No ☐

Signature:

Betty Hunter

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

GPS:

Well Condition:

N/A

Is there a depression around the well?



Yes

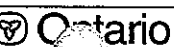


No

Photo Number:

53

Water Well Survey



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

Well #: 6269

MOE #: 4604629



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

Owner of Well:

Name: William Baty Telephone (Bus.): ()
Address: 5710 Baldwin St South (Home): (905) 655-3678
Person Interviewed: William Baty Residence: Yes - 3 houses + 1 barn
Date: Feb 14, 2008 Time: 11:46 Interviewed By: CC/RB
Name of Original Well Owner: (if different from above) original

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

Name: House 2 = 5550 Baldwin Sts. Telephone (Bus.): ()
Address: House 3 = 5380 Baldwin Sts. (Home): ()

Well Location:

Lot: 25 Concession: 5 Township: Whitby
GLL Map Sheet: (to be completed by GLL Staff) C1

Well Construction Details:

Date Constructed: 1950's Use: 3 house + barns Contractor: Faulkner
Type (drilled or dug): Drilled w well pit Diameter: 6" Well Depth: 180'
Is well accessible for direct sampling? _____ or buried: _____
Screen: Yes X No _____ If Yes, length: 30' m Depth of top of screen: _____ m

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

Original Water Level Depth: NA m

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

Pumping Equipment:

Pump Type: Suction-lift: _____ or Positive-submergence X Pumping Capacity: 28 GPM (orig) Age: 16 months
How is your pump lubricated: N/A

Depth of Intake Setting: _____ m (Original) 170' 175' m (Present) Pumping Rate: 28 GPM L/s

Storage Tank: Type: Pressure tank Capacity: _____

Do you have a: Chlorinator: _____ Water Softener: X Water Filter: _____ Filter Type: 400 Light

Water Use: Domestic: No: _____ Yes: X No. of persons using water from well: 7

Livestock: No: _____ Yes: X No. of livestock watered from well: 12

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

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

N/A

Private Waste and Water Disposal: Type (septic tank, etc.): _____ Distance to Well: ~400m

Well is: 1) Uphill X - R3 2) Downhill: _____ 3) Same Grade X - house 2
X - house 1
to houses 1+3
~ 100m to barn
~ 100m to house 2

Previous Problems:

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

Have you ever experienced any previous problems with your well? lightning fire, e-coli

If so, when? fire & e-coli problem 2007, tested clean in 2008

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: X

Increased Usage _____

Interference: _____

Contamination: X

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

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

What action was taken to overcome this problem? treated by chlorination + UV installed

What were the effects of this problem? No water supply for a while

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

If so, why? cleaned because of fire damage & e-coli

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

Pump replaced Oct 07

Well cleaned Feb 07

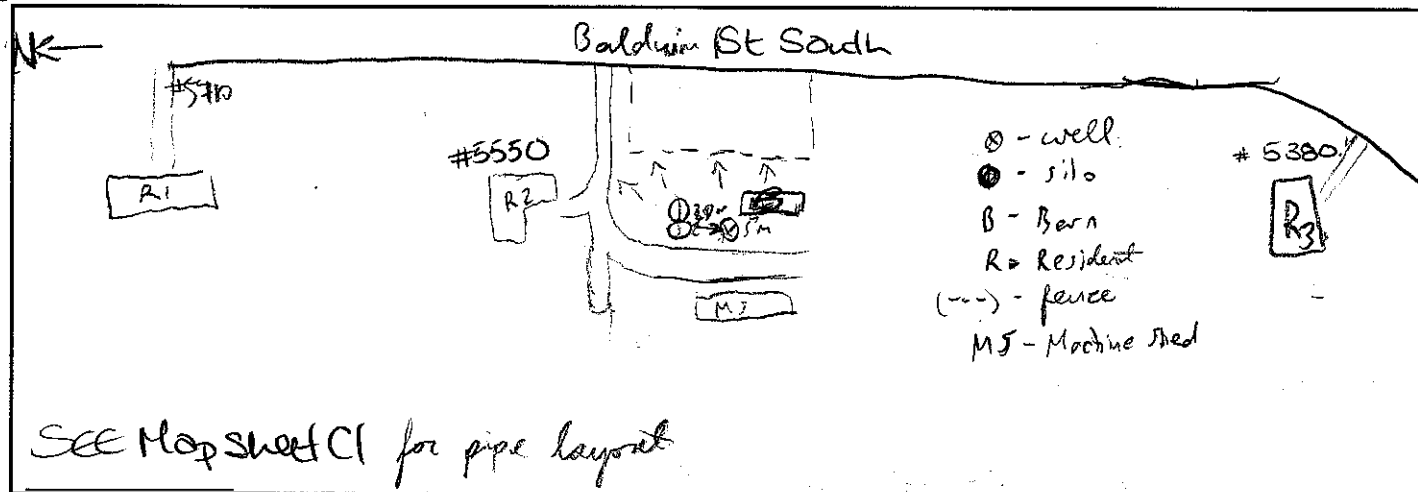
UV installed Feb 07

Does homeowner grant permission to obtain a water quality sample? Yes ✓ No _____

Signature: William Batty

Location Sketch: (to be completed by GLL staff)

North Highway 7



Field Visit: (to be completed by GLL staff)

GPS: 0663657, 4867736 36m

Well Condition: - 5/10 = 3'

- repairs done by Wilson Water Wells, premium prof cap
- historically 15' head of cattle

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

Photo Number: 1271, 1270

41/40

Water Well Survey



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

Well #: 6273

MOE #: 4606184

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

Owner of Well:

Name: Eric + Linda Voskamp Telephone (Bus.): ()
Address: 5385 Thickson Rd (Home): 905 655-4457
Person Interviewed: Eric Residence: Yes
Date: Feb 27, 08 Time: 12:10 Interviewed By: RBC/CC
Name of Original Well Owner: (if different from above) Yes ~~Same~~ Do

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

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

Well Location:

Lot: Concession: C 7 Township: Whitby
GLL Map Sheet: (to be completed by GLL Staff)

Well Construction Details:

☒ Constructed: 22 Apr 1978 Use: Domestic Contractor:
Type (drilled or dug): Dug Diameter: 20" Well Depth: 25-30'
Is well accessible for direct sampling? No or buried:
Screen: Yes No X If Yes, length: m Depth of top of screen: m

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

Original Water Level Depth: Blow to surface m

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

Pumping Equipment:

Pump Type: Suction-lift: X or Positive-submergence Pumping Capacity: Age: 30yrs

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: X Water Filter: X Filter Type: UV

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

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

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

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

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

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

Previous Problems:

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

22 yrs.

Have you ever experienced any previous problems with your well?

high iron

If so, when?

What was the cause of the previous problem?

Drought:

Pump Failure:

Plugging:

Increased Usage

Interference:

Contamination:

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

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

What action was taken to overcome this problem?

Drink bottled water

What were the effects of this problem?

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

If so, why?

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

No

Does homeowner grant permission to obtain a water quality sample?

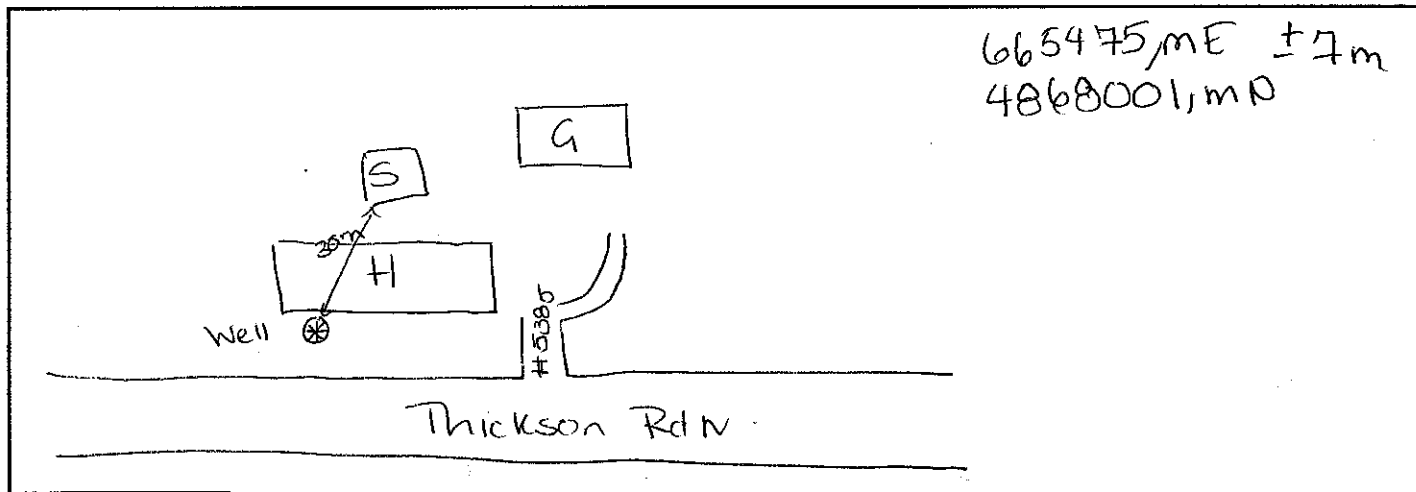
Yes ☒ No

Signature:

E. Vasily

No taps by pass water softener, but possibility to sample from tank.

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

No caulking around seal. Tilted concrete
Concrete worn on top lid.

Is there a depression around the well?



Yes



No

Photo Number:

34435

Water Well Survey

Well #: 6274
MOE #: 1906236



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

Occupant

Owner of Well:

Name: Franca Stogios Telephone (Bus.): ()
Address: 220 St (Home): (905) 655-5879
Person Interviewed: Franca Residence: Franca
Date: 02/15/2008 Time: 11:00 am Interviewed By: CC RBC

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

OWNER

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

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

Well Location:

Lot: 23 Concession: 5 Township: Whitby
GLL Map Sheet: (to be completed by GLL Staff)

Well Construction Details:

Date Constructed: 1995-96 Use: Domestic Contractor:
Type (drilled or dug): Auger (To replace old) Diameter: 28" Well Depth: N/A
Is well accessible for direct sampling? yes or buried:
Screen: Yes No X If Yes, length: m Depth of top of screen: m

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

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

Pumping Equipment:

Pump Type: Suction-lift: X or Positive-submergence Pumping Capacity: N/A Age: 1998 (10 yrs)
How is your pump lubricated: N/A
Depth of Intake Setting: N/A m (Original) N/A m (Present) Pumping Rate: N/A L/s
Storage Tank: Type: Pressure tank Capacity: 10-20 gal
Do you have a: Chlorinator: Water Softener: X Water Filter: Filter Type: CUO light
Water Use: Domestic: No: Yes: ✓ No. of persons using water from well: 5
Livestock: No: ✓ Yes: No. of livestock watered from well:
Lawn Watering: No: ✓ Yes: Other: Amount:
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) washing machine (pool running possible)
Private Waste and Water Disposal: Type (septic tank, etc.): Septic (cleaned) 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?

Residence (16 years) River (28 yrs)

Have you ever experienced any previous problems with your well?

If so, when? 1996-97

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage _____

Interference: ☒

Contamination: ☒

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

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

E-coli

What action was taken to overcome this problem?

chlorinate old well then decommissioned & replaced with new well.

What were the effects of this problem?

supplied water during well rehab.

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

, or a new well constructed ☒

If so, why?

contamination

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

Test water 1 per year.

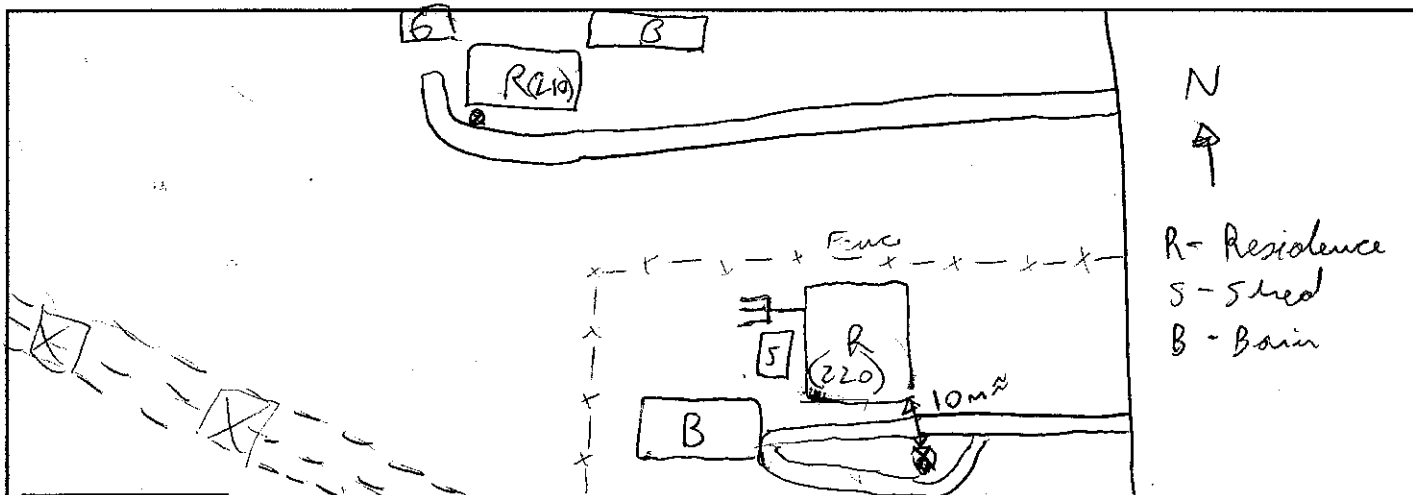
Does homeowner grant permission to obtain a water quality sample?

Yes ☒

No _____

Signature: Phogis

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

well casketed "well"

Is there a depression around the well?



Yes



No

Photo Number:

507752

Central
mailed 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 #:	6279
MOE #:	1909572

Owner of Well:

Name: Richard I Roe Telephone (Bus.): (905) 655 3393
Address: 5575 Anderson St Brooklin, Ont (Home): (905) 655 4724
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: Central
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: don't know Use: _____ Contractor: _____
Type (drilled or dug): drilled Diameter: _____ Well Depth: 63ft I think
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: submersible pump

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

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

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

Previous Problems:

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

20 yrs

Have you ever experienced any previous problems with your well?

No

If so, when?

What was the cause of the previous problem?

Drought: _____

Pump Failure: ☒

Plugging: _____

Increased Usage _____

Interference: _____

Contamination: _____

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

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

What action was taken to overcome this problem?

What were the effects of this problem?

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

If so, why?

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

Old Pump was old age - New Pump 10-12 yrs old now

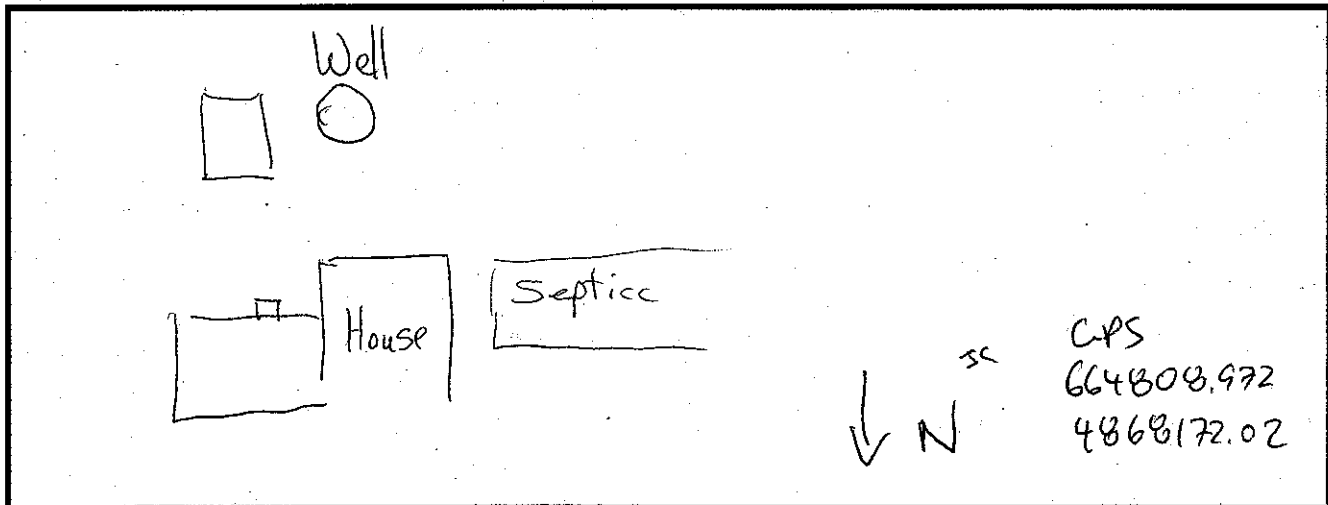
Does homeowner grant permission to obtain a water quality sample?

Yes ☒

No _____

Signature: Richard [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 #: 6294
4600556
MOE #: 4600556

Owner of Well:

Name: Alex McDonald Telephone (Bus.): ()
Address: 644 Roselawn Ave (Home): (905) 728-4789
Person Interviewed: Alex Residence: yes
Date: May 13/08 Time: 8:45 ~~12:00~~ 1:00 Interviewed By: CL/SC
Name of Original Well Owner: (if different from above)

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

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

Well Location:

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

Well Construction Details:

Date Constructed: > 1964 Use: domestic Contractor: -
Type (drilled or dug): drilled Diameter: 6" Well Depth: 80'
Is well accessible for direct sampling? or buried: yes
Screen: Yes X No If Yes, length: m Depth of top of screen: m

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

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

Pumping Equipment:

Pump Type: Suction-lift: or Positive-submergence X Pumping Capacity: Age: 1 yr
How is your pump lubricated:
Depth of Intake Setting: m (Original) m (Present) Pumping Rate: L/s
Storage Tank: Type: Capacity:
Do you have a: Chlorinator: Water Softener: 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.) none
Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: 25m
Well is: 1) Uphill X 2) Downhill: 3) Same Grade

Previous Problems:

How long have you owned, operated or lived on this property? 1964

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

If so, when? _____

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage _____

Interference: _____

Contamination: _____

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

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

What action was taken to overcome this problem? none

What were the effects of this problem? _____

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

If so, why? _____

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

replaced pump in 2007

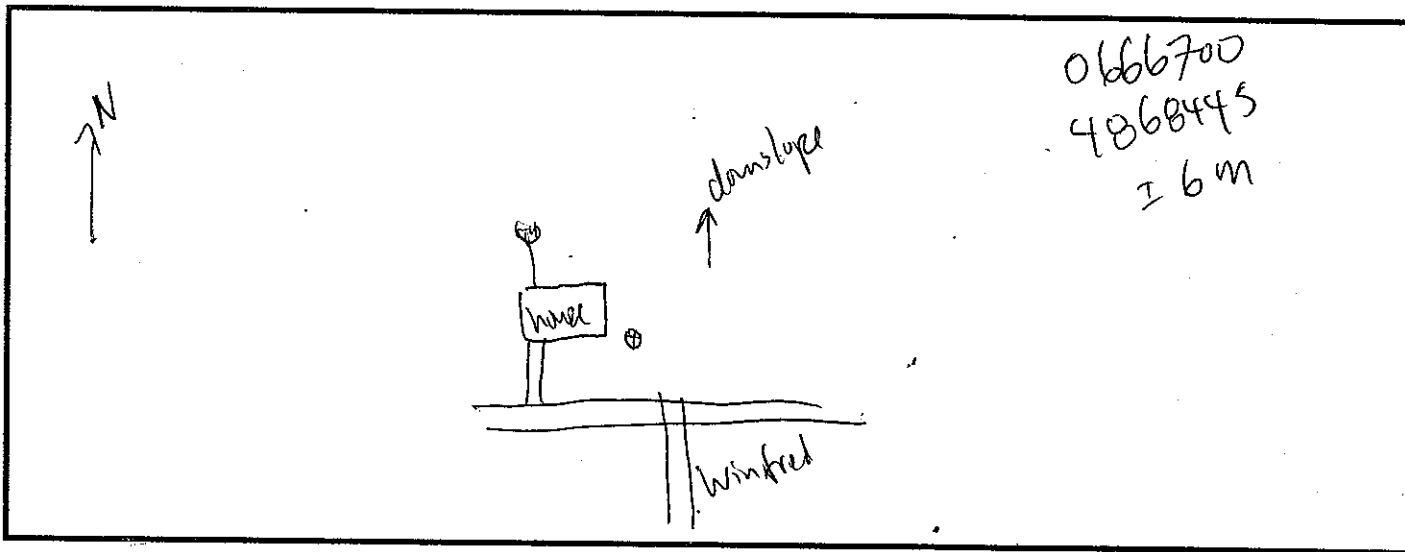
Does homeowner grant permission to obtain a water quality sample?

Yes ☒

No _____

Signature: Ama Dore

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition: buried well

Is there a depression around the well?



Yes



No

Photo Number: none

Water Well Survey

Well #: 6296MOE #: 19062371201 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: Ministry of Transportation Telephone (Bus.): ()
Address: Downsview, ON (Home): ()
Person interviewed: D/A - house on property not occupied Residence: Yes + farm
Date: Feb 15, 2008 Time: 13:59 Interviewed By: RBC/cc
Name of Original Well Owner: (if different from above) Unknown

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

Name: Abandoned farm Property Telephone (Bus.): ()
Address: Well not in use @ 5675 Thickson Rd W (Home): ()

Well Location:

Lot: Concession: Township: Whitby
GLL Map Sheet: (to be completed by GLL Staff) C 91

Well Construction Details: ~~NA~~

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

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

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

Pumping Equipment: na

Pump Type: Suction-lift: or Positive-submergence
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: 0
Lawn Watering: No: Yes: Other: Amount:
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) Nil

Private Waste and Water Disposal: Type (septic tank, etc.): Assumed yes for tank Distance to Well: ~ 50m
Well is: 1) Uphill X 2) Downhill: 3) Same Grade

2

(2001/08)

Water Well Survey



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

Well #: 6301

MOE #: 4600558



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

Owner of Well:

Name: Rolph Telephone (Bus.): ()
Address: 584 Rosedale Lane Roselawn Me (Home): ()
Person Interviewed: _____ Residence: Yes
Date: Feb 27, 2008 Time: 14:10 Interviewed By: _____
Name of Original Well Owner: (if different from above) Unknown

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

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

Well Location:

Lot: _____ Concession: C 1 Township: _____
GLL Map Sheet: (to be completed by GLL Staff)

Well Construction Details:

Constructed: At least 10 yrs old Use: _____ Contractor: _____
Type (drilled or dug): Drilled Diameter: _____ Well Depth: 157'
Is well accessible for direct sampling? Yes or buried: _____
Screen: Yes X No _____ If Yes, length: _____ m Depth of top of screen: _____ m

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

Original Water Level Depth: _____ m

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

Pumping Equipment: N/A

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?

10 yrs

Have you ever experienced any previous problems with your well?

Sand, gas? Sulphur odour

If so, when?

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage _____

Interference: _____

Contamination: _____

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

Odour + colour

(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?

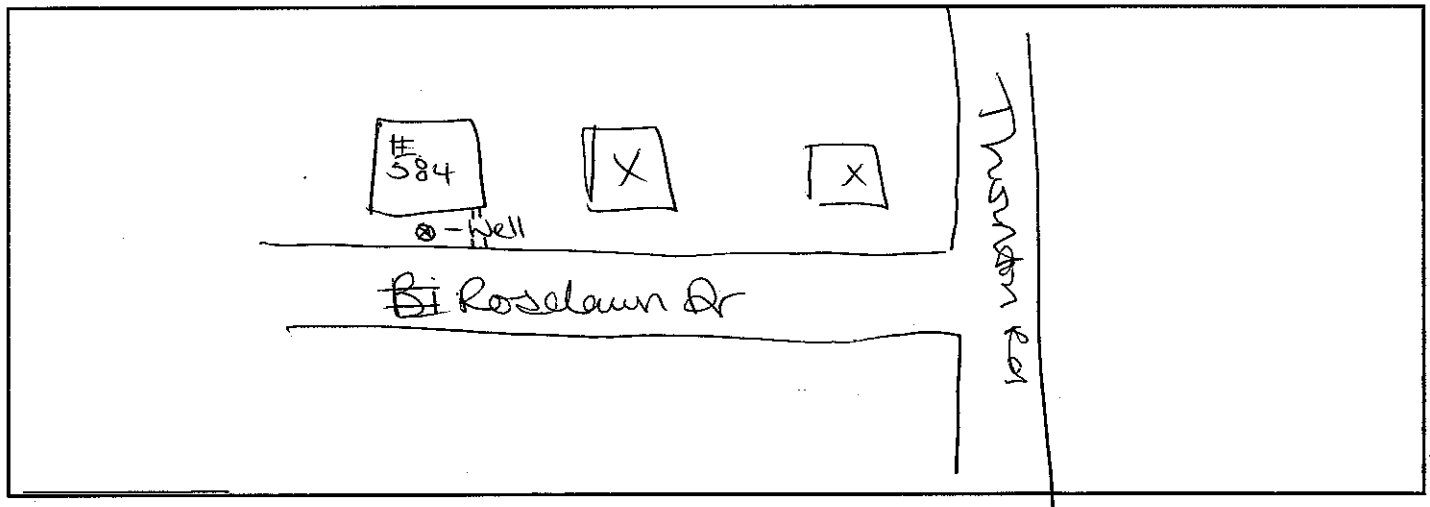
Yes _____

No ☒

Signature: _____

Note: Only partial survey completed @ homeowners request.

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

12" stick up, cap is not verminproof

Is there a depression around the well?



Yes

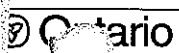


No

Photo Number:

Nil

Water Well Survey



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

Well #: 6304

MOE #: 1905324



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

Owner of Well:

DB: -- asked not known

Name: Roy Ormiston Telephone (Bus.): ()
Address: 5815 Baldwin St S, Brooklin (Home): (905) 655-3819
UNIT 6
Person Interviewed: Roy Residence: Yes
Date: Feb 14, 2008 Time: 10:50am Interviewed By: RBC/CC
Name of Original Well Owner: (if different from above) Same since 1967

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

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

Well Location:

Lot: 24 Concession: 5 Township: _____
GLL Map Sheet: (to be completed by GLL Staff) Central 2

Well Construction Details:

Date Constructed: 1967 Use: Drinking Water Contractor: Faulkner (Peterborough)
Type (drilled or dug): Drilled Diameter: _____ Well Depth: ~ 42'
Is well accessible for direct sampling? N/A or buried: In pit beneath existing well
Screen: Yes -- No -- If Yes, length: -- m Depth of top of screen: -- 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: from 1967
How is your pump lubricated: N/A
Depth of Intake Setting: N/A m (Original) N/A m (Present) Pumping Rate: -- L/s
Storage Tank: Type: Pressure Capacity: 40 gallons
Do you have a: Chlorinator: N Water Softener: Y Water Filter: Y 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: N
Lawn Watering: No: ✓ Yes: -- Other: _____ Amount: _____
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) Washer/dryer
Private Waste and Water Disposal: Type (septic tank, etc.): Yes Distance to Well: 100 ft
Well is: 1) Uphill _____ 2) Downhill: _____ 3) Same Grade _____

Not will be hooked up to sewer in Spring. N/A new development

Previous Problems:

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

1967

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)

Biofouling: ✓

What action was taken to overcome this problem?

filter installed

What were the effects of this problem?

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

If so, why?

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

no.

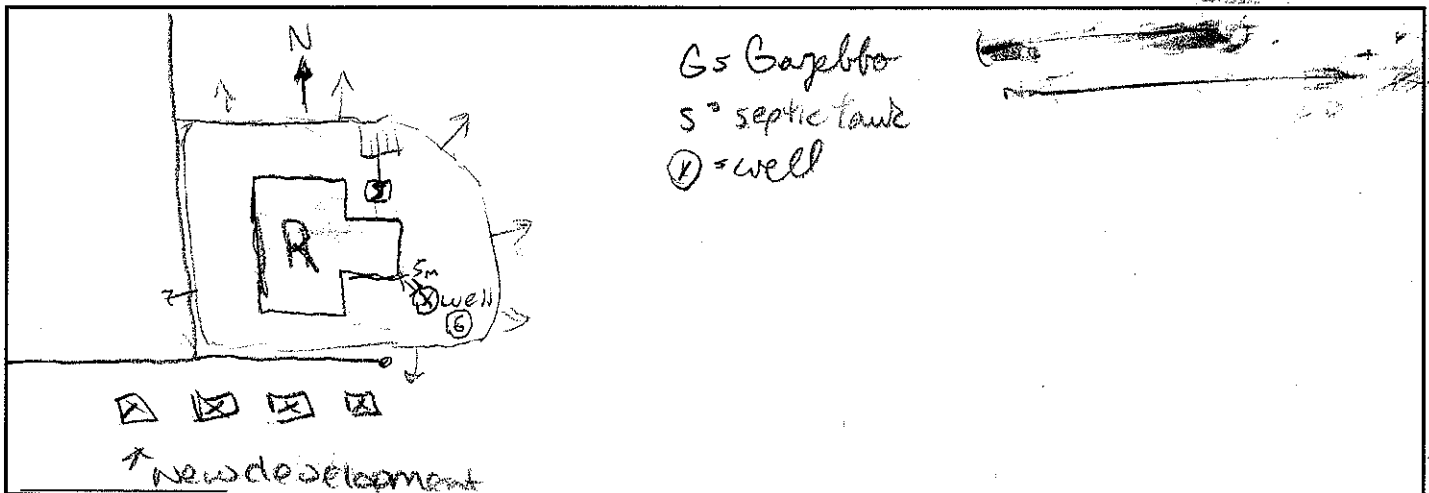
Does homeowner grant permission to obtain a water quality sample?

Yes ☒ No ☐

Signature:

Ray Smith

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

GPS: 663477, 4868500 ±6m

Well Condition:

Beneath working well; buried, seems to be ^{plant} pot cover over opening.
Well to be decommissioned? House will be hooked on to local
sewer when development is complete

Is there a depression around the well?



Yes



No

Photo Number:

12/3/10/4
28/39

after 3 pm 25/11/88

Water Well Survey

Well #: 6298
MOE #: 4600593

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: GUNNAR SÖNDERSTEDT Telephone (Bus.): ()
Address: 2266 Thornton Rd W (Home): 905-972-5727
Person Interviewed: Residence:
Date: Time: Interviewed By: R. CLARENCE HAWKESHAU
Name of Original Well Owner: (if different from above)

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

Name: THE SÖNDERSTEDT Telephone (Bus.): ()
Address: 2266 Thornton Rd W (Home): ()

Well Location:

Lot: 1 PLAW 520 Concession: Central 3 Township:
GLL Map Sheet: (to be completed by GLL Staff)

Well Construction Details:

Date Constructed: apr 1968 Use: Contractor:
Type (drilled or dug): Drilled Diameter: Well Depth: 84 FEET
Is well accessible for direct sampling? NO or buried:
Screen: Yes No 2 If Yes, length: m Depth of top of screen: m

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

Original Water Level Depth: m
Subsequent Water Level Measurements april 6 METERS
(give depths in m and dates)

Pumping Equipment:

Pump Type: Suction-lift: ✓ or Positive-submergence Pumping Capacity: Age: 20 years
How is your pump lubricated:
Depth of Intake Setting: m (Original) m (Present) Pumping Rate: L/s
Storage Tank: Type: 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: A.C. Amount:
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.)
Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well:
Well is: 1) Uphill 2) Downhill: 3) Same Grade ✓

Previous Problems:

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

36 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?

New pump

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:

[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

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 #: 6315

MOE #: 1904855

Owner of Well:

Name: Potentially ~~best~~ @ house east St. Thomas Anglican Church

Telephone (Bus.): ()
(Home): ()

Person interviewed: Resident @ #106 Winchester Rd E

Residence: _____

Date: Feb 14, 2008 Time: 15:19

Interviewed By: RBC/CC

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

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

Name: None - House used as office space for church. Telephone (Bus.): ()
Address: _____ (Home): ()

Well Location:

Lot: _____ Concession: C1 Township: _____
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details: n/a

Date constructed: 1 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: n/a - Well is currently not in use - on city water not known whether well abandoned.

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? _____

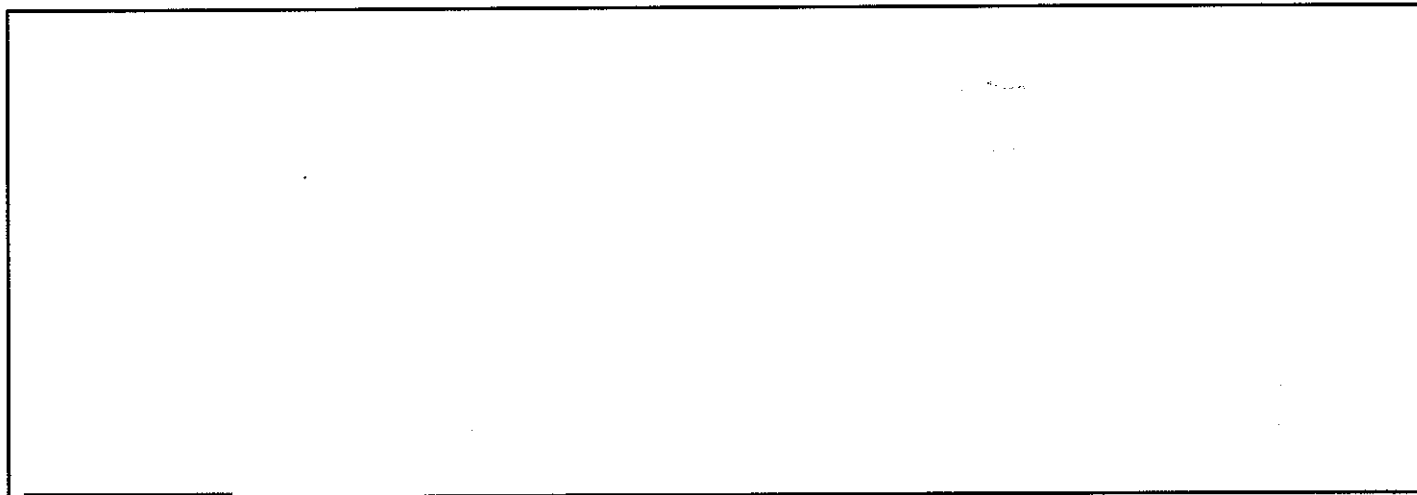
Did you ever have your well deepened _____, or cleaned _____, or a new well constructed _____?

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: _____

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

Well #: 6317

MOE #: 1905477

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

Owner of Well:

Name: Eva Malachowski Telephone (Bus.): ()
Address: 2475 Thornton Rd. (Home): (905) 432-3839
Person Interviewed: Eva Malo Residence: Yes
Date: Feb 27, 2008 Time: 11:45 Interviewed By: RBC/CC
Name of Original Well Owner: (if different from above) _____

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

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

Well Location:

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

Well Construction Details:

Constructed: 2008-32yrs: 1946 Use: Residential Contractor: --
Type (drilled or dug): Drilled Diameter: 6" Well Depth: ~200ft+
Is well accessible for direct sampling? _____ or buried: _____
Screen: Yes X No _____ If Yes, length: _____ m Depth of top of screen: _____ m

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

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

Pumping Equipment:

Pump Type: Suction-lift: _____ or Positive-submergence X Pumping Capacity: _____ Age: 32
How is your pump lubricated: _____
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: good pressure l/s
Storage Tank: Type: _____ Capacity: _____
Do you have a: Chlorinator: _____ Water Softener: X Water Filter: X Filter Type: odour/iron?
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.) pool
Private Waste and Water Disposal: Type (septic tank, etc.): tank Distance to Well: 7100ft
Well is: 1) Uphill _____ 2) Downhill: X 3) Same Grade _____

Previous Problems:

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

32 yrs.

Have you ever experienced any previous problems with your well?

~~But~~ Sand in water.

If so, when?

Construction in Burdick, 5-10 yrs.
(subdivisions)

What was the cause of the previous problem?

Drought:

Pump Failure:

Plugging:

Increased Usage

Interference:

Contamination:

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

Colour - silty

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

What action was taken to overcome this problem?

Went away on vacation

What were the effects of this problem?

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

If so, why?

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

Pump may have been replaced in past

Does homeowner grant permission to obtain a water quality sample?

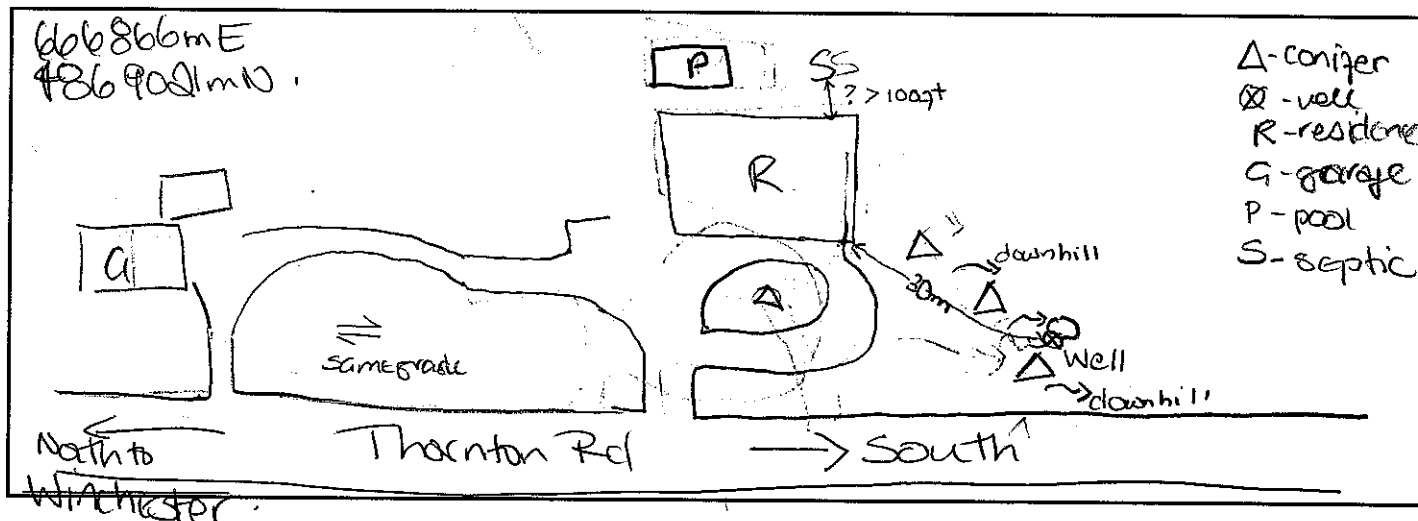
Yes

No

Signature:

E. Malachuk

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

Drilled well, inside pit to concrete casing, well underneath shrub.

Is there a depression around the well?



Yes



No

Photo Number:

24+26

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 #: ~~206328~~

MOE #: 1913598

Drilled: # 2028

Owner of Well:

Name: Richard Bator Telephone (Bus.): 9
Address: 5850 Garrard Rd (Home): 905, 655 89917
Person Interviewed: Richard Bator Residence: _____
Date: Feb 27, 2008 Time: 16:00 Interviewed By: RBC/CC
Name of Original Well Owner: (if different from above) Unknown

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

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

Well Location:

Lot: 19 Concession: 5 Township: Whitby
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Constructed: 1999/2000 Use: Residential + Gardening Contractor: Faulkner in Peterborough
Type (drilled or dug): Drilled + Dug Diameter: 6" + 28" Well Depth: 87' + shallow
Is well accessible for direct sampling? _____ or buried: _____
Screen: Yes X No _____ If Yes, length: _____ m Depth of top of screen: _____ m

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

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

Pumping Equipment:

Pump Type: Suction-lift: X or Positive-submergence _____ Maximum: 8 spm from well
Pumping Capacity: _____ Age: 9 yrs
How is your pump lubricated: _____
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: 3 spm L/s
Storage Tank: Type: Pressure Capacity: 10 gallons
Do you have a: Chlorinator: _____ Water Softener: X Water Filter: _____ Filter Type: _____
Water Use: Domestic: No: _____ Yes: ✓ No. of persons using water from well: 4
Livestock: No: X Yes: _____ No. of livestock watered from well: NG
Lawn Watering: No: _____ Yes: ✓ Other: _____ Amount: _____
Element: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) Regular
Private Waste and Water Disposal: Type (septic tank, etc.): Yes Distance to Well: 730m
Well is: 1) Uphill X 2) Downhill: _____ 3) Same Grade: _____

Previous Problems:

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

9 yrs

Have you ever experienced any previous problems with your well?

Yes Sulphur, bad.

If so, when?

Occasional

What was the cause of the previous problem?

Drought:

Pump Failure:

Plugging:

Increased Usage

Interference:

Contamination:

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

Odour occasional

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

What action was taken to overcome this problem?

None,

What were the effects of this problem?

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

If so, why?

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

Pump propeller replaced - 6 or 7 yrs ago, was pump from original dry well.

Does homeowner grant permission to obtain a water quality sample?

Yes

☒ No

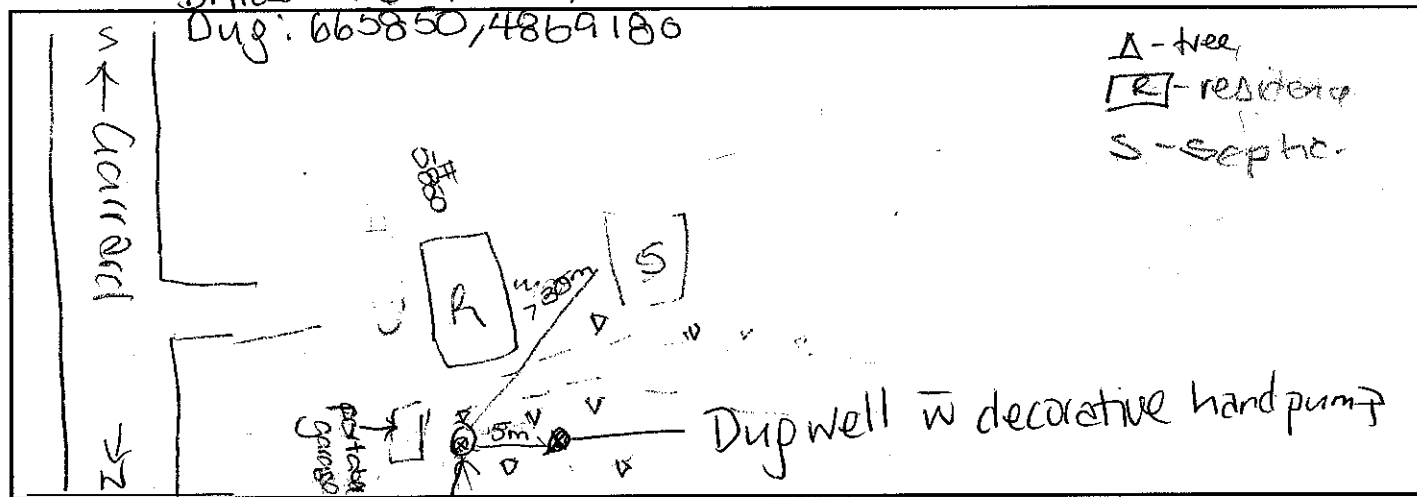
Signature:

JB

Location Sketch: (to be completed by GLL staff)

Drilled: 665850, 4869181

Dug: 665850, 4869180



Field Visit: (to be completed by GLL staff)

Well Condition:

Is there a depression around the well?



Yes



No

Photo Number:

30 + 31 - drilled
32 - dug

Water Well Survey



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

Well #: 6323

MOE #: 4600550



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

Owner of Well:

Name: Winifred Jones Telephone (Bus.): (905) 725-1193
Address: Simcoe St South Oshawa (Home): ()
Person Interviewed: Simon Carridy 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: ~~House 23~~ (see maps provided) Telephone (Bus.): ()
Address: House 23 by Winifred Jones (Home): ()

Well Location:

Lot: 15 Concession: 5 Township: _____
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Constructed: May 1954 Use: Domestic Contractor: _____
Type (drilled or dug): Dug Diameter: 36" Well Depth: ~~75'~~ 35' (126m)
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: 10.06 May 1954 m
Subsequent Water Level Measurements: ~~June July 1999~~
(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: _____

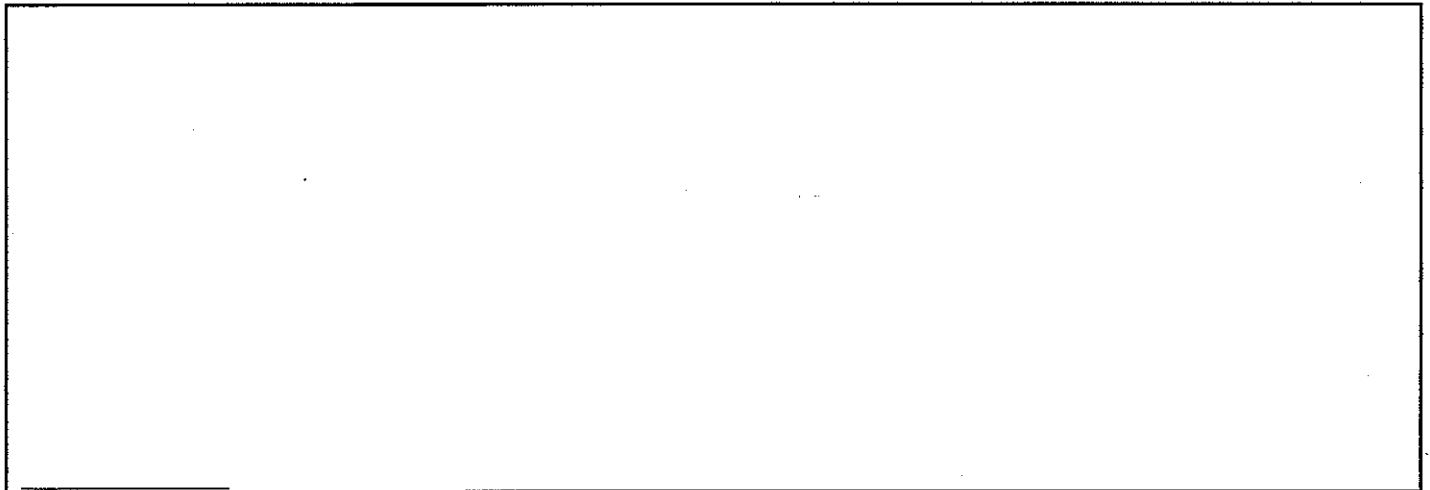
Does homeowner grant permission to obtain a water quality sample? _____

Yes _____

No _____

Signature: _____

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition: _____

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

Photo Number: _____

Water Well Survey

Well #: 6329MOE #: 46005521201 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

Maybe also 4600551, but only saw 1 well

Owner of Well:

Name: Windfeldhams - Nesbitt BarnTelephone (Bus.): (905) 725-1193Address: ~~2300 Simcoe Street North~~

(Home): ()

Person Interviewed: Simon Cassidy

Residence: _____

Date: Feb 27, 2008 Time: 10:00

Interviewed By: _____

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

Note: Mr. Cassidy had no info to give us, but would be maintenance owner.

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

(Wife) Address of wellName: House owner declined survey - referred us to windfield

Telephone (Bus.): ()

Address: 5625 Thornton Rd

(Home): ()

Well physical location

Well Location:

Lot: _____

Concession: _____

Township: Whitby

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

C3

Well Construction Details:

Constructed: _____

Use: _____

Contractor: _____

Type (drilled or dug): DugDiameter: 24"-28"

Well Depth: _____

Is well accessible for direct sampling?

or buried: _____

Screen: Yes _____ No _____

If Yes, length: _____ m

Depth of top of screen: _____ m

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

Original Water Level Depth: _____ m

Subsequent Water Level Measurements

(give depths in m and dates)

Pumping Equipment:

Pump Type: Suction-lift or Positive-submergence

Pumping Capacity: _____ Age: _____

How is your pump lubricated: _____

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

Pumping Rate: _____ L/s

Storage Tank:

Type: _____

Capacity: _____

Do you have a:

Chlorinator: _____

Water Softener: _____

Water Filter: _____

Filter Type: _____

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.): AssumedDistance to Well: 30m+

Well is:

1) Uphill _____

2) Downhill: X

3) Same Grade _____

Previous Problems:

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

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

If so, when? _____

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

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

What action was taken to overcome this problem? _____

What were the effects of this problem? _____

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

If so, why? _____

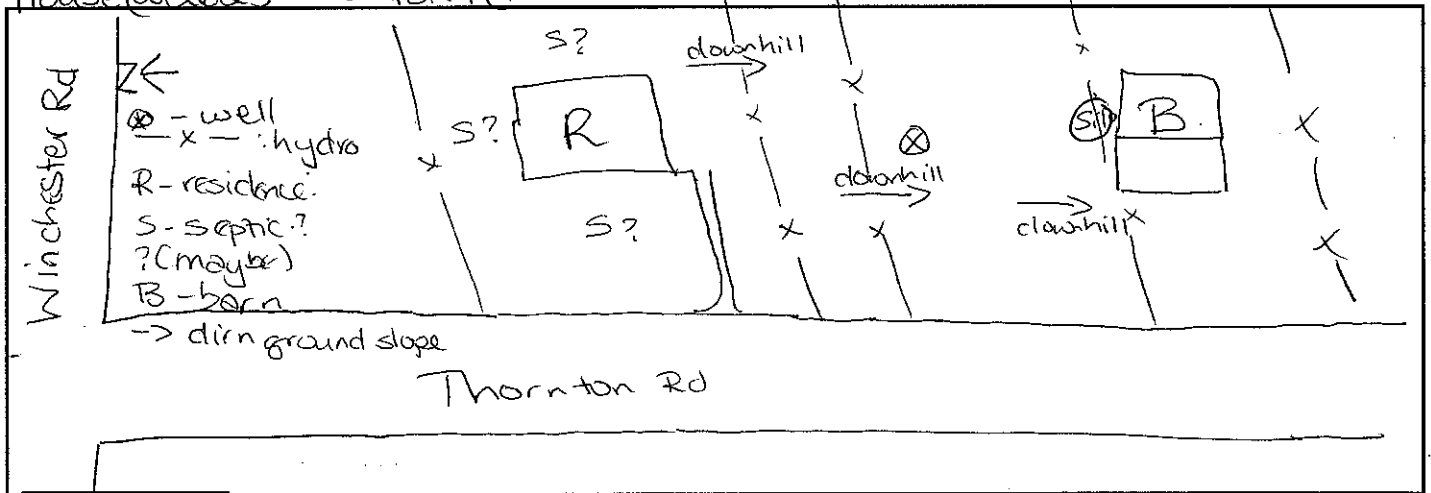
Outline briefly any previous repairs or changes in pumping equipment, and dates: _____

Does homeowner grant permission to obtain a water quality sample? Yes _____ No _____ Signature: _____

-Call Mr. Cassidy if permission is required

Location Sketch: (to be completed by GLL staff)

House @ 2625 Thornton Rd.



Field Visit: (to be completed by GLL staff)

Well Condition: dug well, was a septic tank nearby

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

Photo Number: 19

Water Well Survey



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

Well #: 6332
MOE #: 4600603



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

Owner of Well:

Name: Windfield farms Telephone (Bus.): (905) 725-1193
Address: Simcoe St. South Oshawa. (Home): ()
Person Interviewed: Simon Cassidy Residence: _____
Date: 07/18/2008 Time: 16:30 Interviewed By: RBC/CC
Name of Original Well Owner: (if different from above) _____

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

Name: GLL (see maps provide by) Telephone (Bus.): ()
Address: Windfield farms (Home): ()

Well Location:

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

Well Construction Details:

Constructed: _____ Use: _____ Contractor: _____
Type (drilled or dug): _____ Diameter: _____ Well Depth: 12.6m
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 10.3m July 19, 1997
(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: _____

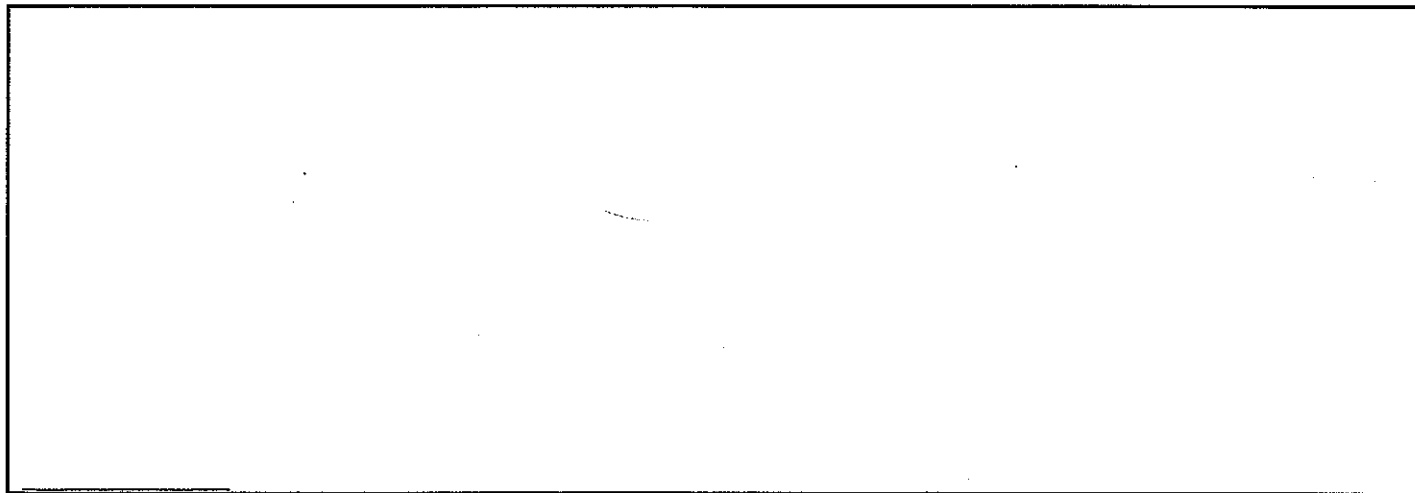
Does homeowner grant permission to obtain a water quality sample? _____

Yes _____

No _____

Signature: _____

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

Well #: 6334

MOE #: 4603856



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

Owner of Well:

Name: Wardfield farms Telephone (Bus.): 905 725-1193
Address: Simcoe St South Ottawa (Home): ()
Person Interviewed: Simon Cassidy Residence: _____
Date: 23/08/2003 Time: 4:17 pm Interviewed By: _____
Name of Original Well Owner: (if different from above) _____

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

Name: House 40 Telephone (Bus.): ()
Address: _____ (Home): ()

Well Location:

Lot: 13 Concession: 5 Township: _____
GLL Map Sheet: (to be completed by GLL Staff) 3

Well Construction Details:

Constructed: Sept. 1958 Use: Domestic Contractor: _____
Type (drilled or dug): Dug Diameter: 30" Well Depth: 15.2 m
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: 10' Sept 1958 m
Subsequent Water Level Measurements 2.3 m July 19, 1993
(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? _____

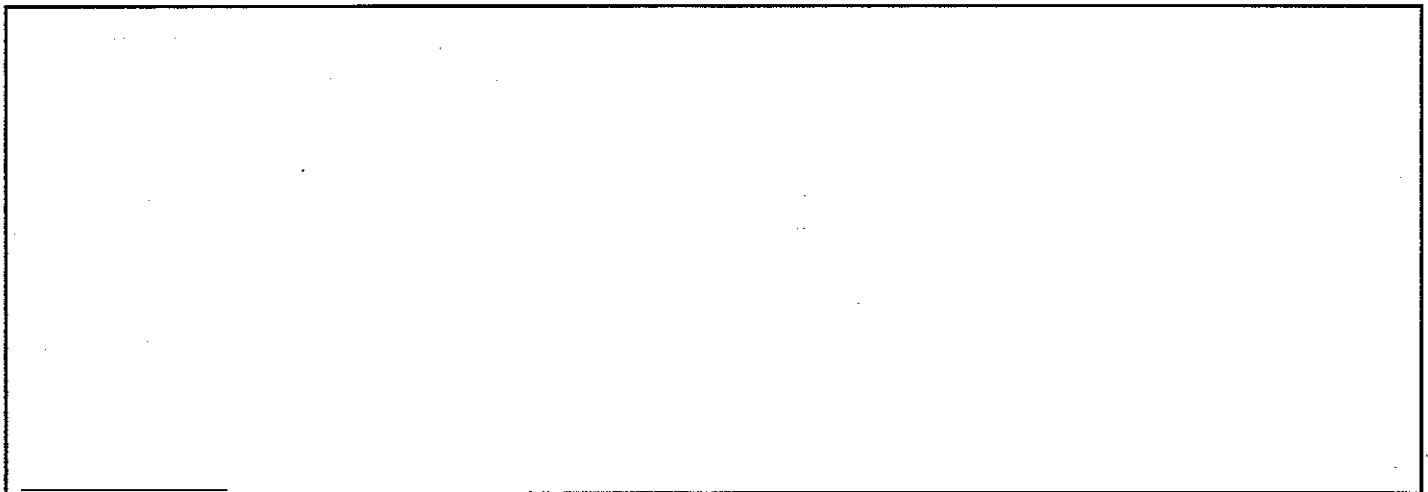
Did you ever have your well deepened _____, or cleaned _____, or a new well constructed _____?

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: _____

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

Well #: 6336

MOE #: 1907240?



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

Owner of Well:

Name: Anna-Marie Saldanha Telephone (Bus.): ()
Address: 38 Way St, Brooklyn, ON (Home): (905) 655-0328
Person Interviewed: Anna Residence: Yes
Date: Feb 14, 2008 Time: 13:26 Interviewed By: RBC/CC
Name of Original Well Owner: (if different from above) ~~W. J. Flynn~~ Carnwith & Flynn

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

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

Well Location:

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

Well Construction Details:

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

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

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

Pumping Equipment:

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

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

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

Previous Problems:

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

Have you ever experienced any previous problems with your well? Low flow -

If so, when? _____

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage _____

Interference: _____

Contamination: _____

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

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

What action was taken to overcome this problem? Nil

What were the effects of this problem? Nil

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?

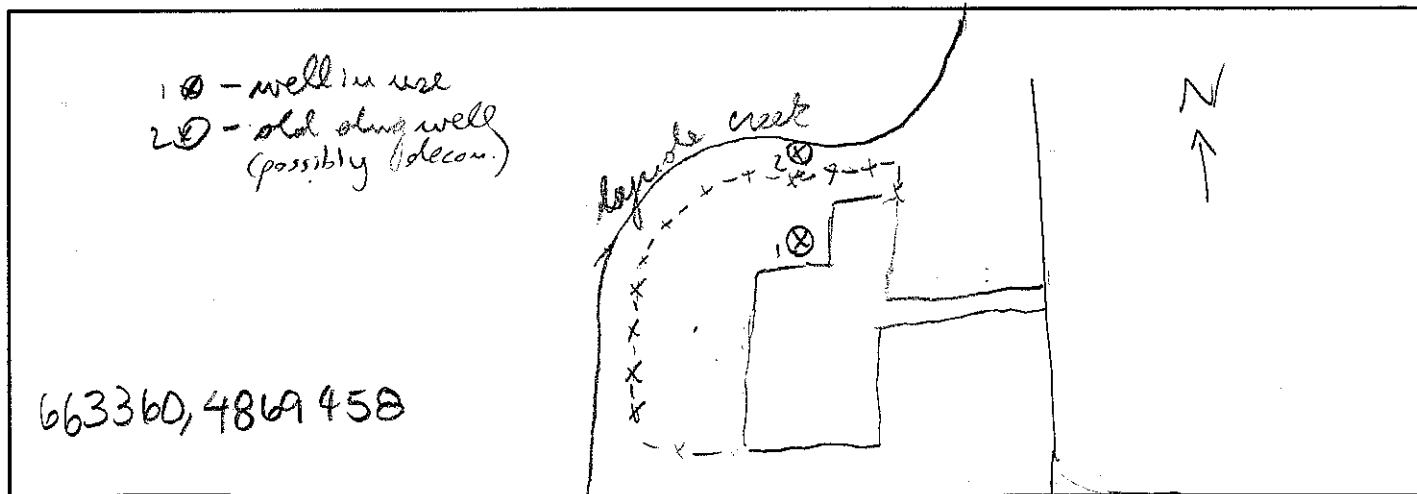
Yes

☒

No

Signature: C. Saldano

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition: One well Well #1 under deck (pic 46)

Well #2 by stream (pic 46)

GPS coords approx

Is there a depression around the well?

☐

Yes

☐

No

Photo Number: 45 + 46

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 #: 6342

MOE #: 1907301

Owner of Well:

Name: Declined to give name - but very nice lady Telephone (Bus.): ()
Address: 5325 Enfield Rd. (Home): ()
Person Interviewed: Residence: yes
Date: May 12/08 Time: 12:10 Interviewed By: CC/SC
Name of Original Well Owner: (if different from above)

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

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

Well Location:

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

Well Construction Details:

Date Constructed: 1978 Use: domestic Contractor: —
Type (drilled or dug): dug Diameter: 36" Well Depth: —
Is well accessible for direct sampling? yes or buried: —
Screen: Yes — No — If Yes, length: — m Depth of top of screen: — m

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

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

Pumping Equipment:

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

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

Previous Problems:

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

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

If so, when? _____

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage _____

Interference: _____

Contamination: _____

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

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

What action was taken to overcome this problem? None

What were the effects of this problem? _____

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

If so, why? _____

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

replaced an old pump

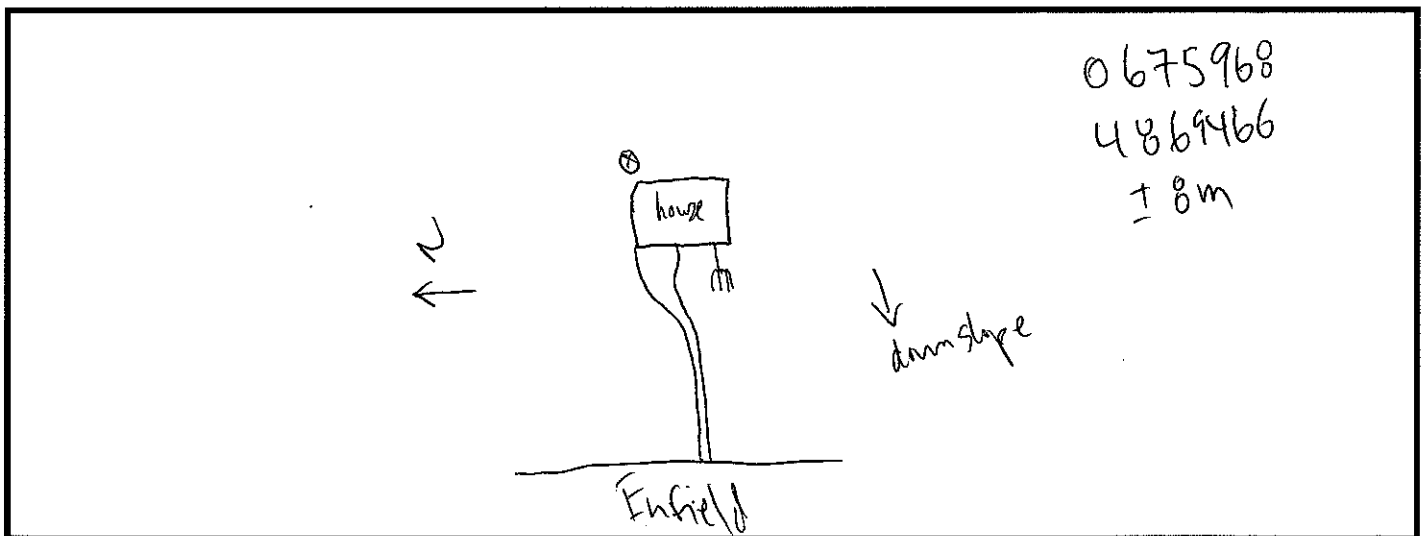
Does homeowner grant permission to obtain a water quality sample?

Yes _____

No X

Signature: _____

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition: good

Is there a depression around the well? ☐ Yes



No

Photo Number: 12/13

Water Well Survey



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

Well #: 6343

MOE #: 4600536



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

Owner of Well:

Name: Windfeldt farms Telephone (Bus.): (905) 725-1193
Address: Simcoe St. South (Home): ()
Person Interviewed: Jimma Cassidy Residence: _____
Date: 03/12/08 Time: 4:00 pm Interviewed By: _____
Name of Original Well Owner: (if different from above) _____

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

Name: House 42 Telephone (Bus.): ()
Address: _____ (Home): ()

Well Location:

Lot: 13 Concession: 5 Township: _____
GLL Map Sheet: (to be completed by GLL Staff) 3

Well Construction Details:

Constructed: Feb 1954 Use: Domestic Contractor: _____
Type (drilled or dug): Drilled Diameter: 6" Well Depth: 117'

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: FLUWING m
Subsequent Water Level Measurements 4.8 m July 19, 1999
(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? _____

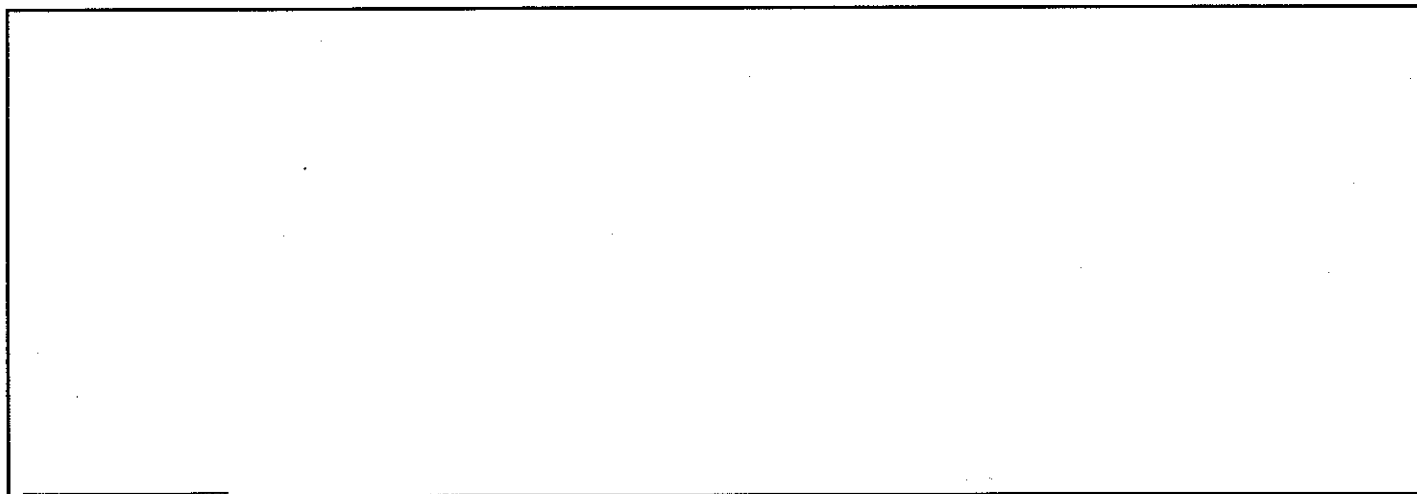
Did you ever have your well deepened _____, or cleaned _____, or a new well constructed _____?

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: _____

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition: _____

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

Photo Number: _____

Water Well Survey

Well #: 6344

MOE #: 4804632

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: Ivana Gimplj Telephone (Bus.): ()
Address: 700 Winchester Rd E. (Home): (905) 685-4586
Person Interviewed: Ivana Residence: Ivana
Date: 02/15/2000 Time: 12:45 Interviewed By: CCRDC
Name of Original Well Owner: (if different from above) N/A (1820)

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

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

Well Location:

Lot: 18 Concession: 6 Township: Whitby
GLL Map Sheet: (to be completed by GLL Staff) CI

Well Construction Details:

Constructed: 1960s Use: domestic Contractor: N/A
Type (drilled or dug): Dug Diameter: 28" Well Depth: 65'
Is well accessible for direct sampling? Yes or buried:
Screen: Yes ☐ No ☒ If Yes, length: N/A m Depth of top of screen: N/A m

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

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

Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence Pumping Capacity: Age: 15-20 yrs
How is your pump lubricated: N/A
Depth of Intake Setting: N/A m (Original) N/A m (Present) Pumping Rate: N/A L/s
Storage Tank: Type: Pressure tank Capacity:
Do you have a: Chlorinator: N/A Water Softener: N/A Water Filter: N/A Filter Type: N/A
Water Use: Domestic: No: ☐ Yes: ☒ No. of persons using water from well: 2
Livestock: No: ☒ Yes: ☐ No. of livestock watered from well: N/A
Lawn Watering: No: ☒ Yes: ☐ Other: N/A Amount: N/A
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) washing
Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: 20 m
Well is: 1) Uphill ☒ 2) Downhill: 3) Same Grade

Previous Problems:

How long have you owned, operated or lived on this property? 1970

Have you ever experienced any previous problems with your well? up till subdivision construction phase

If so, when? 1998 (fecal coliform contamination) - vibrations felt from construction

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

What action was taken to overcome this problem? boil water / cleaned well

What were the effects of this problem? boil

Did you ever have your well deepened _____, or cleaned X, or a new well constructed _____? before 1998

If so, why? bacteria problem

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

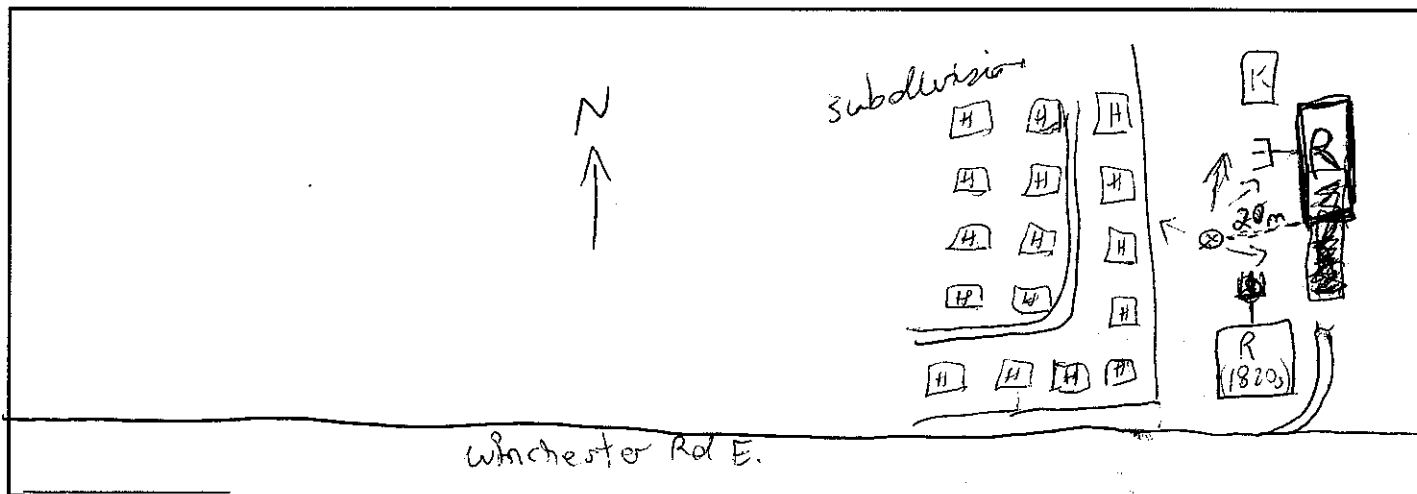
replaced piping in well

Does homeowner grant permission to obtain a water quality sample?

Yes X No _____

Signature: C. Gumpel

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition: very old tile, cracked, very bad seal, pieces of concrete missing (non-penetration), vent pipe with hole in screen

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

Photo Number: 54-58

Well #3: #3282.
#4573 Rundle Rd

#1 >2070
Taunton Rel.

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 #: 16349
MOE #: 19045265

Owner of Well:

Name: Wendy Lee [Bradley + Topp]
Address: Taunton Rd, + Rundle Rd

Telephone (Bus.): ()
(Home): () ck pterrecords for

Person Interviewed: Home Owner / Male / 50's

Residence: _____

Date: Apr 7/2007 Time: 14:19

Interviewed By: RBC / AD

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

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

Address: _____ (Home): () _____

Well Location:

Lot: _____ Concession: _____ Township: _____

GLL Map Sheet (to be completed by GLL Staff): ZE#2

Well Construction Details: 3 wells

Date Constructed: 1980, 1982 Use: Residential Contractor: _____

Type (drilled or dug): Dug Diameter: 8" Well Depth: 50 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
(give depths in m and dates)

Pumping Equipment:

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

How is your pump lubricated: _____

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

Storage Tank: Type: Pressure tank Capacity: 40 Gall

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

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

Sprayer

Private Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well: 200' + 100'

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

Previous Problems:

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

> 28 yrs

Have you ever experienced any previous problems with your well?

No - manage water use during

if so, when? summer

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage _____

Interference: _____

Contamination: _____

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

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

What action was taken to overcome this problem?

What were the effects of this problem?

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

If so, why?

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

Not

Does homeowner grant permission to obtain a water quality sample?

No

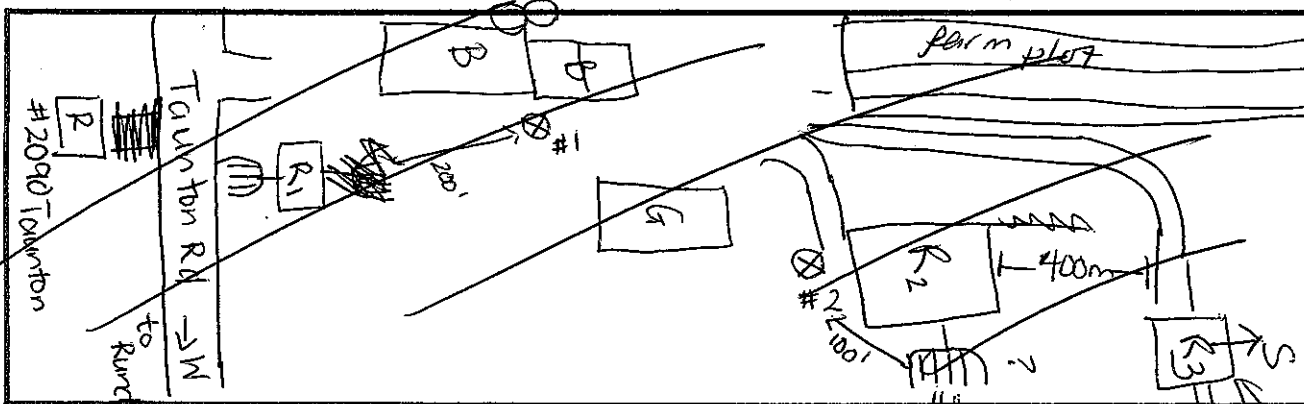
Yes

Signature

Location Sketch:

Silos

See next sheet for sketch.



Field Visit:

(to be completed by GLL staff)

#1: 6780164, 486973. Photo #28

#2: 679414, 4869576. Photo #29

#3: 679512, 4869239. Photo #32

Well Condition:

Both wells have uncorked lids. Average condition.

Is there a depression around the well?

No; No, 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?

Well #3, lid is recessed into ground, cannot tell if caulked. Went facing toward ground.

Previous Problems:

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

728 yrs

Have you ever experienced any previous problems with your well?

No - manage water use

If so, when? during summer.

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage _____

Interference: _____

Contamination: _____

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

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

What action was taken to overcome this problem?

What were the effects of this problem?

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

If so, why?

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

Dec

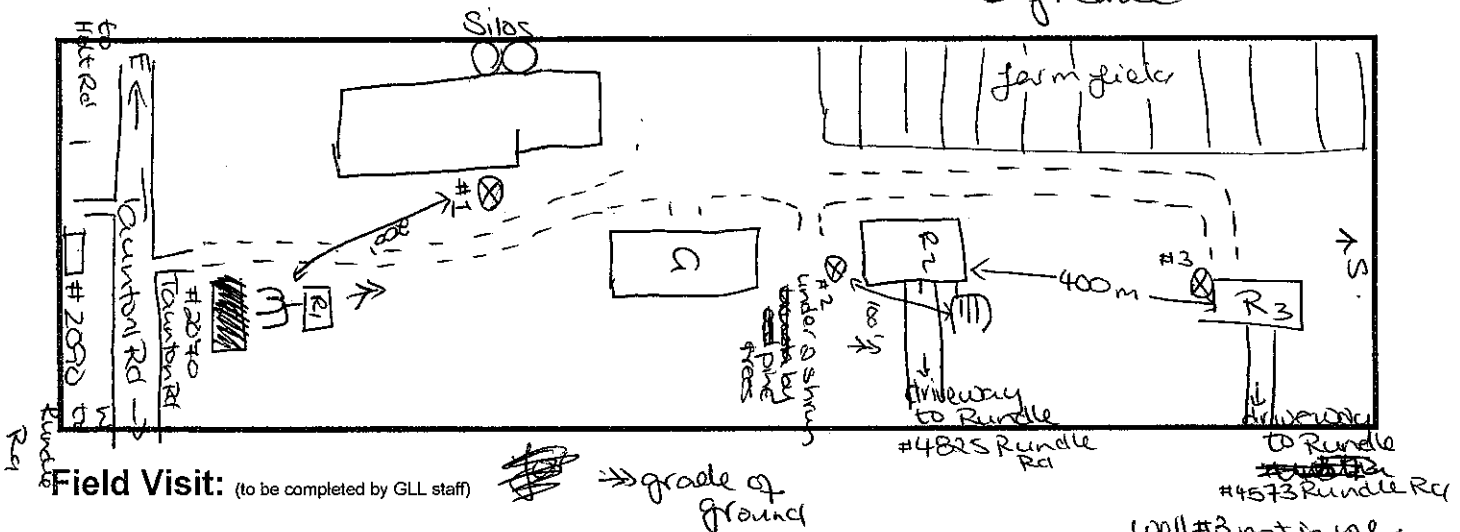
Does homeowner grant permission to obtain a water quality sample?

No

Yes

Signature: _____

Location Sketch:



Well Condition: _____

Is there a depression around the well?

See Sheet 7 for well coords

If the well is a dug well, and the lid can be lifted, is the first joint between the concrete tiles sealed? photo #5 + coords

Is there staining on the inside of the tiles?

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 #: 6353
MOE #: 4600547

Owner of Well:

Name: Windfield farms Telephone (Bus.): (905) 725-1193
Address: Simcoe St. South (Home): ()
Person Interviewed: Simon Cassidy Residence: _____
Date: 03/18/2008 Time: 4:00 PM Interviewed By: _____
Name of Original Well Owner: (if different from above) _____

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

Name: House 43 Telephone (Bus.): ()
Address: _____ (Home): ()

Well Location:

Lot: 13 Concession: 5 Township: _____
GLL Map Sheet: (to be completed by GLL Staff) 3

Well Construction Details:

Constructed: Dec. 1959 Use: Domestic Contractor: _____
Type (drilled or dug): Dug Diameter: 3.0" Well Depth: 39'
Is well accessible for direct sampling? _____ or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

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

Original Water Level Depth: 9' Dec 1959 m
Subsequent Water Level Measurements: N/A
(give depths in m and dates)

Pumping Equipment:

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

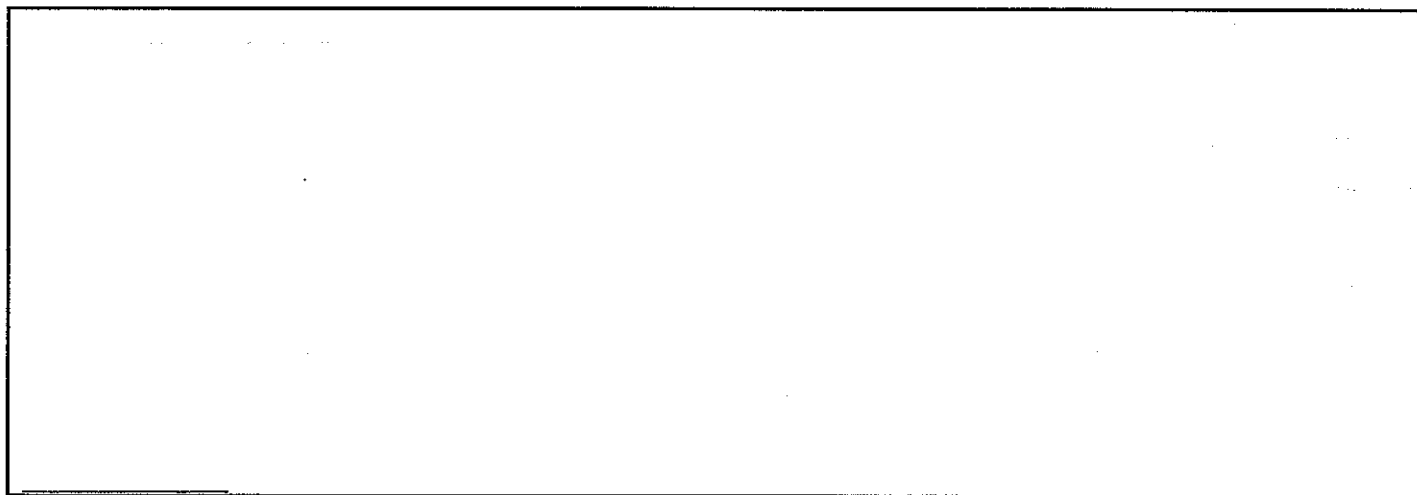
Did you ever have your well deepened _____, or cleaned _____, or a new well constructed _____?

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: _____

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 #: 6354

MOE #: 1902592

Owner of Well:

Name: Debby Westlake (Vissers Sod Company) Telephone (Bus.): (905) 263-2126
Address: 5495 Enfield Rd. (Home): ()
Person Interviewed: Debby Residence: home / office / farm
Date: May 7/08 Time: 3:00 Interviewed By: CC / JC
Name of Original Well Owner: (if different from above)

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

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

Well Location:

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

Well Construction Details:

Date Constructed: 1980 Use: domestic / office Contractor:
Type (drilled or dug): drilled Diameter: 6" Well Depth: 150'
Is well accessible for direct sampling? yes casing located in driveway or buried:
Screen: Yes X No If Yes, length: m Depth of top of screen: m

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

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

Pumping Equipment:

Pump Type: Suction-lift: or Positive-submergence X Pumping Capacity: Age:
How is your pump lubricated:
Depth of Intake Setting: m (Original) m (Present) Pumping Rate: L/s
Storage Tank: Type: Capacity:
Do you have a: Chlorinator: Water Softener: X Water Filter: Filter Type:
Water Use: Domestic: No: Yes: X No. of persons using water from well: 2-7
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.) none

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

Previous Problems:

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

22

Have you ever experienced any previous problems with your well?

Nope

lots of 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?

None

What were the effects of this problem?

Did you ever have your well deepened None, or cleaned —, or a new well constructed —?

If so, why?

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

None

Does homeowner grant permission to obtain a water quality sample?

Yes

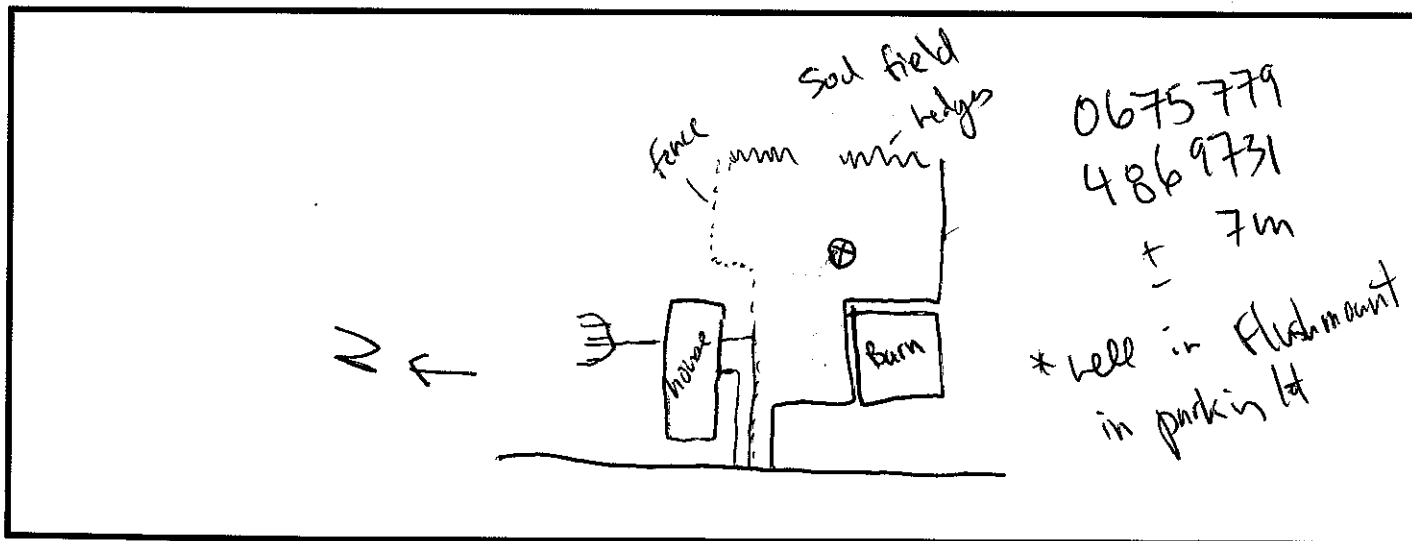


No

Signature:

[Signature]

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

Good - casing set at road level in parking lot.

Is there a depression around the well?



Yes



No

Photo Number:

9

Water Well Survey

~~not name~~

Well #: 6356

MOE #: 1904183

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: Tony Rodriguez Telephone (Bus.): ()
Address: 5581 Enfield Rd. (Home): 905-263-8618
Person Interviewed: Tony Residence: 905
Date: May 12/08 Time: 11:30 Interviewed By: CS/SS
Name of Original Well Owner: (if different from above)

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

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

Well Location:

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

Well Construction Details:

Date Constructed: 1940's Use: Domestic Contractor:
Type (drilled or dug): dug Diameter: 34" Well Depth: 30' (20' from grade)
Is well accessible for direct sampling? in basement of house or buried:
Screen: Yes No If Yes, length: m Depth of top of screen: m

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

Original Water Level Depth: Wtr level near basement surface 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:
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: 0
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: 20'

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

well in basement

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? ~~None~~ 3 years ago had Coliform

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? Cl in well (Savex)

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 6 years ago

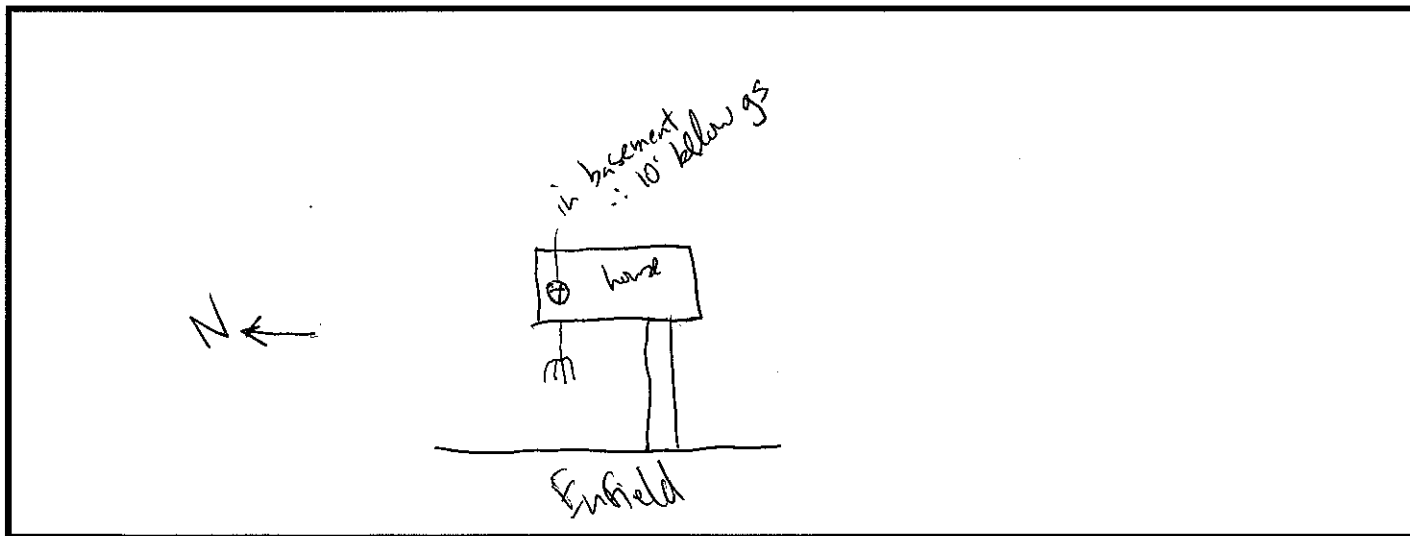
Does homeowner grant permission to obtain a water quality sample?

Yes X

No _____

Signature: Jay Ricketts

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: 11

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 #:

6357

MOE #:

4609531

Owner of Well:

Name: Windfield Farms (Simon Cassidy) Telephone (Bus.): 905, 725-1193
Address: 185 Winchester Rd. East Oshawa (Home): 905, 261-6442
Person Interviewed: _____ Residence: _____
Date: 02/28/2008 Time: 11:45 am Interviewed By: _____
Name of Original Well Owner: (if different from above) _____

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

Name: _____ Telephone (Bus.): () _____
Address: Box 17 Windfield Farms. (Home): () _____

Well Location:

Lot: 11 Concession: 5 Township: _____
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Constructed: June 1967 Use: Domestic/Livestock Contractor: _____
Type (drilled or dug): slug Diameter: 30" 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: 3.66 m June 1967
Subsequent Water Level Measurements: 10.30 m July 19, 1999
(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:

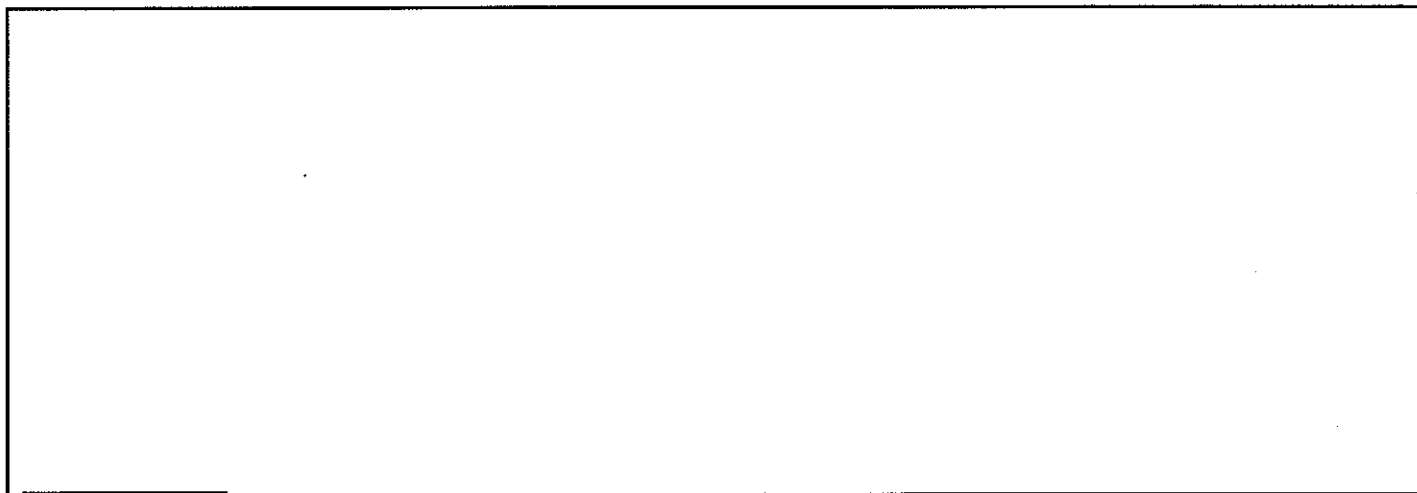
Does homeowner grant permission to obtain a water quality sample?

Yes _____

No _____

Signature: _____

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

Well #: 6360
MOE #: 4600545



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

Owner of Well:

Name: Windfrel Farms Telephone (Bus.): (905) 725-1193
Address: Simcoe Street South (Home): ()
Person Interviewed: Simon Cassidy 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: House 45 (Home): ()

Well Location:

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

Well Construction Details:

Constructed: Sept 1958 Use: Domestic Contractor: _____
Type (drilled or dug): Dug Diameter: 36" Well Depth: 36'
Is well accessible for direct sampling? _____ or buried: _____
Screen: Yes _____ No X If Yes, length: _____ m Depth of top of screen: _____ m

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

Original Water Level Depth: 2' m
Subsequent Water Level Measurements 5.7 m July 19, 1999
(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? _____

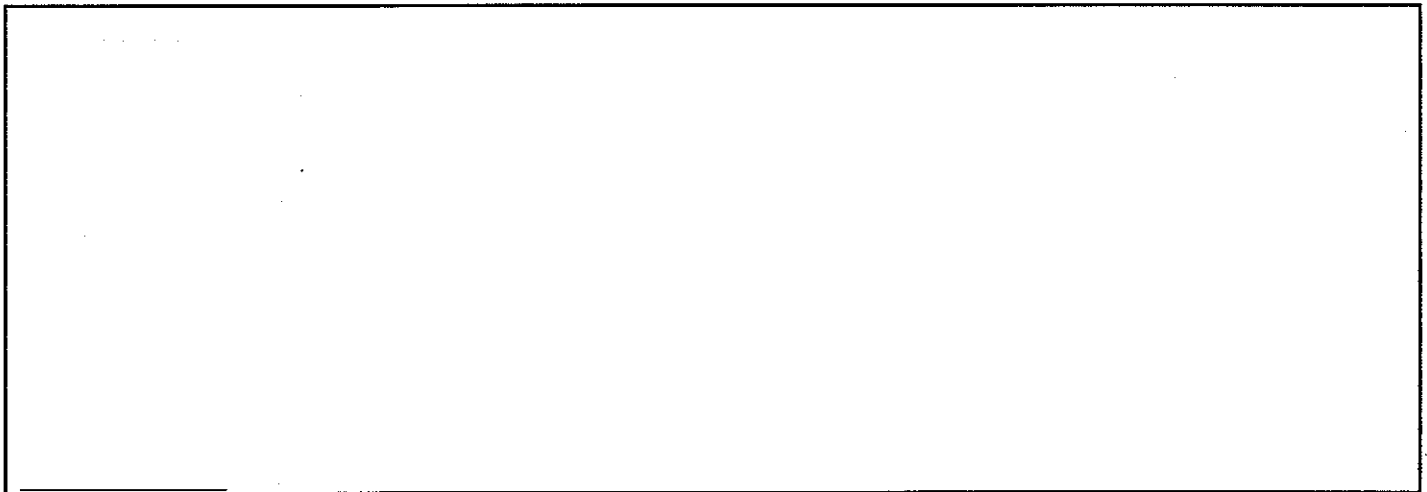
Did you ever have your well deepened _____, or cleaned _____, or a new well constructed _____?

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: _____

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: _____

1970

✓

Water Well Survey

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

Well #: 6361MOE #: 1903253

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

Owner of Well:

Name: Paul Zubudsky * Trans Canada pipe line will be the owner
 Address: 5673 Langmaid Rd. Telephone (Bus.): ()
 Person Interviewed: Paul Zubudsky (Home): ()
 Date: May 7/08 Time: 10:15 Residence: yes
 Name of Original Well Owner: (if different from above) Interviewed By: CC/JC

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

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

Well Location:

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

Well Construction Details:

Date Constructed: 1975 Use: Domestic Contractor:
 Type (drilled or dug): drilled Diameter: 8" 6" Well Depth: 84'
 Is well accessible for direct sampling? yes or buried: in a 10' deep concrete casing
 Screen: Yes ☒ No ☐ If Yes, length: m Depth of top of screen: m

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

Original Water Level Depth: 30' depth to water
 Subsequent Water Level Measurements
 (give depths in m and dates)

Pumping Equipment:

Pump Type: Suction-lift: or Positive-submergence ☒ Pumping Capacity: Age: 30
 How is your pump lubricated: N/A
 Depth of Intake Setting: m (Original) m (Present) Pumping Rate: 3-5 gal/min L/s
 Storage Tank: Type: Capacity: range dry
 Do you have a: Chlorinator: none Water Softener: Water Filter: Filter Type:
 Water Use: Domestic: No: Yes: ☒ No. of persons using water from well: 2
 Livestock: No: ☒ Yes: No. of livestock watered from well: N/A
 Lawn Watering: No: ☒ Yes: Other: Amount:
 Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) None

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

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

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

What action was taken to overcome this problem?

What were the effects of this problem?

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

If so, why?

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

Does homeowner grant permission to obtain a water quality sample?

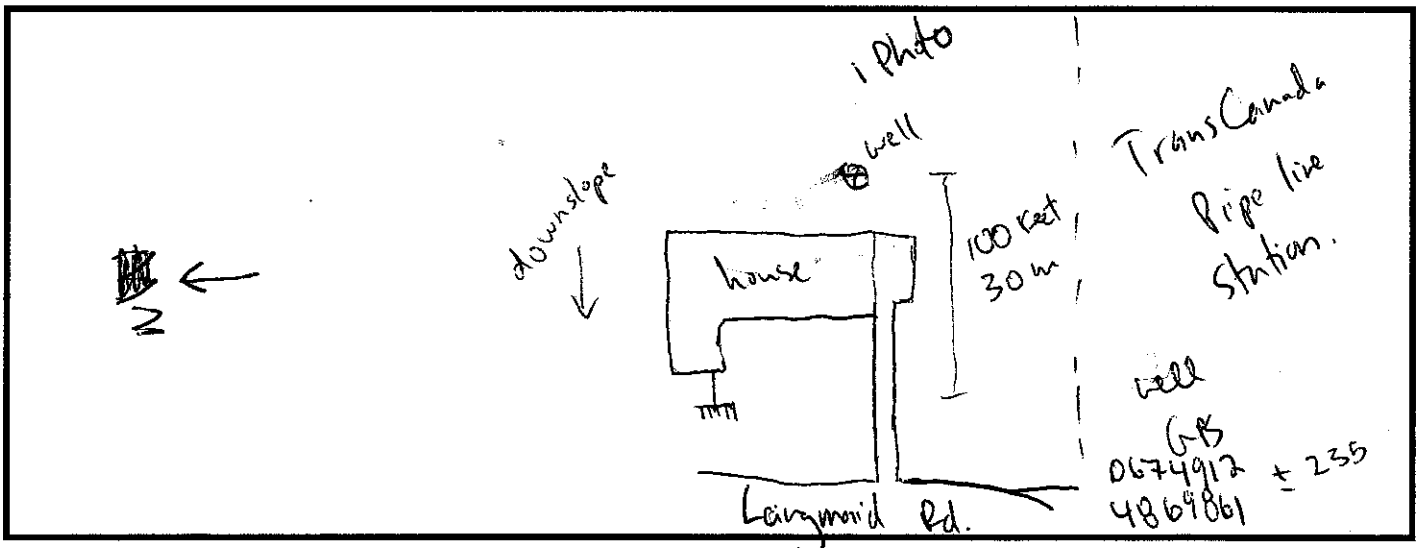
Yes _____

No _____

Signature: _____

need to be approved by TransCanada

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

Poor - plastic bag acting as well cap

Is there a depression around the well?



Yes



No

Photo Number:

1

Water Well Survey

Well #: 6341

MOE #: 4000606

Well # 2



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: Neal Grandy (lives off site)
Address: 32860 Thornton Rd North
Telephone (Bus.): 905 655-3660
(Home): 905
Person Interviewed: Neal Grandy
Residence: NO
Date: Feb 27, 2008 Time: 11 AM
Interviewed By: RBC/CC
Name of Original Well Owner: (if different from above) Yes (lived here for 25 yrs)

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

Name: Thao Tenant (son) lives on site as well
Address: @ house opposite
Telephone (Bus.): ()
(Home): ()

Well Location: - 4 houses connected to one well: - another well used as well

Lot: 16 17 Concession: 6 Township: Oshawa
GLL Map Sheet: (to be completed by GLL Staff) Central A

Well Construction Details:

Constructed: 15 yrs ago Use: Residential/Livestock Contractor: Faulkner ^{in Peterborough}
Type (drilled or dug): Drilled Diameter: 6" Well Depth: 60'
Is well accessible for direct sampling? _____ or buried: _____
Screen: Yes ☒ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

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

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

Pumping Equipment:

Pump Type: Suction-lift: _____ or Positive-submergence ☒ Pumping Capacity: _____ Age: 15 yrs
How is your pump lubricated: _____
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: 5 gpm + 8-10 gpm
Storage Tank: Type: Pressure (underground) Capacity: 500 gallons (maximum)
Do you have a: Chlorinator: NO Water Softener: NO Water Filter: NO Filter Type: NO
Water Use: Domestic: No: _____ Yes: ☒ No. of persons using water from well: 3 families: 12-15
Livestock: No: _____ Yes: ☒ No. of livestock watered from well: 250
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.): Tank Distance to Well: _____
Well is: 1) Uphill _____ 2) Downhill: _____ 3) Same Grade _____

2

NOTIFY message

Water Well Survey



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

Well #: 6372
MOE #: 1904020



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

Owner of Well:

Name: Dale Noel Telephone (Bus.): () 98
Address: 5753 Langmuir Rd. (Home): 905 725-5075
Person Interviewed: Dale Residence: _____
Date: 03/24/2008 Time: 11:09 am (phone) 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: 1981 Use: Domestic Contractor: Kayatha Well
Type (drilled or dug): Drilled Diameter: 6" Well Depth: 7m
Is well accessible for direct sampling? yes (well pit) or buried: _____
Screen: Yes ☒ No _____ If Yes, length: N/A m Depth of top of screen: N/A m

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

Original Water Level Depth: 47' m
Subsequent Water Level Measurements: 60' after 1 hour of pumping (1981)
(give depths in m and dates)

Pumping Equipment:

Pump Type: Suction-lift: _____ or Positive-submergence ☒ Pumping Capacity: 34 horse power Age: 27 years
How is your pump lubricated: N/A
Depth of Intake Setting: N/A m (Original) N/A m (Present) Pumping Rate: N/A L/s
Storage Tank: Type: Pressure Tank Capacity: 10-20 gpm
Do you have a: Chlorinator: _____ Water Softener: ☒ Water Filter: _____ Filter Type: _____
Water Use: Domestic: No: _____ Yes: ☒ No. of persons using water from well: 3
Livestock: No: ☒ Yes: _____ No. of livestock watered from well: _____
Lawn Watering: No: ☒ Yes: _____ Other: _____ Amount: _____
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) pool filled by water hauler

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?

June 1981 (27 years)

Have you ever experienced any previous problems with your well?

lightning strikes

If so, when?

about 7 years ago

What was the cause of the previous problem?

Drought: _____

Pump Failure: ☒

Plugging: _____

Increased Usage _____

Interference: _____

Contamination: _____

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

No

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

What action was taken to overcome this problem?

replaced pump

What were the effects of this problem?

NONE

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

If so, why?

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

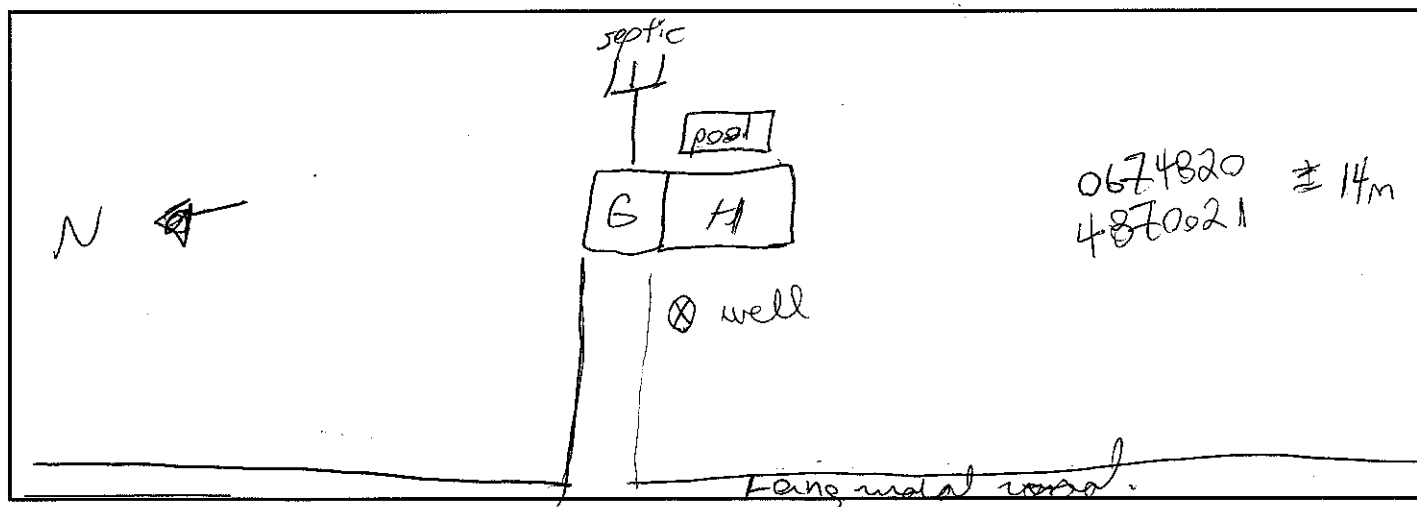
Does homeowner grant permission to obtain a water quality sample?

Yes _____

No _____

Signature: _____

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition: _____

Is there a depression around the well?

☐

Yes

☐

No

Photo Number: _____

Water Well Survey



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

Well #: 6376
MOE #: 4600507
4600507

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

Owner of Well:

Name: Joseph & Luella Haines Telephone (Bus.): ()
Address: 2623 Bridle Rd. South (Home): (905) 725-9431
Person Interviewed: Joe & Luella Residence: _____
Date: 02/28/2008 Time: 12:45 pm Interviewed By: _____
Name of Original Well Owner: (if different from above) Kukin?

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

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

Well Location:

Lot: 10 Concession: 5 Township: Ottawa
GLL Map Sheet: (to be completed by GLL Staff) C3

Well Construction Details:

Constructed: N/A (50 years ago) Use: Domestic Contractor: _____
Type (drilled or dug): Dug Diameter: 28" Well Depth: 60'
Is well accessible for direct sampling? Yes or buried: _____
Screen: Yes _____ No ✓ If Yes, length: ✓ m Depth of top of screen: _____ m

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

Original Water Level Depth: N/A m

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

Pumping Equipment:

Pump Type: Suction-lift: ✓ or Positive-submergence _____ Pumping Capacity: ? Age: 50 years (rebuild)
How is your pump lubricated: N/A
Depth of Intake Setting: N/A m (Original) N/A m (Present) Pumping Rate: ? L/s
Storage Tank: Type: Pressure Capacity: 10-20 gal
Do you have a: Chlorinator: _____ Water Softener: _____ Water Filter: X 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 appliances
Private Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well: _____
Well is: 1) Uphill _____ 2) Downhill: _____ 3) Same Grade _____

Previous Problems:

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

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

If so, when? NA

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage _____

Interference: _____

Contamination: _____

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

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

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

What were the effects of this problem? N/A

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

If so, why? not involved

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

changed foot valve & rebuilt pump (6 yrs ago)

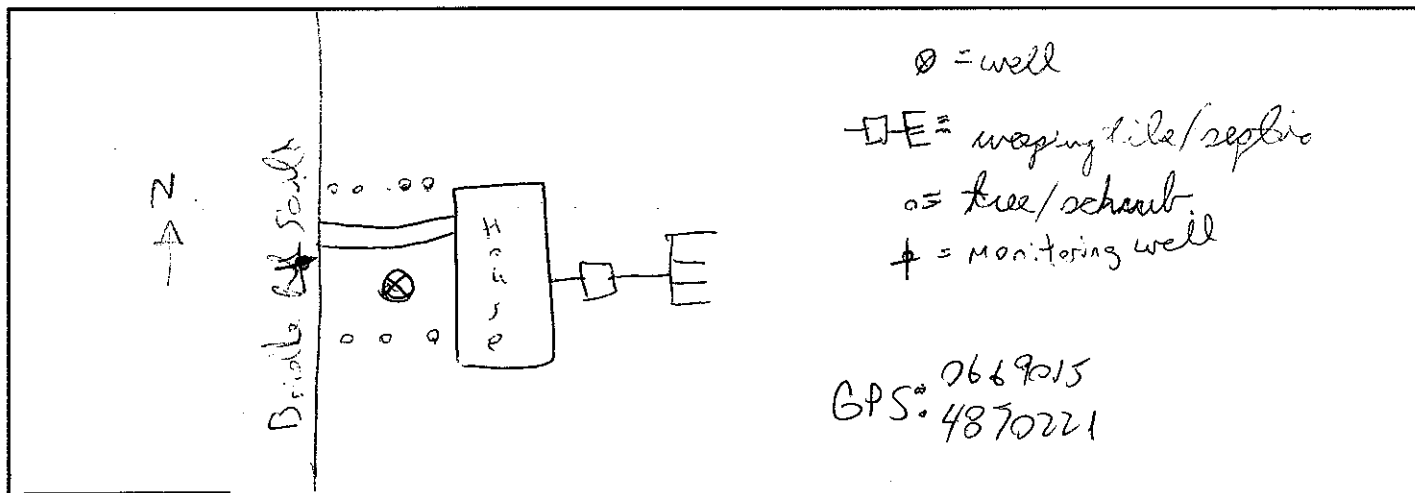
Does homeowner grant permission to obtain a water quality sample?

Yes X

No _____

Signature: [Signature]

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition: Not visible during visit

Is there a depression around the well?



Yes ?



No ?

Photo Number: 44

Central
hailed in

Water Well Survey

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

Well #: 6379

MOE #: 1905677

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

Owner of Well:

Name: MELINA A LYONS Telephone (Bus.): 905 433-5927
Address: 1558 CONCESSION RD 6, RR #1, HAMPTON ONT (Home): 905 263-2229
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: Central 6 Township: _____
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: 1974 Use: RESIDENTIAL AGRICULTURAL Contractor: ?
Type (drilled or dug): DRILLED Diameter: 6 INCHES Well Depth: 85 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: 6 GALLONS PR. MIN. Age: 5 YRS OLD
How is your pump lubricated: ?
Depth of Intake Setting: ? m (Original) _____ m (Present) Pumping Rate: ? L/s
Storage Tank: Type: NONE Capacity: _____
Do you have a: Chlorinator: _____ Water Softener: ☒ Water Filter: ☒ Filter Type: PAPER + ULTRA VIOLET
Water Use: Domestic: No: _____ Yes: ☒ No. of persons using water from well: 4
Livestock: No: _____ Yes: ☒ No. of livestock watered from well: 5 HORSES
Lawn Watering: No: _____ Yes: ☒ Other: _____ Amount: _____
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.): 3 SHOWER, 2 AUTO WASHERS, 1 DISHWASHER
Private Waste and Water Disposal: Type (septic tank, etc.): SEPTIC TANK Distance to Well: 200 FT
Well is: 1) Uphill _____ 2) Downhill: _____ 3) Same Grade ☒

Previous Problems:

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

August 1998

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:

NEW PUMP IN 2003

Does homeowner grant permission to obtain a water quality sample?

Yes



No

Signature:

Melina Lyons

Location Sketch: (to be completed by GLL staff)

GPS. 7C
674 754.75
4870 322.31

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 #: 63801

MOE #: 1913684

Well # 2

Owner of Well:

Name: Neal Grandy

Telephone (Bus.): (905) 655-3660

Address: 2966 Thornton Rd

(Home): ()

Person interviewed: Neal Grandy

Residence: YES NO

Date: Feb 27, 2008 Time: 11AM

Interviewed By: RBC/CC

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

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

Name: Rented to tenant, info not provided Telephone (Bus.): ()

Address: (Home): ()

Well Location: See Survey for all well # 6371 for specifics

Lot: Concession: Township:

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

Well Construction Details:

Constructed: Use: Contractor:

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

Is well accessible for direct sampling? or buried:

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

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

Original Water Level Depth: m

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

Pumping Equipment:

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

How is your pump lubricated:

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

Storage Tank: Type: Capacity:

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

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

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

Lawn Watering: No: Yes: Other: Amount:

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

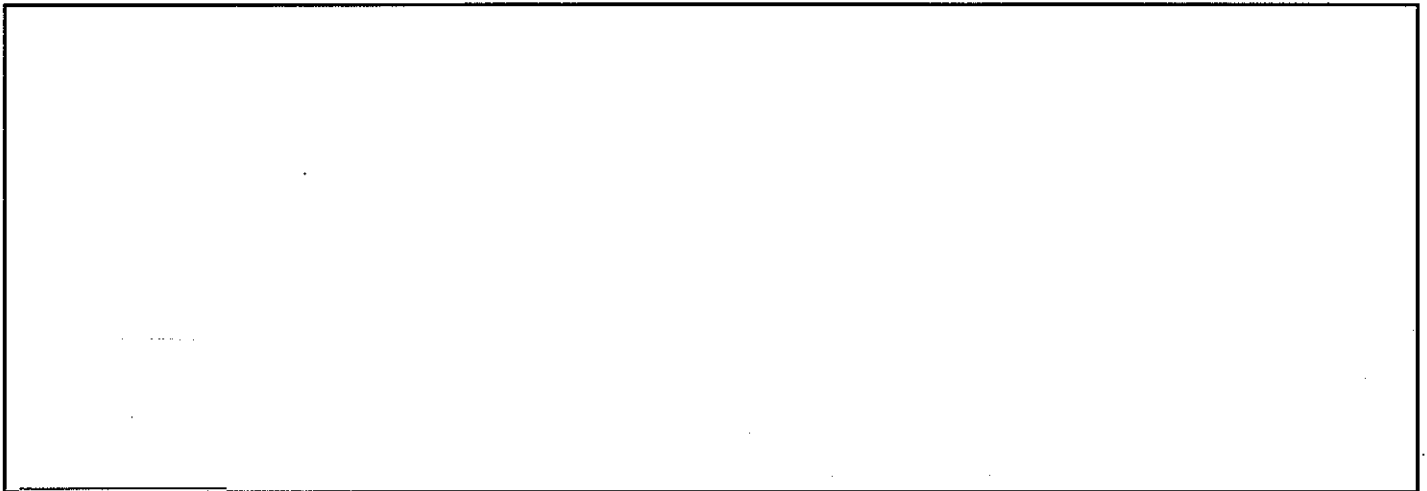
☒

No

Signature: _____

SEE Survey for well #6341

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff) see survey for well #6341

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 #: 6384

MOE #: 1903418

Owner of Well:

Name: Christiana Walker Telephone (Bus.): ()
Address: 1616 Concession 6 (Home): (905) 263-4416
Person Interviewed: Christina Residence: yes
Date: May 12/08 Time: 1:50 Interviewed By: CC/JC
Name of Original Well Owner: (if different from above)

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

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

Well Location:

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

Well Construction Details:

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

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

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

Pumping Equipment:

Pump Type: Suction-lift: or Positive-submergence X Pumping Capacity: Age:
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: 2
Livestock: No: ✓ Yes: No. of livestock watered from well:
Lawn Watering: No: ✓ Yes: Other: Amount:
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) none

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

Previous Problems:

How long have you owned, operated or lived on this property? 2 years

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

If so, when? _____

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage _____

Interference: _____

Contamination: _____

If problem was contamination, what water quality changes were apparent? None

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

What action was taken to overcome this problem? _____

What were the effects of this problem? _____

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

If so, why? _____

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

None

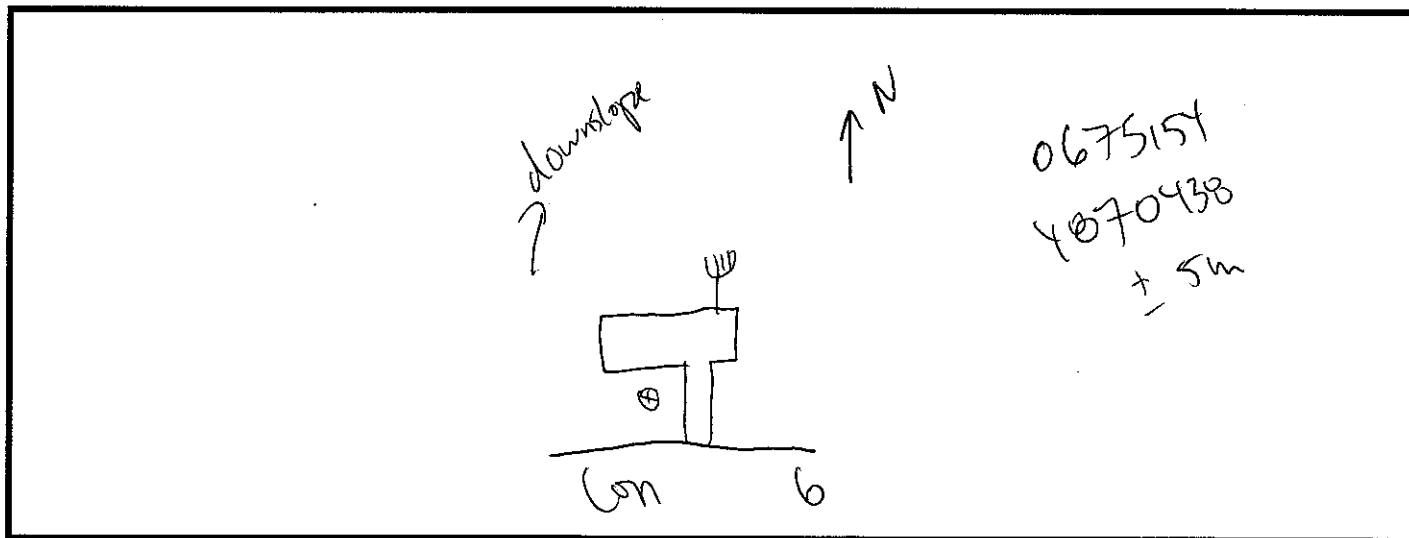
Does homeowner grant permission to obtain a water quality sample?

Yes

☒ No

Signature: [Signature]

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition: good.

Is there a depression around the well?



Yes



No

Photo Number: 18/19

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 #: 6385
MOE #: 1902594

Owner of Well:

Name: Clairice Cole Telephone (Bus.): 905-263-8487
Address: 11630 Concession 6 (Home): ()
Person Interviewed: Clairice Cole Residence: yes
Date: May 7/08 Time: 11:20 Interviewed By: CC/JC
Name of Original Well Owner: (if different from above) Bev Gozelle

Occupant of House Served by Well:

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

Well Location:

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

Well Construction Details:

Date Constructed: ? before 1984 Use: domestic Contractor: _____
Type (drilled or dug): dug Diameter: 36" Well Depth: unknown
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: M/A
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: _____ Capacity: _____
Do you have a: Chlorinator: X Water Softener: X Water Filter: X Filter Type: Charcoal
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.) None

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

Previous Problems:

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

~~10~~ 6 years

Have you ever experienced any previous problems with your well?

None

If so, when?

What was the cause of the previous problem?

Drought:

Pump Failure:

Plugging:

Increased Usage

Interference:

Contamination:

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

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

What action was taken to overcome this problem?

None

What were the effects of this problem?

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

If so, why?

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

None

Does homeowner grant permission to obtain a water quality sample?

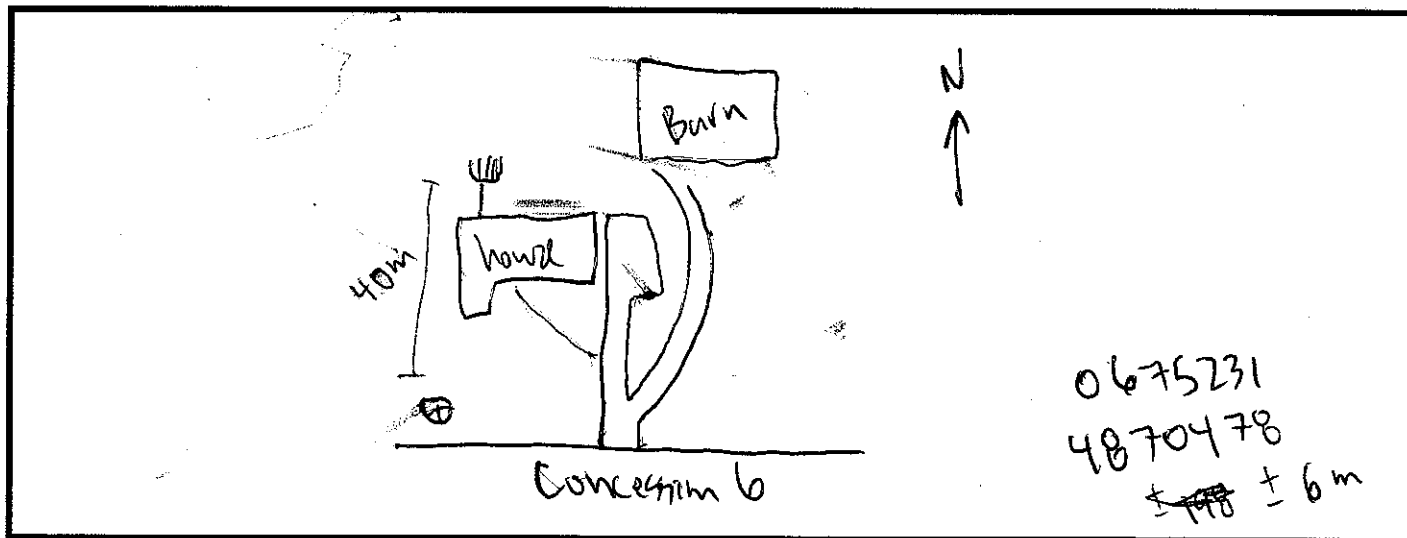
Yes

☒ No

Signature:

CM Cole

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

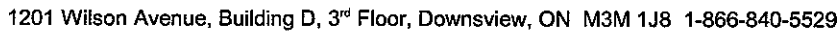


No

Photo Number:

2

Well #: 6386/2090
MOE #: 1902832



Name: R.A. Holliday Telephone (Bus.): ()

Address: 1604 Concession Rd 6 (Home): (905) -263-5821

Person Interviewed: R.A. Holliday Residence: yes

Date: 03/20/2008 Time: 4:00pm Interviewed By: MSA/crc

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

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

Lot: 32-33 Concession: 6 Township: Clarington
GLL Map Sheet: (to be completed by GLL Staff)

Date Constructed: 1948 → 1896? Use: Domestic Contractor: _____
Type (drilled or dug): Drilled / Dug (not in use) Diameter: 6" / 38" Well Depth: ? / 35'
Is well accessible for direct sampling? yes or buried: _____
Screen: Yes ☒ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

Original Water Level Depth: ~~10-11~~ 10-12' in ship - o skelled very close to leg.

Subsequent Water Level Measurements N/A

(give depths in m and dates)

Pump Type: Suction-lift: _____ or Positive-submergence ☒ Pumping Capacity: N/A Age: 6 years

How is your pump lubricated: N/A

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

Storage Tank: Type: Cistern (Not in use) Pressure Capacity: _____

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

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

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

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

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

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

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

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?

No

No.

No

If so, why?

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

changed pump valve to wear 1 bear ⁵⁻⁰ years ago.

Does homeowner grant permission to obtain a water quality sample?

Yes / No

Signature:

Ra Holliday

A hand-drawn map of a property. At the top, a box labeled "Barn" is shown with a circled 'X' and the number "1" next to it. To the right of the barn are the coordinates "0675038", "4870471", and "± 206", followed by the text "2 photos". Below the barn is a house labeled "H" with a circled 'X' and the number "2" next to it. To the right of the house is a shed labeled "S". To the right of the shed are the coordinates "0.675074", "4870434", and "± 208", followed by the text "1 photo". A north arrow is drawn at the top left. At the bottom, a wavy line represents a road, labeled "Concession # 6 Rd.".

Well Condition:

Well 1 covered by snow
Well 2

Is there a depression around the well?

5

Yes

No

Photo Number:

Water Well Survey

~~not home~~

Well #: 6391

MOE #: 1903961



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: Gordon McIlmoyle Telephone (Bus.): ()

Address: 6144 Enfield Rd. (Home): ()

Person Interviewed: Gordon Residence: yes

Date: May 12/08 Time: 2:10 Interviewed By: CC / JS

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

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

Name: Telephone (Bus.): ()

Address: (Home): ()

Well Location:

Lot: Concession: Central 6 Township:

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

Well Construction Details:

Date Constructed: 1978 Use: domestic Contractor:

Type (drilled or dug): dug Diameter: 30' (to 12") Well Depth: 15' plus

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: 6-7 feet bgs m

Subsequent Water Level Measurements

(give depths in m and dates)

Pumping Equipment:

Pump Type: Suction-lift: or Positive-submergence X Pumping Capacity: 1/2 Hp Age: 1 yr

How is your pump lubricated:

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

Storage Tank: Type: Capacity:

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

Water Use: Domestic: No: Yes: X No. of persons using water from well: between 0-3

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.)

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? 1982

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

If so, when? _____

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage: _____

Interference: _____

Contamination: _____

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

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

What action was taken to overcome this problem? None

What were the effects of this problem? _____

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

If so, why? _____

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

new pump 1 year ago

Does homeowner grant permission to obtain a water quality sample?

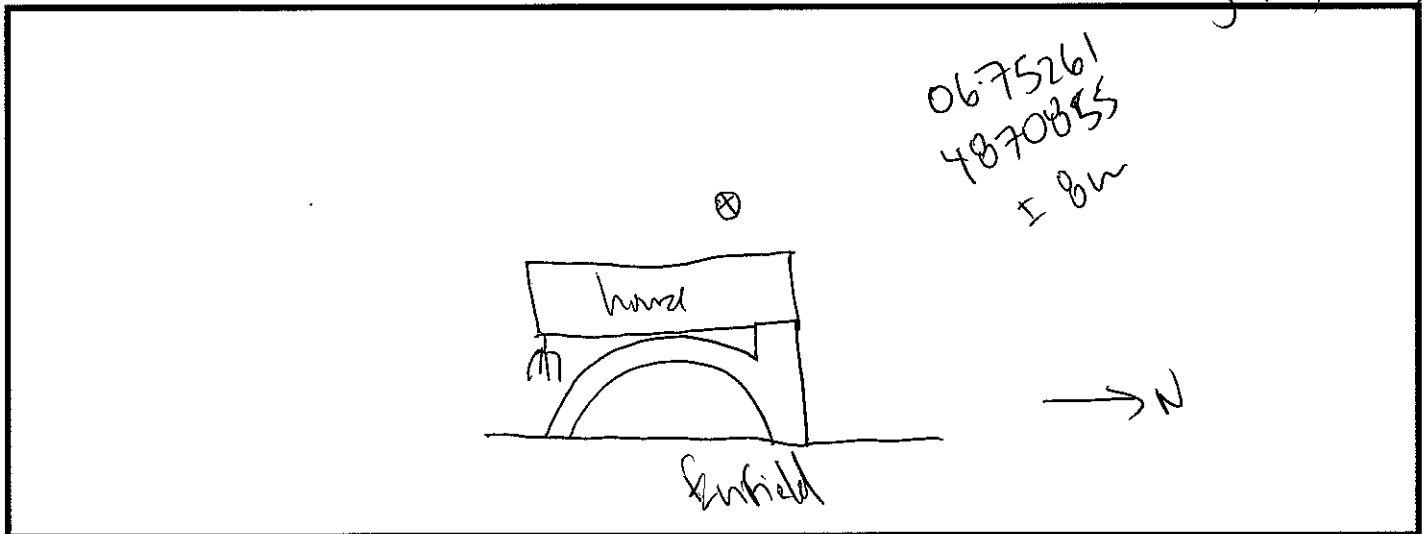
Yes

No

Signature: _____

Location Sketch: (to be completed by GLL staff)

Come back talk to new owners (moving very soon)



Field Visit: (to be completed by GLL staff)

Well Condition: Good

Is there a depression around the well?



Yes



No

Photo Number: 107 photo

✓

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

Well #: 6394.

MOE #: 4604429



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

Owner of Well:

Name: Tom + Nancy Taloby

Telephone (Bus.):(

Address: 660 Given Rd.

(Home): (905) 725-7298

Person interviewed: Tom W. Kobayashi

Residence:

Date: March 11, 2008 Time: 15:10 pm

Interviewed By: RBC / HSA

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

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

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

Address: _____ **(Home):** ()

Well Location:

Lot: PT8 Concession: 6

Township: Oshawa

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

Well Construction Details:

D. Constructed: na ~~This work is~~ None. Contractor: na

Type (drilled or dug): Dug Diameter: ≈ 40" Well Depth: na

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 na
(give depths in m and dates)

Pumping Equipment:

Pump Type: Suction-lift or Positive-submergence Pumpin

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: _____

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

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

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

Previous Problems: Well not used.

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: See well ID# 2046

Location Sketch: (to be completed by GLL staff)

See para of 2^o well on map for Well ID# 2046.

Field Visit: (to be completed by GLL staff)

Well Condition: Exact location is ~~behind shed~~ unknown. Somewhere near shed. See sketch for call well ID # 2046

Is there a depression around the well? ☐ Yes ☐ No
 Unknown, well not ~~not~~ found
 Photo Number: None ✓

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 #: 6899

MOE #: 1903249

Owner of Well:

Name: Jane Patterson Telephone (Bus.): () 263
Address: 29 North Division St (Home): (905) 663-8341
Person Interviewed: Jane Patterson Residence: YES
Date: Apr 12, 2008 Time: 13:55 Interviewed By: RBC/AD
Name of Original Well Owner: (if different from above) Maybe "Smalls"

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

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

Well Location:

Lot: Concession: East 17 Township:
GLL Map Sheet: (to be completed by GLL Staff)

Well Construction Details:

Date Constructed: late 1940's Use: Domestic Contractor:
Type (drilled or dug): Dug Diameter: 28" Well Depth: 101
Is well accessible for direct sampling? Yes or buried:
Screen: Yes No If Yes, length: m Depth of top of screen: m

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

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

Pumping Equipment:

Pump Type: Suction-lift: or Positive-submergence Pumping Capacity: Age: 15 yrs
How is your pump lubricated:
Depth of Intake Setting: m (Original) m (Present) Pumping Rate: L/s
Storage Tank: Type: Capacity:
Do you have a: Chlorinator: Water Softener: Water Filter: Filter Type:
Water Use: Domestic: No: Yes: X No. of persons using water from well: 1
Livestock: No: X Yes: No. of livestock watered from well:
Lawn Watering: No: X Yes: Other: Amount:
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) Regular
Private Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well: 20m
Well is: 1) Uphill 2) Downhill: 3) Same Grade X

Previous Problems:

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

22 yrs
Yes.

Have you ever experienced any previous problems with your well?

If so, when?

Unknown

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage _____

Interference: _____

Contamination: ☒

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

NO - Coliform in water

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

What action was taken to overcome this problem?

Bottled water used for drinking

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:

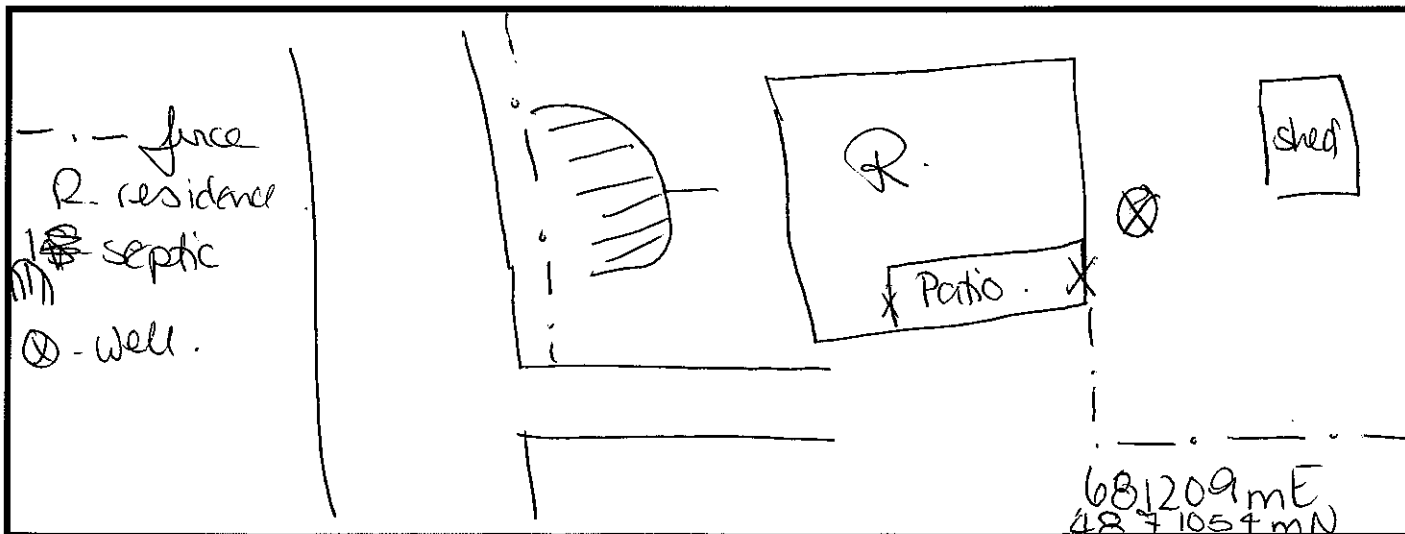
Regular repairs due to wear + tear.

Does homeowner grant permission to obtain a water quality sample?

Yes ☒ No _____

Signature: _____

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

lid not sealed or caulked body okay
~~vent pipe sealed~~ metal vent pointing upwards but
pipe!

Is there a depression around the well?

☐

Yes

☒

No

Photo Number:

13.

~~Well #3421 20433 Millville Ave?~~

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 #: 1903149

MOE #: 6404

Owner of Well:

Name: Mr. Bessell (Baden) Telephone (Bus.): ()
Address: 33 Millville Ave (Home): (905) 263-2039
Person Interviewed: Residence:
Date: May 5/08 Time: 3:10 Interviewed By:
Name of Original Well Owner: (if different from above) DIA

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: 50 yrs Use: Domestic Contractor:
Type (drilled or dug): Dug Diameter: 28" Well Depth:
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: m
Subsequent Water Level Measurements: Artesian (yes (amoi))
(give depths in m and dates)

Pumping Equipment:

Pump Type: Suction-lift: X or Positive-submergence Pumping Capacity: Age: 28 yrs
How is your pump lubricated:

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

Storage Tank: Type: PRESSURE Capacity: 40

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

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: Yes: X Other: Amount:

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

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

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

Previous Problems:

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

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

If so, when? _____

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage: _____

Interference: _____

Contamination: _____

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

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

What action was taken to overcome this problem?

What were the effects of this problem?

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

If so, why? _____

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

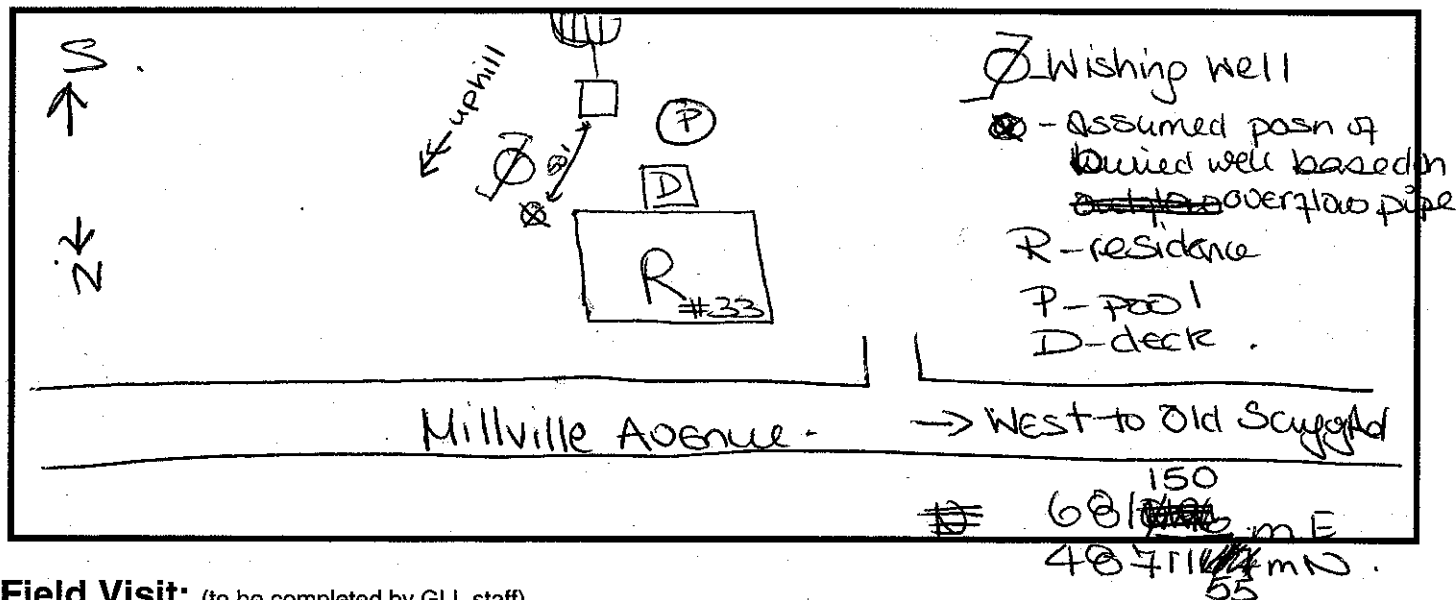
Does homeowner grant permission to obtain a water quality sample?

Yes _____

No _____

Signature: Maybe?

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition: Well was buried could not inspect. Owner showed us approx. based on position of overflow pipe.

Is there a depression around the well?



Yes



No

NA

Photo Number:

Nopic

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 #: 6405
MOE #: 1903422

Owner of Well:

Name: John Beth Telephone (Bus.): () Forgot to get - very
Address: 6318 Enfield Rd. (Home): () nice man! could probably
Person Interviewed: _____ Residence: yes just come by house.
Date: May 7/08 Time: 1:40 Interviewed By: CC/JS
Name of Original Well Owner: (if different from above) _____

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

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

Well Location:

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

Well Construction Details:

Date Constructed: 1972 Use: drainage Contractor: _____
Type (drilled or dug): dug Diameter: 36" Well Depth: 28'
Is well accessible for direct sampling? _____ or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

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

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

Pumping Equipment:

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

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

Have you ever experienced any previous problems with your well?

E. coli, Coliforms

If so, when?

10 years ago

What was the cause of the previous problem?

Drought:

Pump Failure:

Plugging:

Increased Usage

Interference:

Contamination: ☒

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

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

What action was taken to overcome this problem?

boiled water

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:

need to change pump soon

Does homeowner grant permission to obtain a water quality sample?

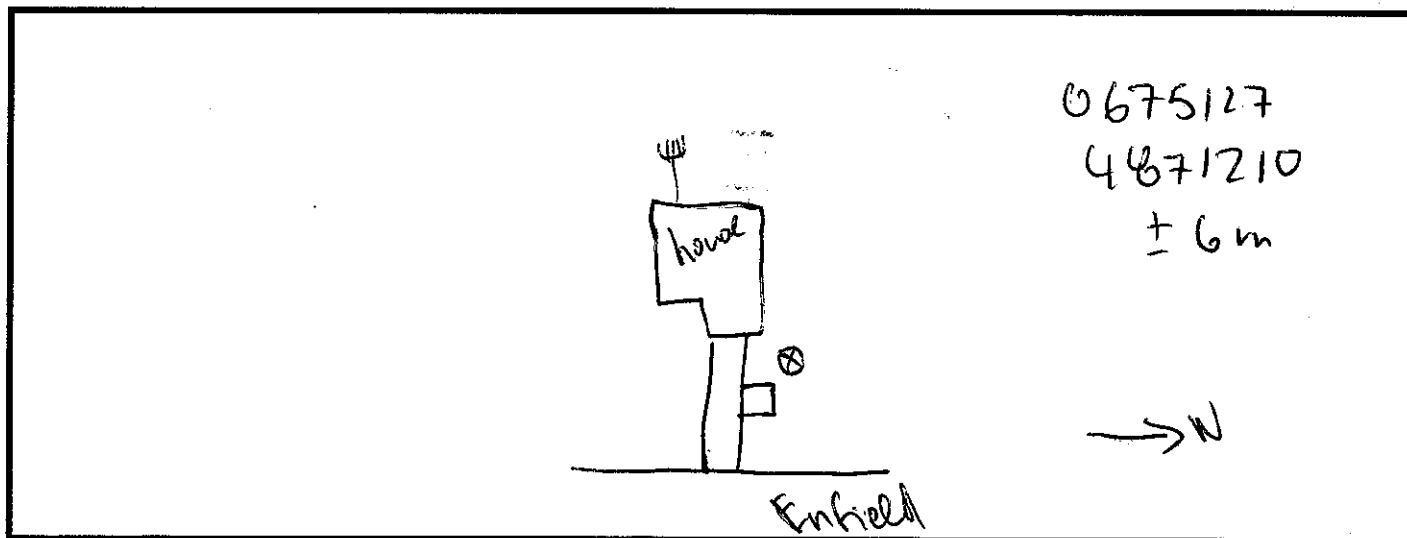
Yes

No

Signature:

John J. Bell

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:

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 #: 6406.

MOE #: 1903148

Owner of Well:

Name: Dorcas Bradley Telephone (Bus.): ()
Address: 5146 Regional Rd. 57 (Home): (905) 263-8917
Person Interviewed: Dorcas Residence: _____
Date: May 27/08 Time: 12:30 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: ~30-35 yrs Use: Domestic 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: 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 gal.
Do you have a: Chlorinator: _____ Water Softener: (not used) 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.) _____
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?

since

1990

Have you ever experienced any previous problems with your well?

no → but water shortage.
with increased usage,

If so, when?

What was the cause of the previous problem?

Drought:

Increased Usage

Pump Failure:

Interference:

Plugging:

Contamination: X

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

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

What action was taken to overcome this problem?

don't drink

What were the effects of this problem?

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

If so, why?

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

Does homeowner grant permission to obtain a water quality sample?

Yes

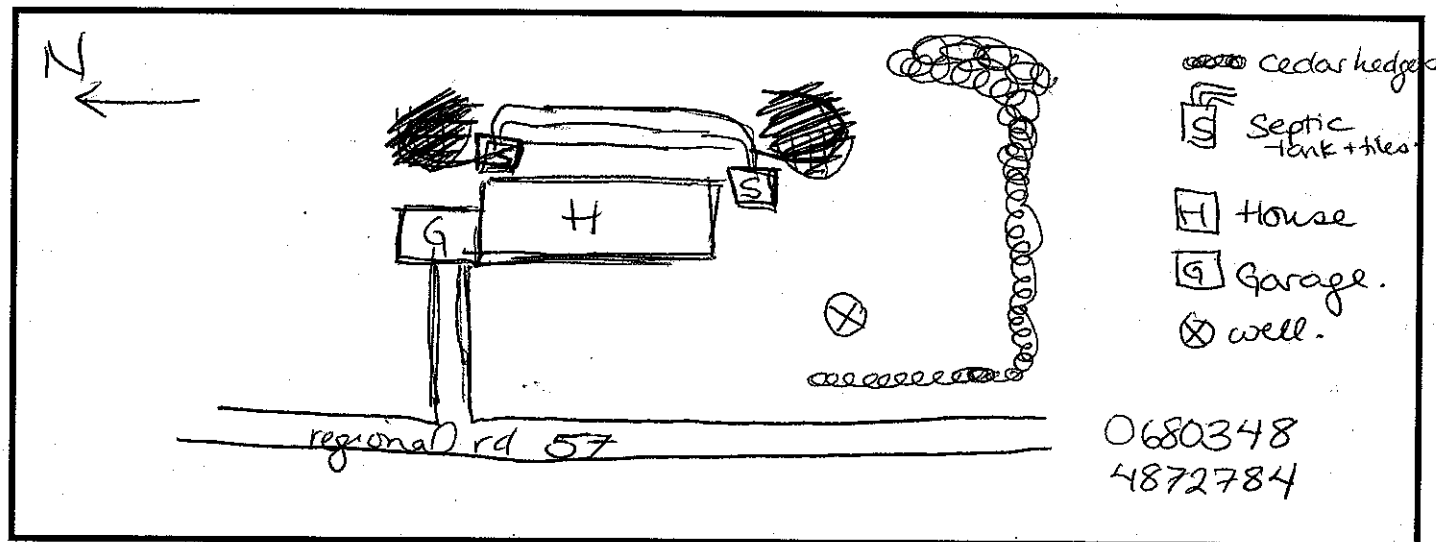
X

No

Signature:

Donna B. a dley

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

1. Stick up, causted around tile, lid not sealed → doesn't fit very well. By cedars w. iron bars over it. tiles in good condition

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 #: 6409.

MOE #: 1905675

Owner of Well:

Name: Audrey + John C. Cook. Telephone (Bus.): ()
Address: 5514 Old Soong (Home): (905) 263-8855
Person Interviewed: Audrey Residence:
Date: May 23 / 2008 Time: 12:15 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: 1979 ^{old well} ^{not contaminated} ^{by furnace tank} Use: Contractor:
Type (drilled or dug): drilled (looks like dug well) Diameter: 6" Well Depth: ~90 ft
Is well accessible for direct sampling? or buried:
Screen: Yes No If Yes, length: m Depth of top of screen: m

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

Original Water Level Depth: Artesian m
Subsequent Water Level Measurements: pumping overflow into pond/wetland.
(give depths in m and dates)

Pumping Equipment:

Pump Type: Suction-lift: ☒ Jet pump 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 bladder Capacity: bladder 104
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.
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: _____

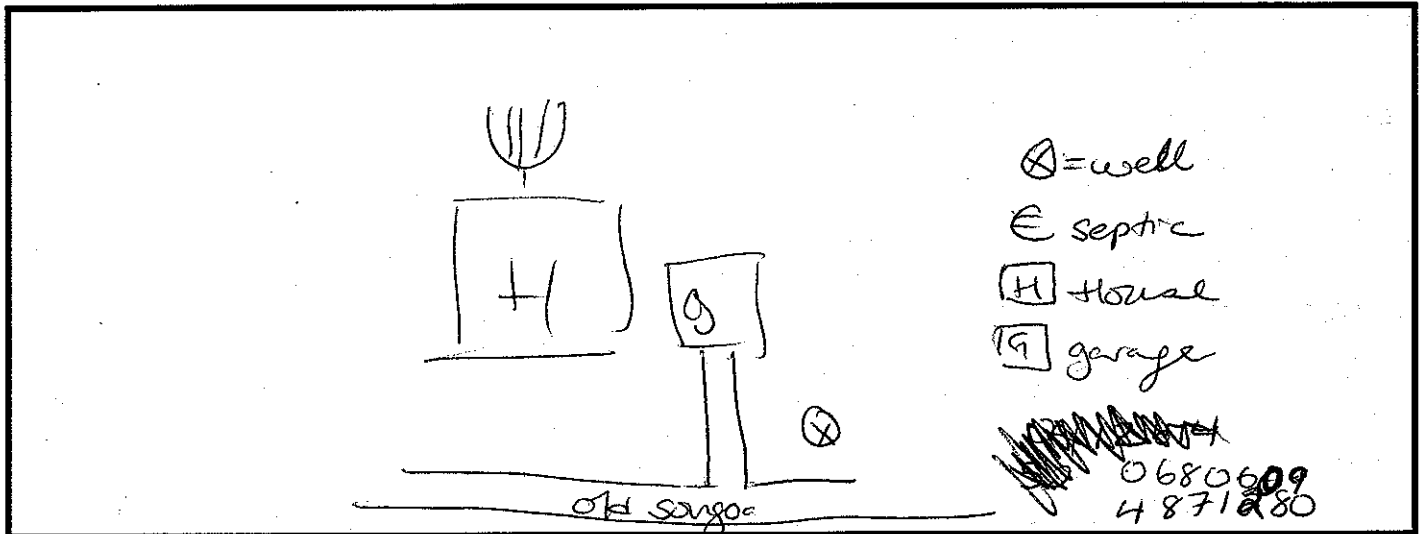
Does homeowner grant permission to obtain a water quality sample? _____

Yes ☒

No ☐

Signature: Audrey J. Look

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition: top is cemented over, vent hole but not in use, not clogged, good condition

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

Photo Number: 11

Water Well Survey

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

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

Well #: 1906478

MOE #: 06420

Owner of Well:

Name: NEWKERS PETER & ANNE Telephone (Bus.): ()

Address: 6358 ENFIELD RD N. RR#1 HAMPTON ONT. L0B 1S0 (Home): (905) 263 8366

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: 31 PARCEL #17 Concession: #6 Township:

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

Well Construction Details:

Date Constructed: 1982 Use: Contractor: (FREELANCE)

Type (drilled or dug): DRILLED Diameter: 30" Well Depth: 20'

Is well accessible for direct sampling? ☒ or buried:

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

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

Original Water Level Depth: m

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

Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence Pumping Capacity: Age: 26 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: CARTRIDGE

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

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

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

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

Private Waste and Water Disposal: Type (septic tank, etc.): CEMEX Distance to Well: 110 FEET

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

Previous Problems:

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

26 YEARS

Have you ever experienced any previous problems with your well?

YES

If so, when?

2001

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage _____

Interference: _____

Contamination: ☒

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

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

TASTE

COLOUR

CLARITY

What action was taken to overcome this problem?

CLEANED WELL, ADDED CHLORINE + PUMPED OUT WELL
ADDED FILTER + ULTRAVIOLET 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? BECAUSE OF CONTAMINATION

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: _____

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 #: 6421
1903651
MOE #: 90635

Owner of Well:

Name: Anna Labriola Telephone (Bus.): ()
Address: 6400 Enfield Rd (Home): (905) 263-8877
Person Interviewed: Anna Residence: yes
Date: May 7/00 Time: 1:00 Interviewed By: CC/SC
Name of Original Well Owner: (if different from above)

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

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

Well Location:

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

Well Construction Details:

Date Constructed: 1980 Use: drinking bottled water
Type (drilled or dug): dug Diameter: 36' Contractor: —
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: unknown

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: 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.) no

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

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

Previous Problems:

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

~~1980~~ 1981

Have you ever experienced any previous problems with your well?

Ecoli on occasion

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?

boiled 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?

maintenance

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

none

Does homeowner grant permission to obtain a water quality sample?

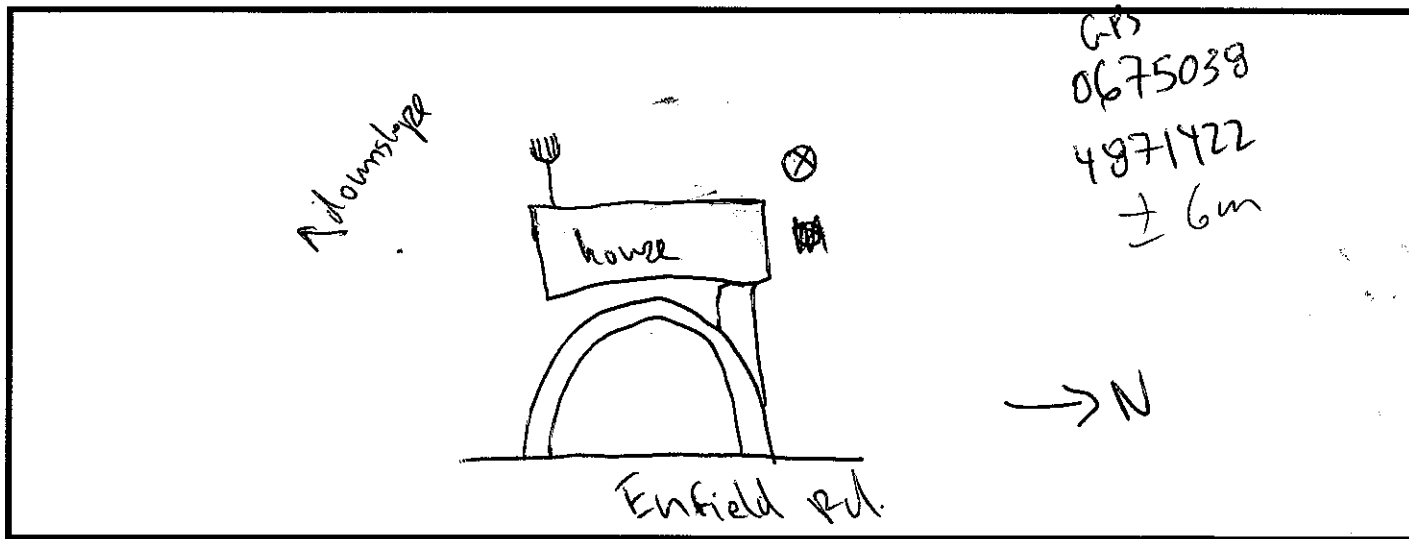
Yes ☒

No _____

Signature: _____

[Handwritten 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:

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

6422
Well #: 3562

MOE #: 1903600

Owner of Well:

Name: Lloyd Yezik Telephone (Bus.): ()
Address: 11 Perry Ave (Home): 905 263-4741
Person Interviewed: Lloyd Residence: _____
Date: June 11/08 Time: 3:10 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: 87 Township: Hampton
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: > 3 yrs Use: domestic Contractor: _____
Type (drilled or dug): Dug Diameter: 28" Well Depth: N/A
Is well accessible for direct sampling? _____ or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

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

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

Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence _____ Pumping Capacity: _____ Age: > 3 yrs
How is your pump lubricated: _____
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: ~ L/s
Storage Tank: Type: Pressure Capacity: ~ Gal. 30
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? 3 years

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

If so, when? _____

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage _____

Interference: _____

Contamination: _____

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

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

What action was taken to overcome this problem? _____

What were the effects of this problem? _____

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

If so, why? _____

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

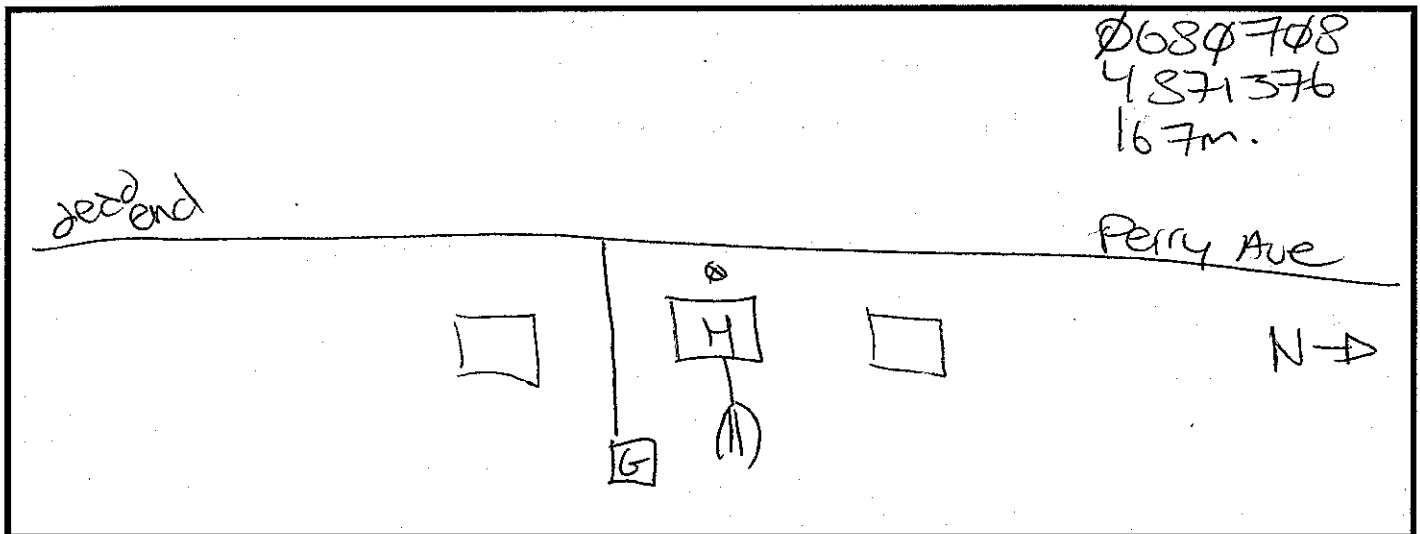
Does homeowner grant permission to obtain a water quality sample?

Yes _____

No ☒

Signature: _____

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition: _____

1st stick up, sealed + capped
tile good

Is there a depression around the well? ☐ Yes



No

Photo Number: 109

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 #: 6425
MOE #: 1906034

Owner of Well:

Name: John Tribou Telephone (Bus.): ()
Address: 6 Davis Court (Home): 905 263-4106
Person Interviewed: John Residence:
Date: Mar. 22/08 Time: 3:00 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: E1 Township:
GLL Map Sheet: (to be completed by GLL Staff)

Well Construction Details:

Date Constructed: ~1988 Use: domestic Contractor: Country Well Drilling
Type (drilled or dug): Drilled Diameter: 6" Well Depth: ~120ft.
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: ~1988
How is your pump lubricated:

Depth of Intake Setting: m (Original) m (Present) Pumping Rate: L/s
Storage Tank: Type: Pressure Capacity: 30 gallons.
Do you have a: Chlorinator: Water Softener: ☒ Water Filter: Filter Type:
Water Use: Domestic: No: Yes: ☒ No. of persons using water from well: 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 to top it up

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?

1989

Have you ever experienced any previous problems with your well?

no 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?

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 pressure switch)

Does homeowner grant permission to obtain a water quality sample?

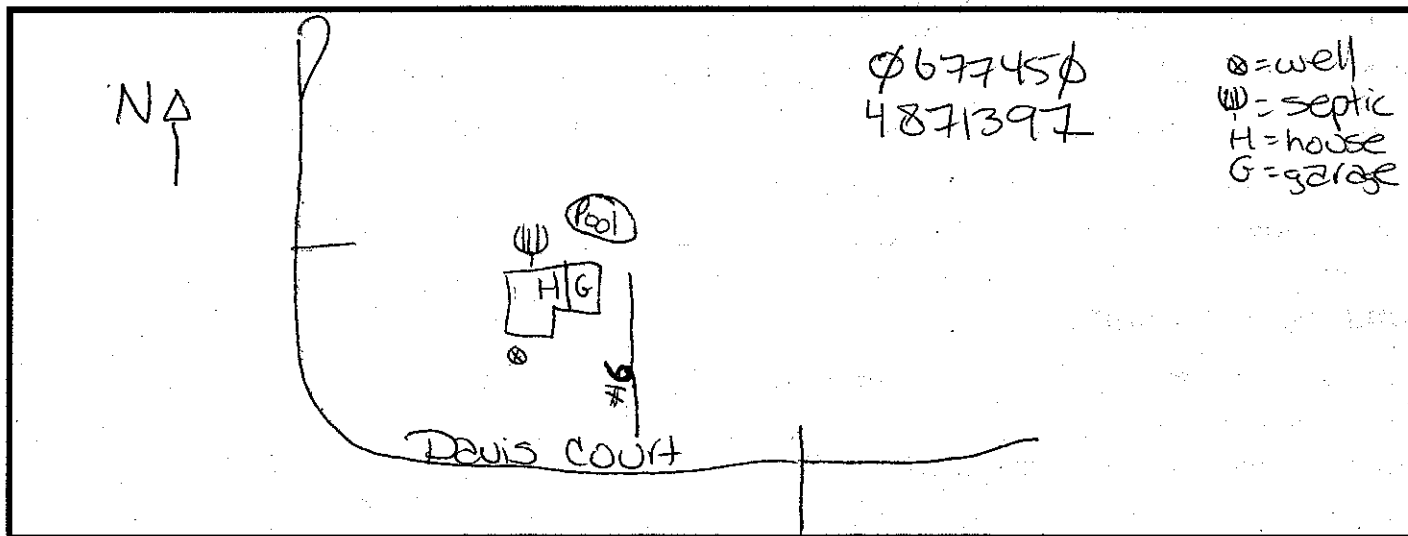
Yes

No

Signature:

John F. Tibon

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

~1 ft stick up, uerman proof cap on grass front yard.

Is there a depression around the well?

☐

Yes

☒

No

Photo Number:

5

Water Well Survey



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

Well #: 6426

MOE #: 1906245



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

Owner of Well:

Name: Paterson Betty Telephone (Bus.): (905) 579 7047
Address: 980 Winchester Rd E (Home): ()
Person Interviewed: Betty Residence: _____
Date: 03/19/2008 Time: 1:00 Interviewed By: CRC/HSA
Name of Original Well Owner: (if different from above) Gut's Auto Wreckers

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: N/A Use: Domestic Contractor: N/A
Type (drilled or dug): 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: N/A m
Subsequent Water Level Measurements N/A
(give depths in m and dates)

Pumping Equipment:

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

Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: Pressure Tank (Barn) Capacity: _____
Do you have a: Chlorinator: No Water Softener: No Water Filter: No Filter Type: No
Water Use: Domestic: No: _____ Yes: ☒ No. of persons using water from well: 4 + 2
Livestock: No: ☒ Yes: _____ No. of livestock watered from well: _____
Lawn Watering: No: ☒ Yes: _____ Other: _____ Amount: _____

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

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

Previous Problems:

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

20 years

Have you ever experienced any previous problems with your well?

NO

If so, when?

N/A

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage _____

Interference: _____

Contamination: _____

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

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

NO

What action was taken to overcome this problem?

NO

What were the effects of this problem?

NO

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

If so, why? NO

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

Change piping in barn summer 2007

Does homeowner grant permission to obtain a water quality sample?

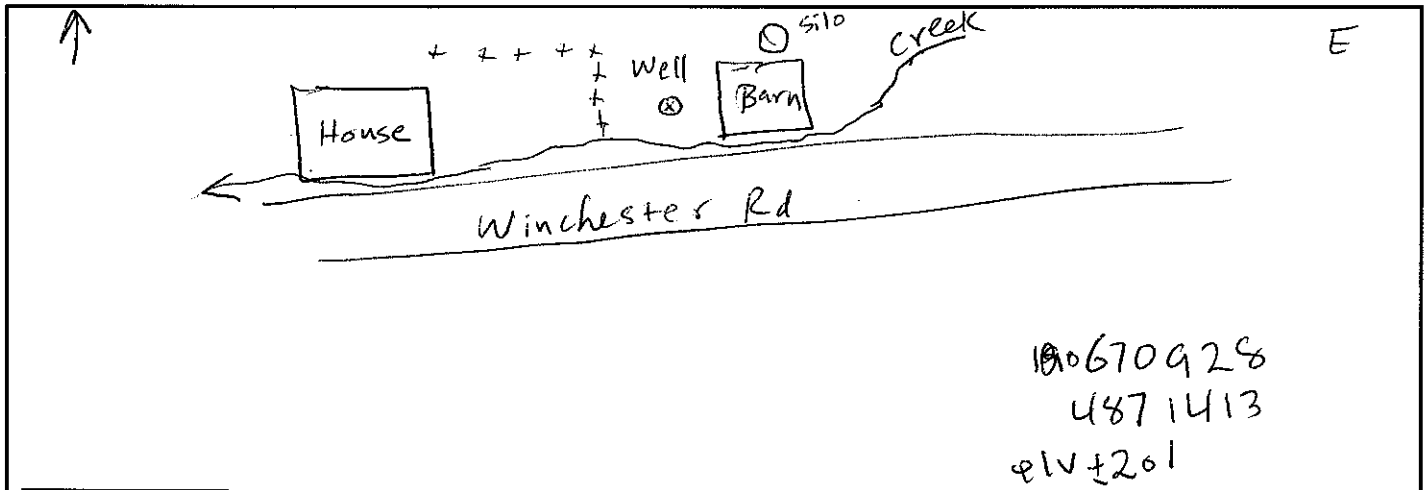
Yes _____

No _____

Signature: _____

contact landlord for permission

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition: Good

Is there a depression around the well?

☐

Yes

☐

No

Photo Number: _____

Water Well Survey

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

Well #: 6428
MOE #: 1906026

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

Owner of Well: Matt Barrese (Owner)

Name: Rudi Barrese Telephone (Bus.): ()
Address: 6446 Enfield Rd. N. (Home): (905) 263-8314
Person Interviewed: Rudi Residence: yes
Date: May 7/08 Time: 12:00 Interviewed By: CC/JC
Name of Original Well Owner: (if different from above)

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

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

Well Location:

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

Well Construction Details:

Date Constructed: 1989 Use: Domestic Contractor:
Type (drilled or dug): dug Diameter: 36" Well Depth: 36'
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: 1989
How is your pump lubricated:

Depth of Intake Setting: m (Original) m (Present) Pumping Rate: L/s
Storage Tank: Type: Pressure Capacity: 10-20 gal
Do you have a: Chlorinator: Water Softener: X Water Filter: Filter Type:
Water Use: Domestic: No: Yes: X No. of persons using water from well: 4
Livestock: No: X Yes: No. of livestock watered from well:
Lawn Watering: No: X Yes: Other: 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: 25 m
Well is: 1) Uphill 2) Downhill: 3) Same Grade X

Previous Problems:

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

Spring Bacteria (Coliform)
1989

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 X, or a new well constructed —?

If so, why?

Regular Maintenance

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

N/A

Does homeowner grant permission to obtain a water quality sample?

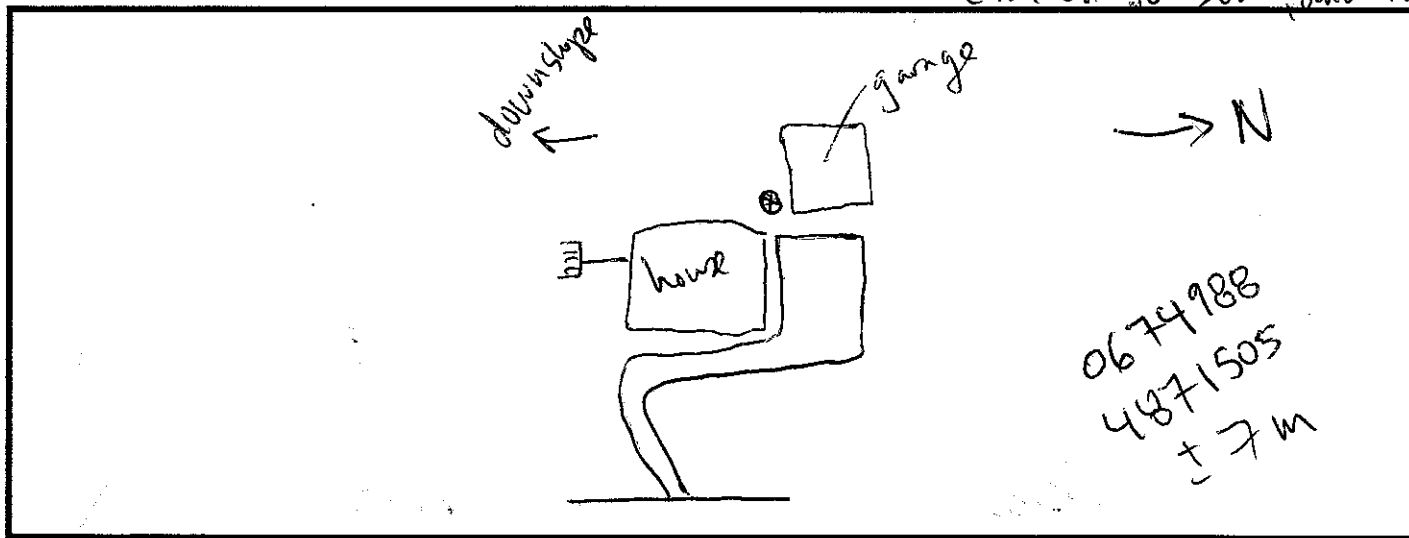
Yes

X No

Signature: _____

Location Sketch: (to be completed by GLL staff)

Please Contact owner for Sample Selection (talked to son, dad not home)



Field Visit: (to be completed by GLL staff)

Well Condition:

Good

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

Well #: 3578 ✓

MOE #: 1902979

Owner of Well:

Name: Paul Desmit Telephone (Bus.): ()

Address: 27 Perry Ave (Home): 905 263-2116

Person Interviewed: Paul Residence: 1

Date: June 11/08 Time: 2:40 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: Concession: E7 Township: Hampton

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

Well Construction Details:

Date Constructed: 1971 Use: domestic Contractor: N/A

Type (drilled or dug): Dug Diameter: 28" Well Depth: 18 ft

Is well accessible for direct sampling? or buried:

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

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

Original Water Level Depth: m

Subsequent Water Level Measurements ~8 ft of water
(give depths in m and dates)

Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence Pumping Capacity: Age: ~12 yrs

How is your pump lubricated:

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

Storage Tank: Type: Pressure 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: 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: 35m

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

Previous Problems:

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

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

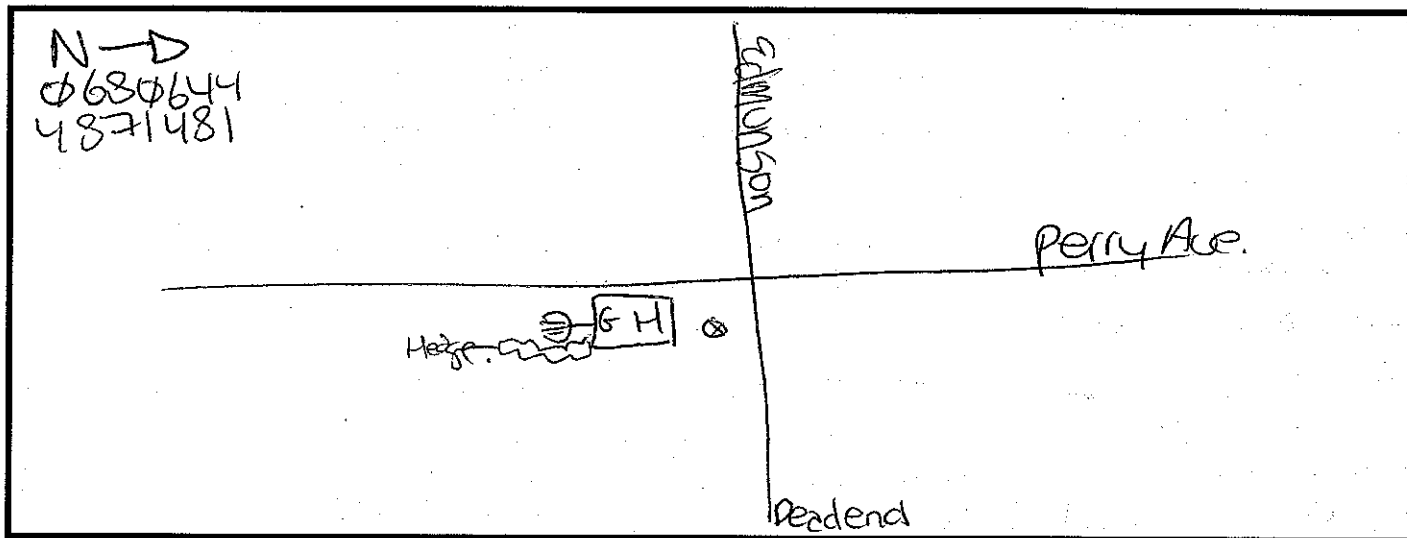
Does homeowner grant permission to obtain a water quality sample?

Yes ☒

No ☐

Signature: P. [Signature]

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition: good condition - sealed, not clogged

Is there a depression around the well? ☐ Yes



No



No

Photo Number: 106

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 #: 6439
MOE #: 1905084

Owner of Well:

Name: Alex Janusitis Telephone (Bus.): ()
Address: 15 Elgin (Home): (905) 263-4723
Person Interviewed: Alex Residence:
Date: June 12/08 Time: 11:10 Interviewed By: AD, MA

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: ~ 35-40 yrs Use: domestic Contractor:
Type (drilled or dug): Dug. Diameter: 28" Well Depth: 225 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
(give depths in m and dates)

Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence Pumping Capacity: Age: not original
How is your pump lubricated:
Depth of Intake Setting: m (Original) m (Present) Pumping Rate: L/s
Storage Tank: Type: Pressure Capacity: 15 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. R.O.S.M.O.S.I.S.
Livestock: No: ☒ Yes: No. of livestock watered from well:
Lawn Watering: No: ☒ Yes: Other: Amount:
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) reg. equipment
Private Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well: 35 m.
Well is: 1) Uphill 2) Downhill 3) Same Grade ☒ 4) Update

Previous Problems:

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

Almost 10 years

Have you ever experienced any previous problems with your well?

water shortages, high

If so, when?

high test results when house bought

What was the cause of the previous problem?

Drought: ☒

Pump Failure: ☐

Plugging: ☐

Increased Usage: ☐

Interference: ☐

Contamination: ☐

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

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

What action was taken to overcome this problem?

Filters, recharge quickly

What were the effects of this problem?

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

If so, why?

4-5 yrs ago, lid was cracked so rebuilt + cleaned

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

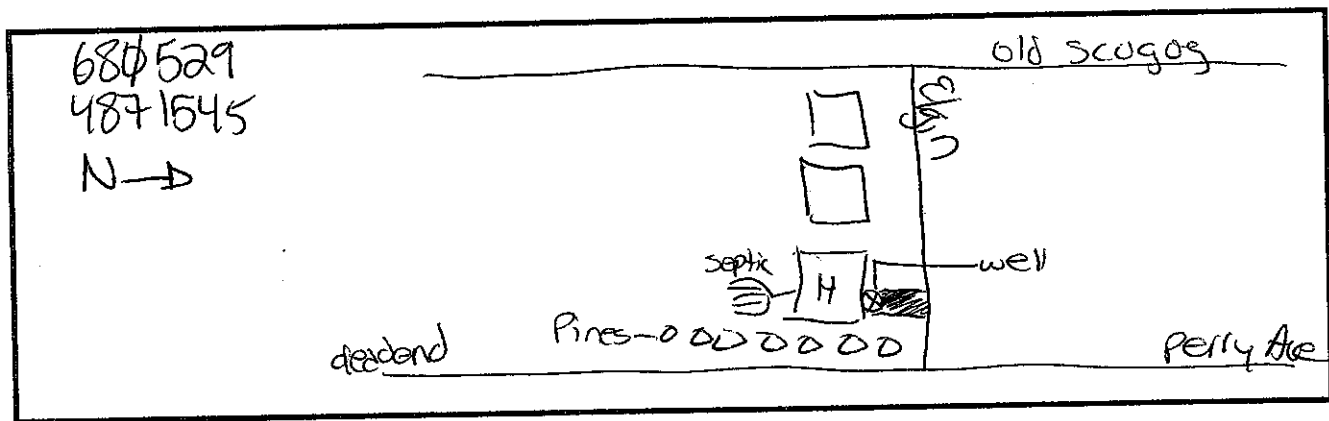
Does homeowner grant permission to obtain a water quality sample?

No ☐

Yes ☒

Signature: [Signature]

Location Sketch:



Field Visit: (to be completed by GLL staff)

Well Condition: 1.5ft stick up, caulked + sealed, in front + garden.

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?

#113

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 #: 3542

MOE #: 1906825
6427

Owner of Well:

Name: Dave Shmyr
Address: 57 Ormiston
Person Interviewed: Dave & Eva
Date: June 11/08 Time: 12:20
Telephone (Bus.): ()
(Home): 905 263 8892
Residence:
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: E7
GLL Map Sheet: (to be completed by GLL Staff)

Well Construction Details:

Date Constructed: 10 yrs + 25 yrs. Use: domestic Contractor: 684-2254
Type (drilled or dug): Drilled & 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: 6 gal/min. Age: Drilled - 10 yrs
How is your pump lubricated: Dug - redone 10 yrs
Depth of Intake Setting: m (Original) m (Present) Pumping Rate: L/s
Storage Tank: Type: Pressure (2). Capacity: 2 metal 30 gal. DB bladder pump
Do you have a: Chlorinator: Water Softener: Drilled 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. top up pond.
Private Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well: 40m
Well is: 1) Uphill A 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?

water shortage in Dug

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:

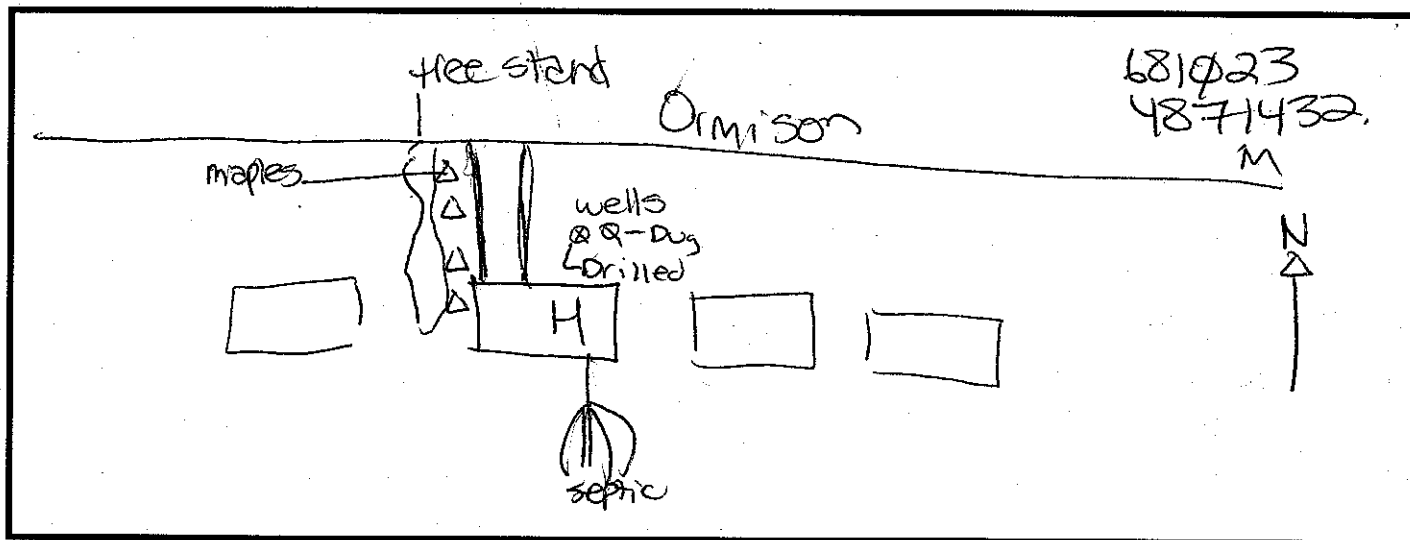
Does homeowner grant permission to obtain a water quality sample?

Yes ☒

No ☐

Signature: Sam Smith

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

Dug just for watering lawn.
Drilled 1ft stick up - vermin proof
Dug - caulked but not sealed 2ft high

Is there a depression around the well?

☐

Yes

☒

No

Photo Number:

101

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 #: 6443
MOE #: 4606196

Owner of Well:

Name: Nick Klindach Telephone (Bus.): ()
Address: ~~3111~~ Harney Rd. 1100 Winchester Rd. (Home): (905) 728-5317
Person Interviewed: Nick Residence: yes
Date: May 12/08 Time: 5:05 Interviewed By: JC/KC
Name of Original Well Owner: (if different from above) _____

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

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

Well Location:

Lot: _____ Concession: Central 4 Township: _____
GLL Map Sheet: (to be completed by GLL Staff) _____

Well Construction Details:

Date Constructed: 1972 Use: domestic Contractor: Walter Slice
Type (drilled or dug): dug Diameter: 36" Well Depth: 32.5'
Is well accessible for direct sampling? yes - in basement or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m 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' bgs m
Subsequent Water Level Measurements _____
(give depths in m and dates)

Pumping Equipment:

Pump Type: Suction-lift: X or Positive-submergence _____ Pumping Capacity: 1/2 Hp Age: 35 years
How is your pump lubricated: _____
Depth of Intake Setting: Bottom ?? m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: none Capacity: _____
Do you have a: Chlorinator: _____ Water Softener: ✓ Water Filter: _____ Filter Type: _____
Water Use: Domestic: No: _____ Yes: ✓ No. of persons using water from well: 2
Livestock: No: ✓ Yes: _____ No. of livestock watered from well: _____
Lawn Watering: No: ✓ Yes: _____ Other: _____ Amount: _____
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) none

Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: 25 m
Well is: 1) Uphill X 2) Downhill: _____ 3) Same Grade: _____

Previous Problems:

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

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

If so, when? once or every 10 years or so

What was the cause of the previous problem? Drought: _____ Pump Failure: _____ Plugging: _____

Increased Usage _____ Interference: _____ Contamination: _____

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

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

What action was taken to overcome this problem? None

What were the effects of this problem? nothing

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

If so, why? _____

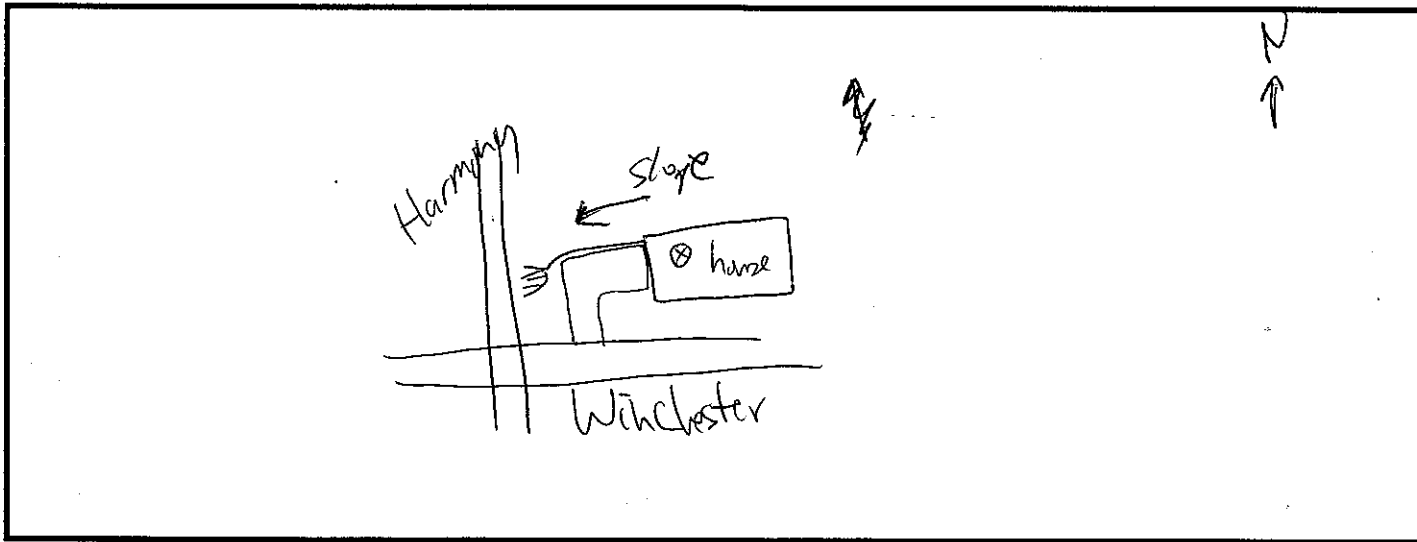
Outline briefly any previous repairs or changes in pumping equipment, and dates: _____

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: Good

- in basement

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

Photo Number: 25

✓



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 + Jane Spencer Telephone (Bus.): ()
Address: 2045 Ritson Rd D. (Home): (905) 655-4147
Person Interviewed: Robert + Jane Residence: Yes
Date: 28 Feb 2008 Time: 16:30 Interviewed By: RBC/CC
Name of Original Well Owner: (if different from above) Yes Same

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

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

Well Location:

Lot: 9 (part) Concession: 6 Township: Oshawa.
GLL Map Sheet: (to be completed by GLL Staff) C2

Well Construction Details:

D. Constructed: 1969 Use: Residential Contractor: --
 Type (drilled or dug): Dug Diameter: 28" 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: -- -- -- m

Subsequent Water Level Measurements 8 to 10' from bottom
(give depths in m and dates)

Pumping Equipment:

Pump Type: Suction-lift: X or Positive-submergence _____ Pumping Capacity: 1/2hp. Age: 10 yrs

How is your pump lubricated: _____

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

Storage Tank: Type: Pressure tank Capacity: _____

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

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

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

Lawn Watering: No: X Yes: _____ Other: X - Garwash. Amount: _____

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

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

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

Well at East, Septic west/south

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?

NO. Except potential for silt ^{in lines.} as pump

If so, when?

Recently

What was the cause of the previous problem?

Drought: ✓

Pump Failure: _____

Plugging: _____

Increased Usage X

Interference: _____

Contamination: _____

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

NO.

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

What action was taken to overcome this problem?

Monitor use

What were the effects of this problem?

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

If so, why? Pump kept running once, well was drained line got sandy.

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

Regular maintenance due to wear & tear. Corroded steel insert @ bottom because bottom tile dropped, insert to prevent sand/silt from coming in. Been serviced by Lott (Ray). He did work above.

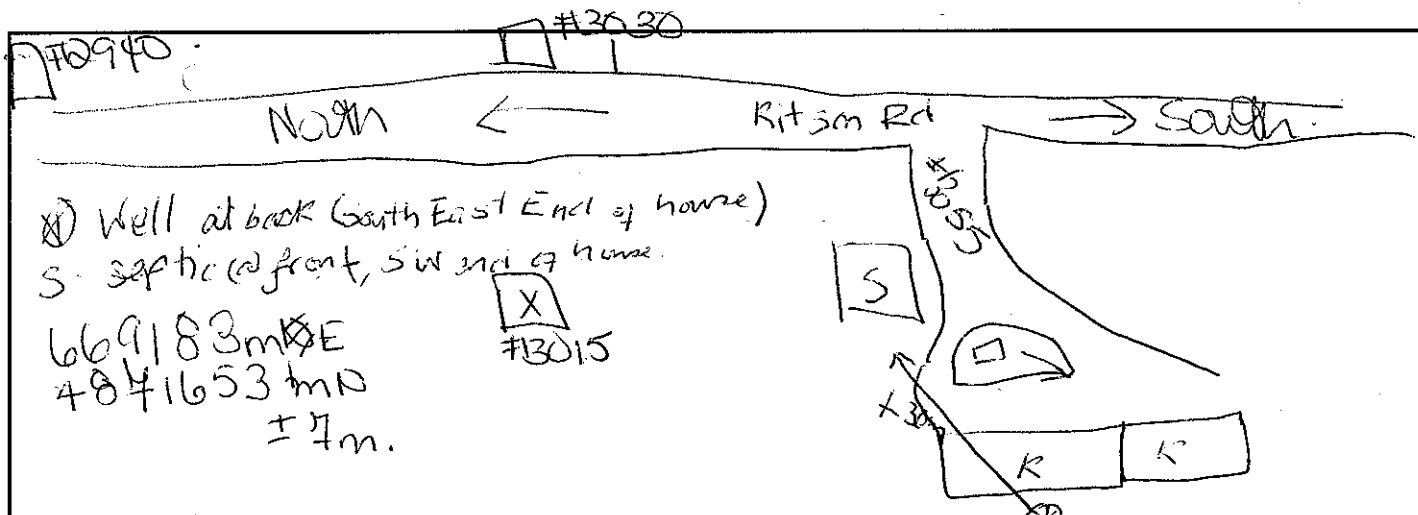
Does homeowner grant permission to obtain a water quality sample?

Yes X

No _____

Signature: Robert C. [Signature]

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

tiles sealed + caulked, some
as tile well in good condition

Is there a depression around the well?



Yes



No

Photo Number:

52153

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 #: 6454
MOE #: 1902978

Owner of Well:

Name: Dale Copithorn Telephone (Bus.): ()
Address: 82 Perry Ave (Home): 905-263-8620
Person Interviewed: Dale Residence: _____
Date: June 11/08 Time: 4:00 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: at least 14 yrs Use: domestic Contractor: _____
Type (drilled or dug): Drilled Diameter: 8" Well Depth: 120 ft.
Is well accessible for direct sampling? _____ or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

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

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

Pumping Equipment: Foot valve @ 100 ft

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: _____
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
pool truck in.

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? 12 years

Have you ever experienced any previous problems with your well? NO, NEVER!!

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:

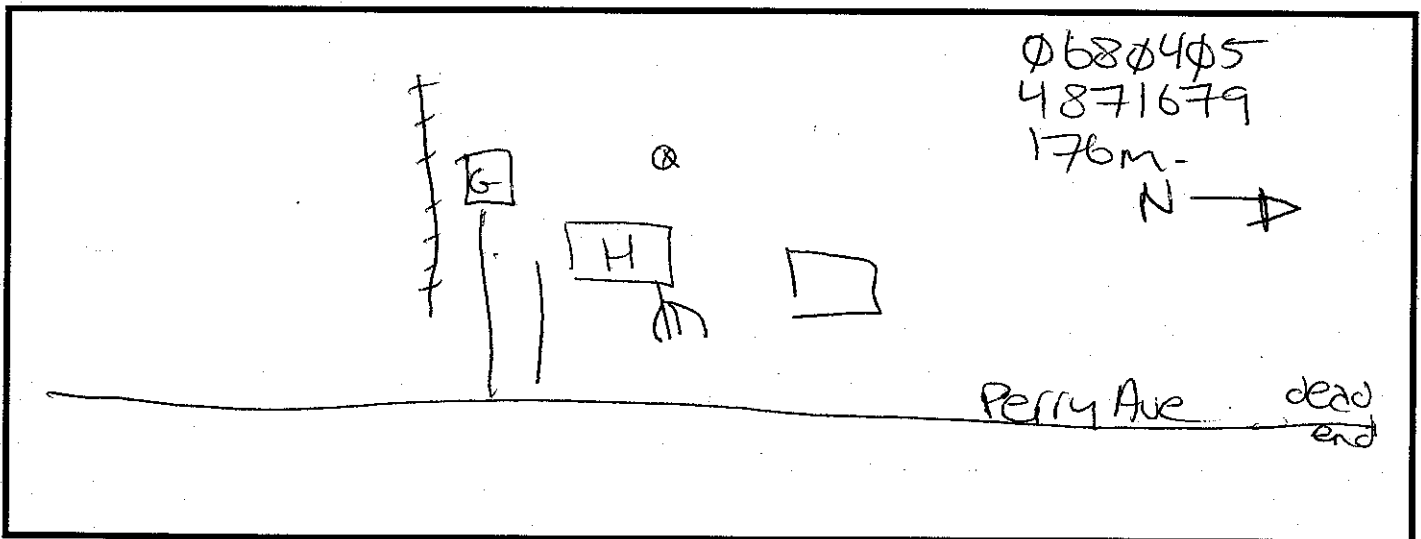
Does homeowner grant permission to obtain a water quality sample?

Yes ☒

No ☐

Signature: [Signature]

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition: In back yard

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 #: 6466

MOE #: 903187

Owner of Well:

Name: Borek Telephone (Bus.): ()
Address: 99 Ormison (Home): (905) 263-2297
Person Interviewed: Mr. Borek Residence:
Date: June 11/08 Time: 12:45 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: E7 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: ~16 ft
Is well accessible for direct sampling? or buried:
Screen: Yes No If Yes, length: m Depth of top of screen: m

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

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

Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence Pumping Capacity: Age: ~15 yrs
How is your pump lubricated:

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

Storage Tank: Type: Capacity:

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

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

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

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

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

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?

~55 yrs

Have you ever experienced any previous problems with your well?

water shortages when turkeys 2000

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:

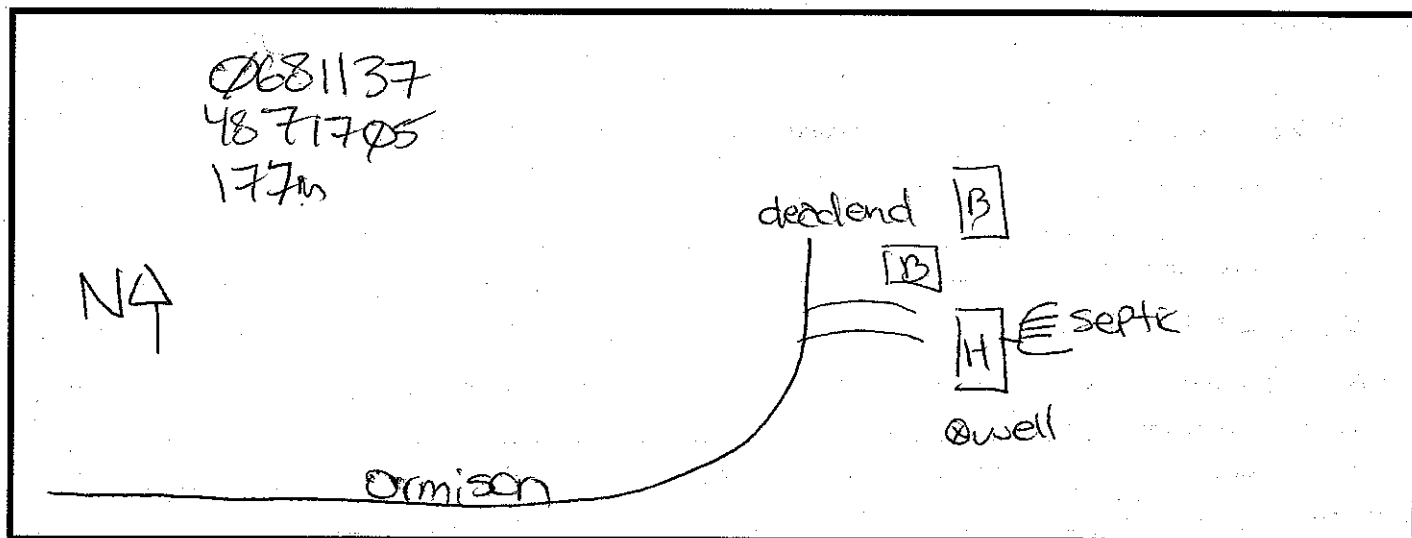
Does homeowner grant permission to obtain a water quality sample?

Yes

No

Signature: _____

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

Sealed & caulked, 1.5 ft stick up tile in good condition.

Is there a depression around the well?



Yes



No

Photo Number:

102

Water Well Survey



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

Well #:

6473/2075

MOE #:

1905326



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

Owner of Well:

Name: Joyce Hancock Sewing Studio Telephone (Bus.): 905 N/A

Address: 1396 Winchester Rd. East (Home): ()

Person Interviewed: Joyce Hancock Residence: yes

Date: 03/27/2008 Time: 11:30 am Interviewed By: CRC/HSA

Name of Original Well Owner: (if different from above) yes (in family since it was built)

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

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

Address: () (Home): ()

Well Location:

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

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

Well Construction Details:

Date Constructed: () Use: Domestic/Livestock Contractor: ()

Type (drilled or dug): (Drilled/Dug) Diameter: 6" / 36" Well Depth: 50' - 100' / 30'

Is well accessible for direct sampling? Yes (inside pit) or buried: ()

Screen: Yes ✓ No () If Yes, length: N/A m Depth of top of screen: () m

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

Original Water Level Depth: N/A m

Subsequent Water Level Measurements N/A

(give depths in m and dates)

Pumping Equipment:

Pump Type: Suction-lift: ✓ or Positive-submergence () Pumping Capacity: N/A Age: 2 years

How is your pump lubricated: N/A

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

Storage Tank: Type: Pressure Capacity: 30 gal.

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

Water Use: Domestic: No: () Yes: ✓ No. of persons using water from well: 10+

Livestock: No: ✓ Yes: () No. of livestock watered from well: ()

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

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

Private Waste and Water Disposal: Type (septic tank, etc.): Septic (2) 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?

1991

Have you ever experienced any previous problems with your well?

NONE (Lots of H₂O)

If so, when?

N/A

What was the cause of the previous problem?

Drought:

Pump Failure:

Plugging:

Increased Usage

Interference:

Contamination:

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

N/A

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

What action was taken to overcome this problem?

N/A

What were the effects of this problem?

N/A

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

If so, why?

sanding of screen due to long term use

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

Replaced two years ago.

Does homeowner grant permission to obtain a water quality sample?

Yes

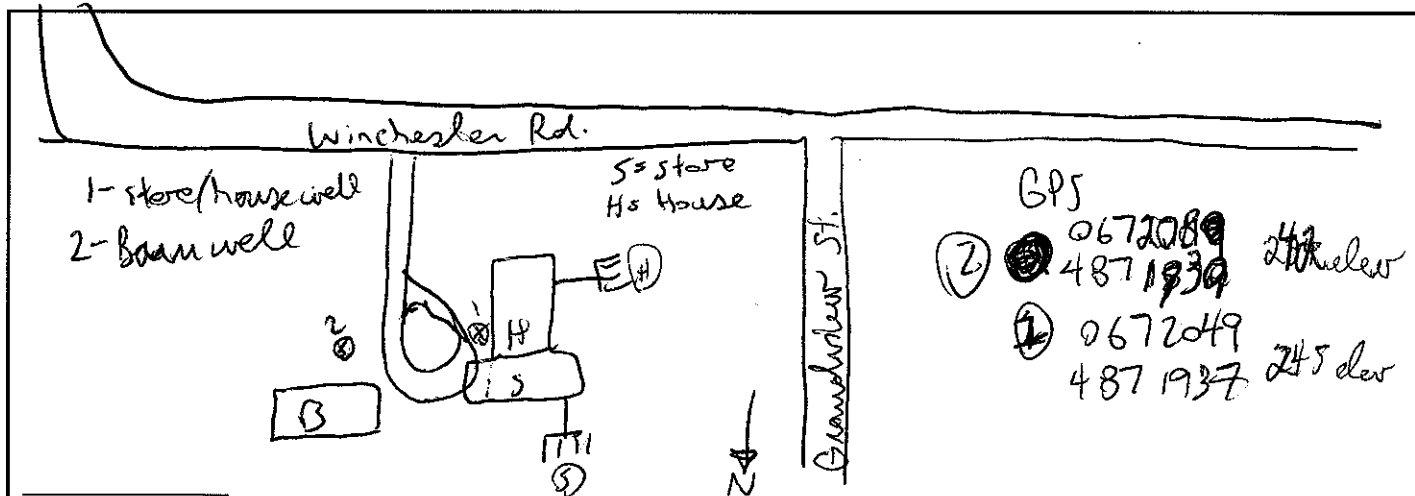
☒

No

Signature:

[Signature]

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

Good (well 1)

poor (well 2)

Is there a depression around the well?



Yes



No

Photo Number:

Water Well Survey

Well #: 6483MOE #: 1902844Ontario 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: Gary Epps Telephone (Bus.): (905) 263-8981
Address: 5359 Bethesda Rd. (Home): ()
Person Interviewed: Gary Residence: yes
Date: June 12/08 Time: 4:20 Interviewed By: SE/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: 2004 20+ years old Use: domestic Contractor: —
Type (drilled or dug): drilled Diameter: 6" Well Depth: 140'
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: 0 mSubsequent Water Level Measurements
(give depths in m and dates)

Pumping Equipment:

Pump Type: Suction-lift: — or Positive-submergence X Pumping Capacity: — Age: 15How is your pump lubricated: —Depth of Intake Setting: — m (Original) — m (Present) Pumping Rate: — L/sStorage Tank: Type: — Capacity: —Do you have a: Chlorinator: — Water Softener: ✓ Water Filter: — Filter Type: —Water Use: Domestic: No: — Yes: ✓ No. of persons using water from well: 2Livestock: No: ✓ Yes: — No. of livestock watered from well: —Lawn Watering: No: ✓ Yes: — Other: — Amount: —Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) nonePrivate Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well: 30mWell is: 1) Uphill — 2) Downhill: — 3) Same Grade: X

Previous Problems:

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

Have you ever experienced any previous problems with your well? none, 103 up 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:

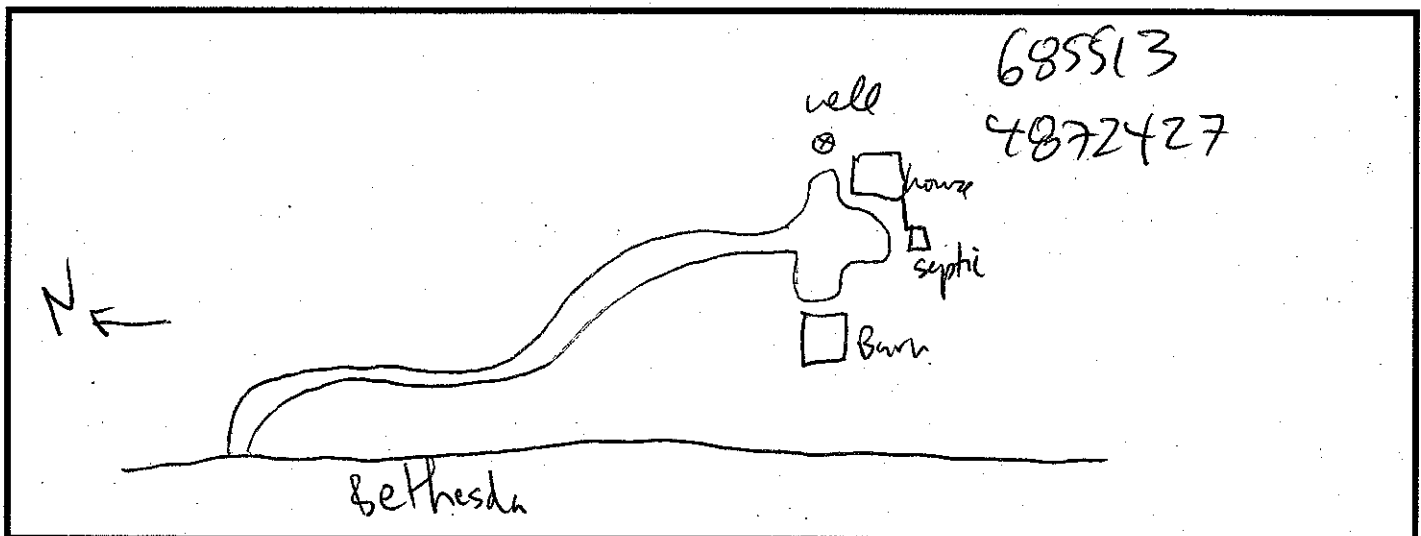
Does homeowner grant permission to obtain a water quality sample?

Yes ☒ No ☐

Signature: _____

[Handwritten 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: 132

Central
mailed 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 #:	1905083
	4605147
MOE #:	6496

Owner of Well:

Name: PETER BALUSZEK Telephone (Bus.): ()
Address: 3668 HARMONY RD N OSHAWA ONT (Home): (905) 655-8887
Person Interviewed: Residence: 3668 HARMONY RD N.
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: Central 4
GLL Map Sheet: (to be completed by GLL Staff)

Well Construction Details:

Date Constructed: Use: Contractor:
Type (drilled or dug): Diameter: Well Depth: 200 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: 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: 4
Livestock: No: ✓ Yes: No. of livestock watered from well: 0
Lawn Watering: No: Yes: ✓ Other: Amount:

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

Private Waste and Water Disposal: Type (septic tank, etc.): SEPTIC Distance to Well: 150 FEET

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

Previous Problems:

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

21 yrs.

Have you ever experienced any previous problems with your well?

NO

If so, when?

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage _____

Interference: _____

Contamination: _____

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

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

What action was taken to overcome this problem?

What were the effects of this problem?

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

If so, why?

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

2003 COMPLETELY REPLACED PUMP, LINE AND ADDED EXTENSION TO ABOVE GRADE

Does homeowner grant permission to obtain a water quality sample?

Yes ☒

No ☐

Signature: [Signature]

ONLY IF WE ARE CALLED FOR AN APPOINTMENT FIRST

Location Sketch: (to be completed by GLL staff)

May have both a drilled and a dry well.	GPS 670854.858 SC 4872342.22 670789.727 4872347.21
---	---

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 #: 6497
MOE #: 1903443

Owner of Well:

Name: Slyfield Telephone (Bus.): ()
Address: 5445 Middle rd. (Home): (405) 263-2959
Person Interviewed: James Slyfield Residence: ()
Date: June 3/08 Time: 9:30am Interviewed By: AD
Name of Original Well Owner: (if different from above) ()

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

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

Well Location:

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

Well Construction Details:

Date Constructed: 1972 ~ 2003 Use: domestic Contractor: ()
Type (drilled or dug): 1 Dug 2 Drilled Diameter: () Well Depth: 28ft 40ft
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: 2 Artesian
(give depths in m and dates) 1 June 3/08 ~ 9m from top

Pumping Equipment:

Pump Type: Suction-lift: 1 or Positive-submergence: 2 Pumping Capacity: () Age: 1972 3 yrs.
How is your pump lubricated: ()
Depth of Intake Setting: () m (Original) () m (Present) Pumping Rate: () L/s
Storage Tank: Type: Pressure 1100 US Gal Poly tank fill overflow - June 02
Capacity: Bladder pump 5 gallon.
Do you have a: Chlorinator: () Water Softener: NO Water Filter: V Filter Type: U.V. light 1
Water Use: Domestic: No: () Yes: V No. of persons using water from well: 3
Livestock: No: V Yes: () No. of livestock watered from well: ()
Lawn Watering: No: () Yes: V 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 3) Same Grade V

Previous Problems:

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

May 1976 moved in.

Have you ever experienced any previous problems with your well?

colliform from ①, water shortage ①

If so, when?

dry season

What was the cause of the previous problem?

Drought: ☒

Pump Failure: ☐

Plugging: ☐

Increased Usage: ☐

Interference: ☐

Contamination: ☐

If problem was 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 & dug new well.
brought in water ① first.
didn't recharge quickly

What were the effects of this problem?

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

If so, why?

1st year of water shortage

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

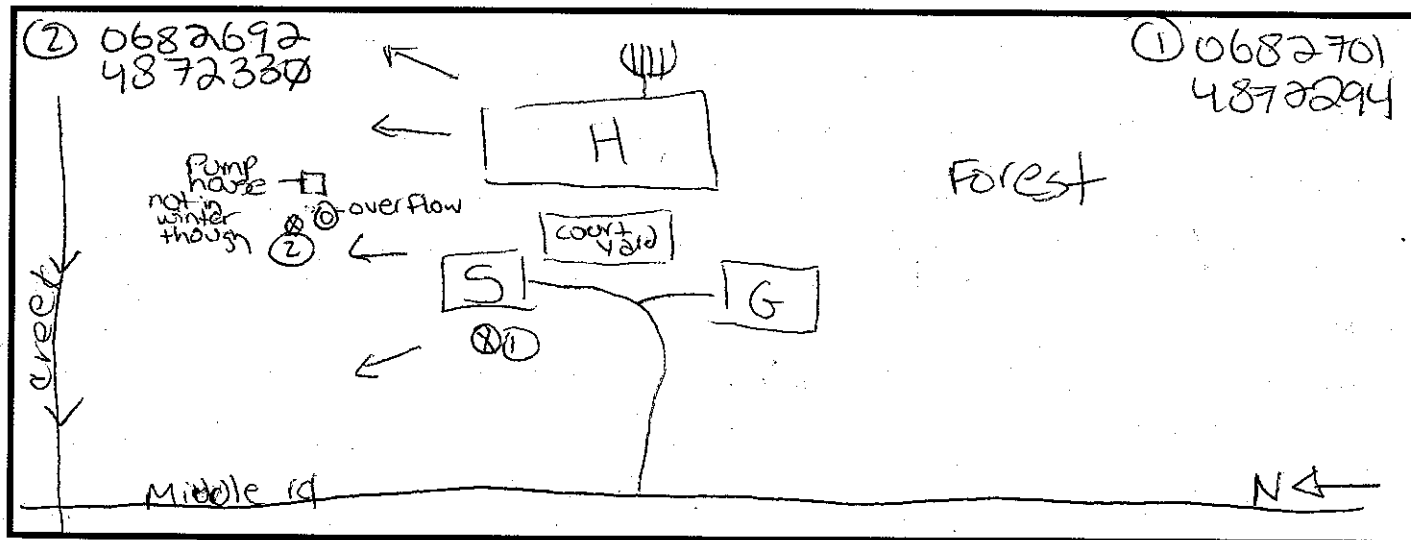
Does homeowner grant permission to obtain a water quality sample?

Yes ☒

No ☐

Signature: John Slegel

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

New well tops of old well

Well Condition:

there's a pipe 14' under in drilled that goes into dug overflow

① clogged ~ 2 ft stick up, hand pump works, not sealed, but plywood over lid, no GW seeping in tiles
② covered by tarp b/c some overflow.

Is there a depression around the well?

☐ Yes

☒ No

Photo Number:

28+27

there's an overflow dug well beside drilled. Drilled can also overflow into dug. Drilled overflow well connected to holding tank so sand settles out.

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 #: 6500
MOE #: 4604760

Owner of Well:

Name: Charlene Kehoe Telephone (Bus.): ()
Address: 3111 Harmony Rd. N., Oshawa (Home): (905) 655-4829
Person Interviewed: Residence:
Date: Mar. 19/08 Time: Interviewed By:

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

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

Well Location:

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

Well Construction Details:

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

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

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

Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence Pumping Capacity: Age:
How is your pump lubricated:
Depth of Intake Setting: m (Original) m (Present) Pumping Rate: L/s
Storage Tank: Type: Capacity:
Do you have a: Chlorinator: Water Softener: Water Filter: Filter Type:
Water Use: Domestic: No: Yes: ☒ No. of persons using water from well: 3
Livestock: No: ☒ Yes: No. of livestock watered from well:
Lawn Watering: No: ☒ Yes: Other: Amount:
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) shower, washing machine, dishwasher
Private Waste and Water Disposal: Type (septic tank, etc.): septic tank Distance to Well: 75 feet
Well is: 1) Uphill ☒ 2) Downhill: 3) Same Grade 4) Update

Previous Problems:

How long have you owned, operated or lived on this property? 12 years

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

If so, when? _____

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

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

What action was taken to overcome this problem? _____

What were the effects of this problem? _____

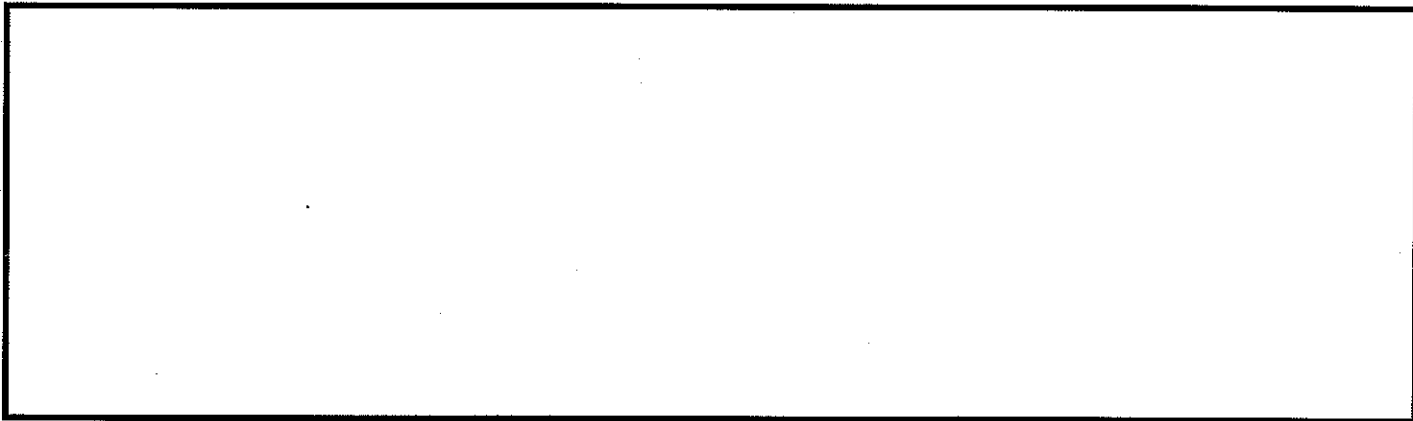
Did you ever have your well deepened _____, or cleaned ☒, or a new well constructed _____?

If so, why? normal 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: Chantene Byroe

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 #: 3597
MOE #: 6501
1904530 70
Drilled

Owner of Well:

Name: Susan. Castro Del Mgmt
Address: 5561 Liberty St. N
Telephone (Bus.): ()
(Home): 905 472-7300
Person Interviewed:
Date: June 12/08 Time: 2:40
Residence:
Interviewed By:

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

Name: Christine Brown
Address: 5561 Liberty St. North
Telephone (Bus.): ()
(Home): 905 263-8603

Well Location:

Lot: Concession: E8 Township: Hampton.
GLL Map Sheet (to be completed by GLL Staff):

Well Construction Details:

Date Constructed: under 10 yrs. Use: domestic Contractor:
Type (drilled or dug): 1 Drilled Diameter: 6" Well Depth: ~180ft
Is well accessible for direct sampling? dug well on site as well or buried:
Screen: Yes No If Yes, length: m Depth of top of screen: 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:
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: R.O. 6stage
Water Use: Domestic: No: Yes: ☒ No. of persons using water from well: 7
Livestock: No: ☒ Yes: No. of livestock watered from well:
Lawn Watering: No: ☒ Yes: Other don't drink Amount:
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) reg. equipment
Private Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well: 40m.
Well is: 1) Uphill ☒ 2) Downhill: 3) Same Grade 4) Update

Previous Problems:

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

No

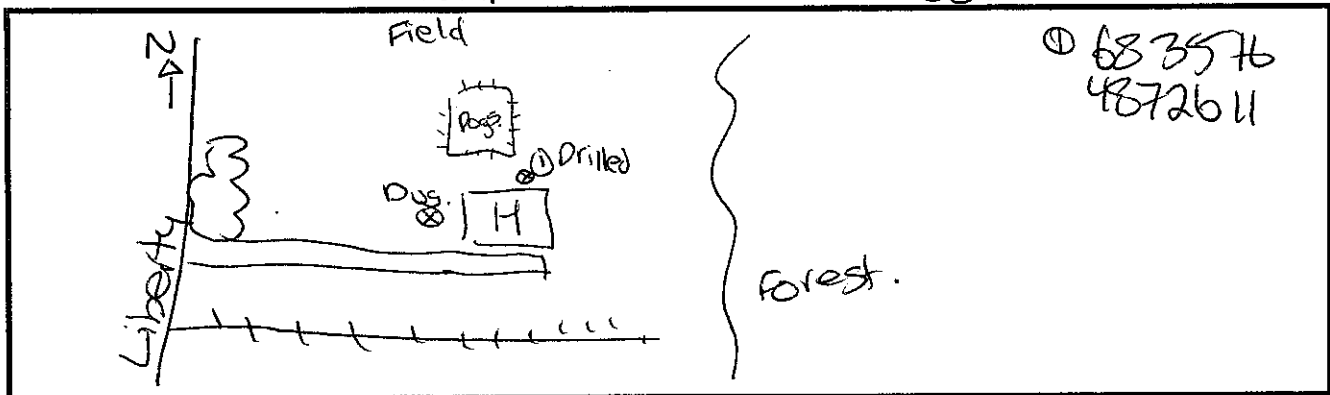
Yes

Signature

left my card.

Location Sketch:

Thompson - Rosemount - GOU.



Field Visit: (to be completed by GLL staff)

1.5 ft stick up.

Well Condition: white pipe & cap, not vermon press, in garden

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? _____

#127
pic of #
650
only

Water Well Survey

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

Well #:	6503
MOE #:	1905541

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

Owner of Well:

Name: JOHN M. BALLENTINE Telephone (Bus.): () -
Address: 5757 MIDDLE RD. ROW. L1C 3K2 (Home): (905) 263-8396
Person Interviewed: - Residence: Same
Date: April 26, 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: 12 Concession: 5 Township: CLARINGTON
GLL Map Sheet: (to be completed by GLL Staff) -

Well Construction Details:

Date Constructed: 1979 Use: Home Contractor: -
Type (drilled or dug): drilled Diameter: - Well Depth: 80'
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: Adequate Age: 1979
How is your pump lubricated: Self.
Depth of Intake Setting: 6' m (Original) 6' 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.) Shower (2) washer dishes & cloths
BATHROOMS (2)
Private Waste and Water Disposal: Type (septic tank, etc.): Below ground Distance to Well: 80'
Well is: 1) Uphill - 2) Downhill: - 3) Same Grade ☒

Previous Problems:

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

1979

Have you ever experienced any previous problems with your well?

No.

If so, when?

What was the cause of the previous problem?

Drought:

Pump Failure:

Plugging:

Increased Usage

Interference:

Contamination:

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

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

What action was taken to overcome this problem?

What were the effects of this problem?

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

If so, why? New well when I bought the property since original

Outline briefly any previous repairs or changes in pumping equipment, and dates: was dug & inadequate supply.

Does homeowner grant permission to obtain a water quality sample?

Yes

No

Signature:

Location Sketch: (to be completed by GLL staff)

Quarterly samples have always declared water safe to drink.
Latest sample April 7/2008.

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 #: #3586②
MOE #: #6505①
1903721

Owner of Well:

Name: Percy Goff Telephone (Bus.): ()
Address: 2477 Con #6 (Home): 905, 263-2020
Person Interviewed: Percy Residence: AD, MA.
Date: June 12/08 Time: 12:50 Interviewed By: AD, MA.

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: ① ~ 1959 ② ~ 10 YRS Use: domestic Contractor: _____
Type (drilled or dug): ① Dug ② Drilled Diameter: _____ Well Depth: ① 30ft 105ft ② 200ft.
Is well accessible for direct sampling? ① 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: ✓ Pumping Capacity: _____ Age: ① 20 YRS ② 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
Do you have a: Chlorinator: _____ Water Softener: ✓ Water Filter: ✓ Filter Type: ceramic
Water Use: Domestic: No: _____ Yes: ✓ No. of persons using water from well: 2
Livestock: No: ✓ Yes: _____ No. of livestock watered from well: _____
Lawn Watering: No: ✓ Yes: _____ Other: 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.): _____ Distance to Well: ① 35m ② 35m
Well is: 1) Uphill ① 2) Downhill: ② 3) Same Grade _____ 4) Update _____

Previous Problems:

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

Sept. 1959.

Have you ever experienced any previous problems with your well?

8-10 Couple yrs ago high Bact water shortage in Dug.

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 wells, filters

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?

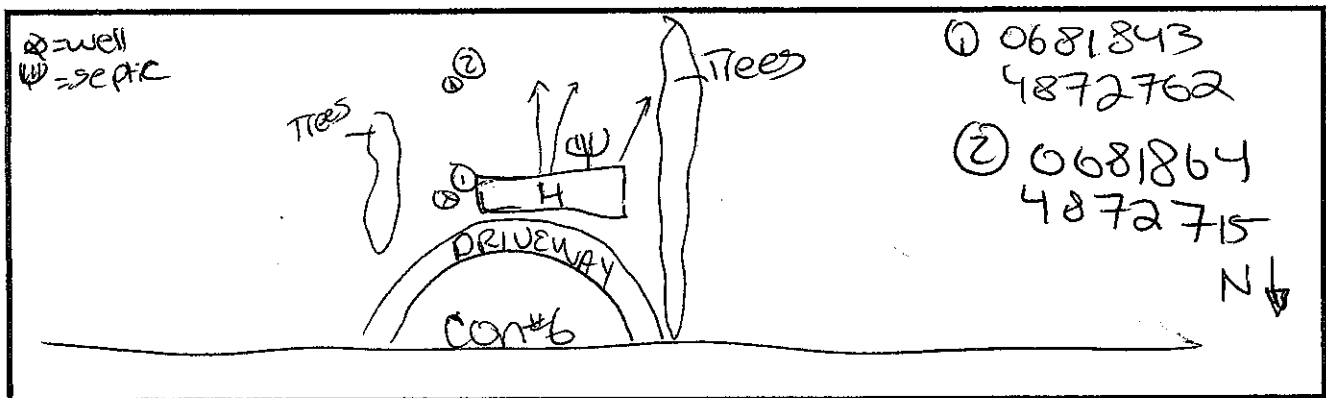
No

Yes

Signature:

Was very hesitant to give info. left card

Location Sketch:



Field Visit: (to be completed by GLL staff)

Well Condition:

1 sealed & caulked, 1.5 ft stick up.

2 in wishing well

Is there a depression around the well?

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

Is there staining on the inside of the tiles?

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 #: 6507

MOE #: 1905064

Owner of Well:

Name: Josh Jewell Telephone (Bus.): (905) 263-2301
Address: 5823 Middle Rd. (Home): ()
Person Interviewed: Josh Residence: yes
Date: June 12/08 Time: 1:45 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)

Well Construction Details:

Date Constructed: 1980 Use: domestic Contractor: Boardman?
Type (drilled or dug): drilled Diameter: 6" Well Depth: 75'
Is well accessible for direct sampling? yes or buried:
Screen: Yes No If Yes, length: m Depth of top of screen: m

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

Original Water Level Depth: m

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

Pumping Equipment:

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

How is your pump lubricated:

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

Storage Tank: Type: Capacity:

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

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: X 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? 6

Have you ever experienced any previous problems with your well? lots of sand in well

If so, when? 2007

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: ☒ Sand

Increased Usage: _____

Interference: _____

Contamination: _____

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

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

What action was taken to overcome this problem?

- replaced pump screen
- soon to fix well screen

What were the effects of this problem?

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

If so, why?

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

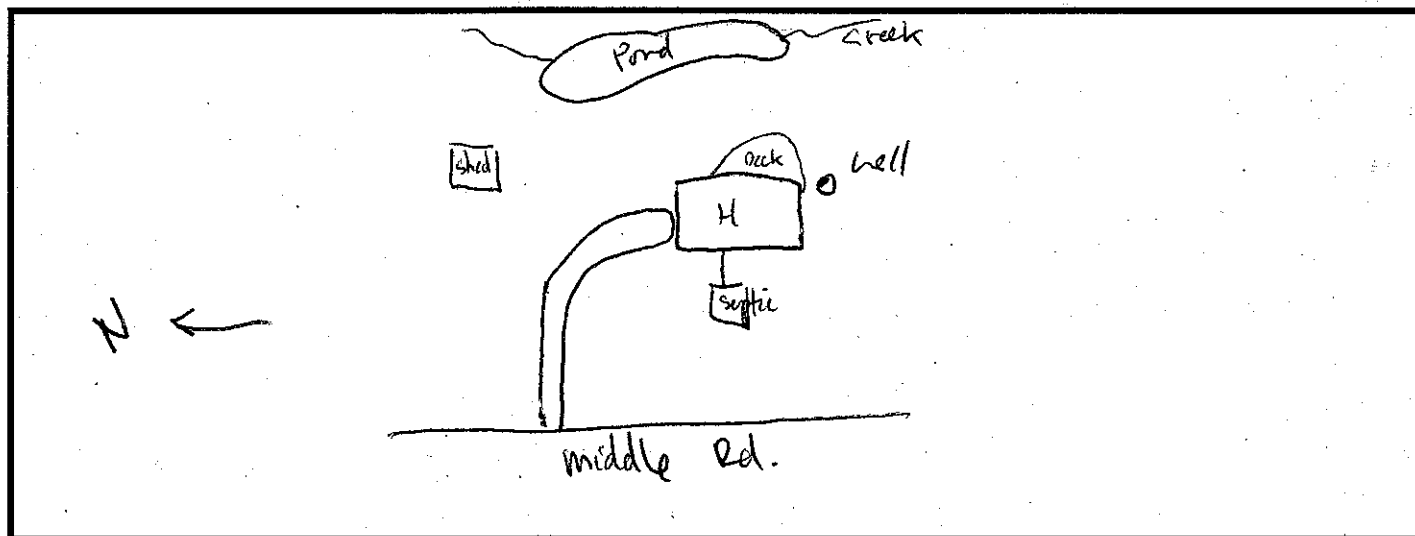
new pump screen, new control panel, soon to fix well screen

Does homeowner grant permission to obtain a water quality sample?

Yes ☒ No _____

Signature: Josh Jewell

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition: - Good

- major sand problems

Is there a depression around the well?

☐

Yes

☒

No

Photo Number: 123

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: DAVID ITO Telephone (Bus.): (905) 260-5637
Address: 6140 REGIONAL RD ST (Home): (905) 263-4092
Person Interviewed: KIM ITO Residence: _____
Date: May 27/08 Time: 10:50 Interviewed By: AD, KG
Name of Original Well Owner: (if different from above) _____

Occupant of House Served by Well: (if other than owner)

Name: KIM ITO Telephone (Bus.): () _____
Address: 6140 REGIONAL RD ST (Home): (905) 260-5637

Well Location:

Lot: _____ Concession: _____ Township: _____
GLL Map Sheet: (to be completed by GLL Staff) E7

Well Construction Details:

Date Constructed: _____ Use: 2 barn, 1 house Contractor: _____
Type (drilled or dug): 2 dug, 1 drilled 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: 6
Livestock: No: _____ Yes: ☒ No. of livestock watered from well: 50
Lawn Watering: No: _____ Yes: _____ Other: _____ Amount: _____
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) 2 Showers, 2 washers
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? 2

Have you ever experienced any previous problems with your well? 2 wells dry

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? time

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: _____

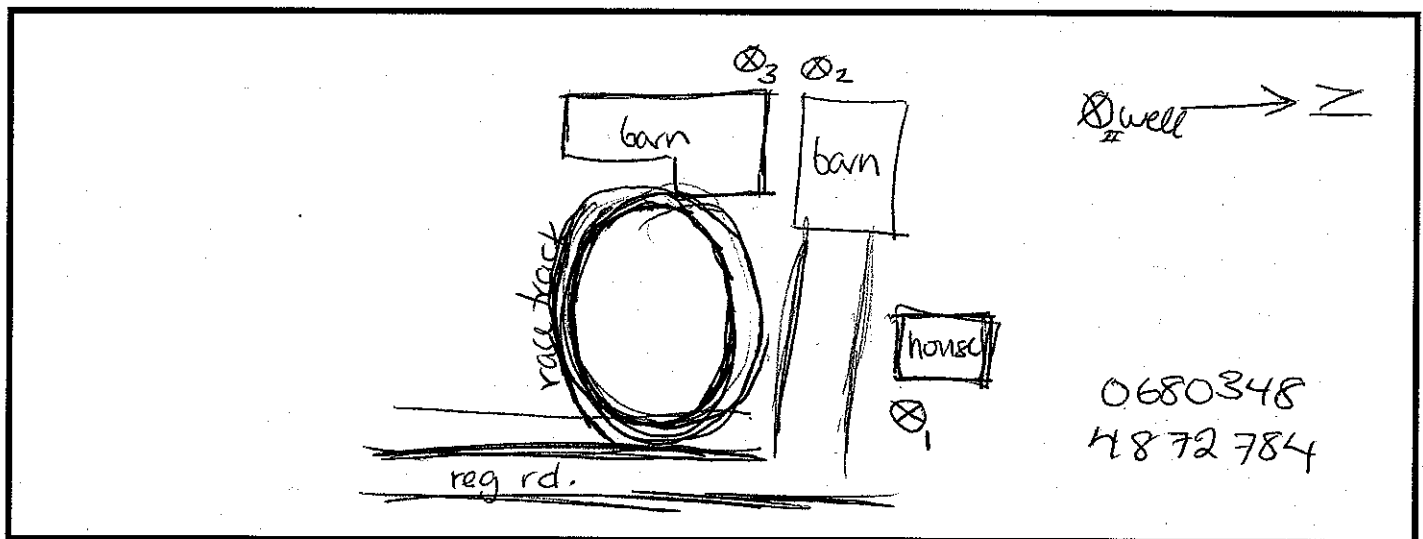
Does homeowner grant permission to obtain a water quality sample?

Yes ☒

No _____

Signature: Kord

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition: ①

has wishing well, field top, < 1ft stick up.

* Did not want us to go to barn wells due to horses.

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 #: 6511

MOE #: 1905938

Owner of Well:

Name: LUIS FREIRE Telephone (Bus.): ()
Address: 5455 BETHESDA ROAD (Home): (905) 263-2899
CLARKINGTON
Person Interviewed: _____ Residence: _____
Date: MAY 8th 1988 Time: 6:00 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: 2004 Use: _____ Contractor: _____
Type (drilled or dug): DRILLED Diameter: DRILLED Well Depth: 250 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: _____ 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?

12 years

Have you ever experienced any previous problems with your well?

Put new pump

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?

Put in new pump

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: _____

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 #: ~~1905430~~ 6516

MOE #: 1905430

Owner of Well:

Name: Harry Baker Telephone (Bus.): ()
Address: 6261 Regional Rd 57 (Home): (905) 263-8137
Person Interviewed: Harry Residence:
Date: May 27/08 Time: 11:00 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: Darlington
GLL Map Sheet: (to be completed by GLL Staff) E7

Well Construction Details:

Date Constructed: 35 yrs ago Use: domestic, livestock Contractor: —
Type (drilled or dug): dug Diameter: 38" Well Depth: 30 ft
Is well accessible for direct sampling? or buried:
Screen: Yes No If Yes, length: m Depth of top of screen: m

Well Water Levels: (indicate whether measured from ground level, or from top of casing)

Original Water Level Depth: 15-20 ft water m

Subsequent Water Level Measurements
(give depths in m and dates)

Pumping Equipment:

Pump Type: Suction-lift: X or Positive-submergence Pumping Capacity: Age: 7 yrs

How is your pump lubricated:

Depth of Intake Setting: m (Original) m (Present) Pumping Rate: L/s

Storage Tank: Type: Capacity: 10-20 gal

Do you have a: Chlorinator: Water Softener: Water Filter: Filter Type:

Water Use: Domestic: No: Yes: ✓ No. of persons using water from well: 2

Livestock: No: Yes: ✓ No. of livestock watered from well: Schick, ducks, goose, 4 llamas

Lawn Watering: No: X Yes: Other: 1 alpaca, wallaby, rabbit, 6 goats, sheep, 30 pigs

Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.)

Private Waste and Water Disposal: Type (septic tank, etc.): Septic Distance to Well: 40 m

Well is: 1) Uphill 2) Downhill: X 3) Same Grade

Previous Problems:

How long have you owned, operated or lived on this property? 35 yrs.

Have you ever experienced any previous problems with your well? coliforms

If so, when? pumps dry after 1 hr.

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage _____

Interference: _____

Contamination: X

If problem was contamination, what water quality changes were apparent?

(Note any differences in taste, odour, colour or clarity)

What action was taken to overcome this problem? don't drink

What were the effects of this problem?

Did you ever have your well deepened _____, or cleaned _____, or a new well constructed _____?

If so, why?

Outline briefly any previous repairs or changes in pumping equipment, and dates:

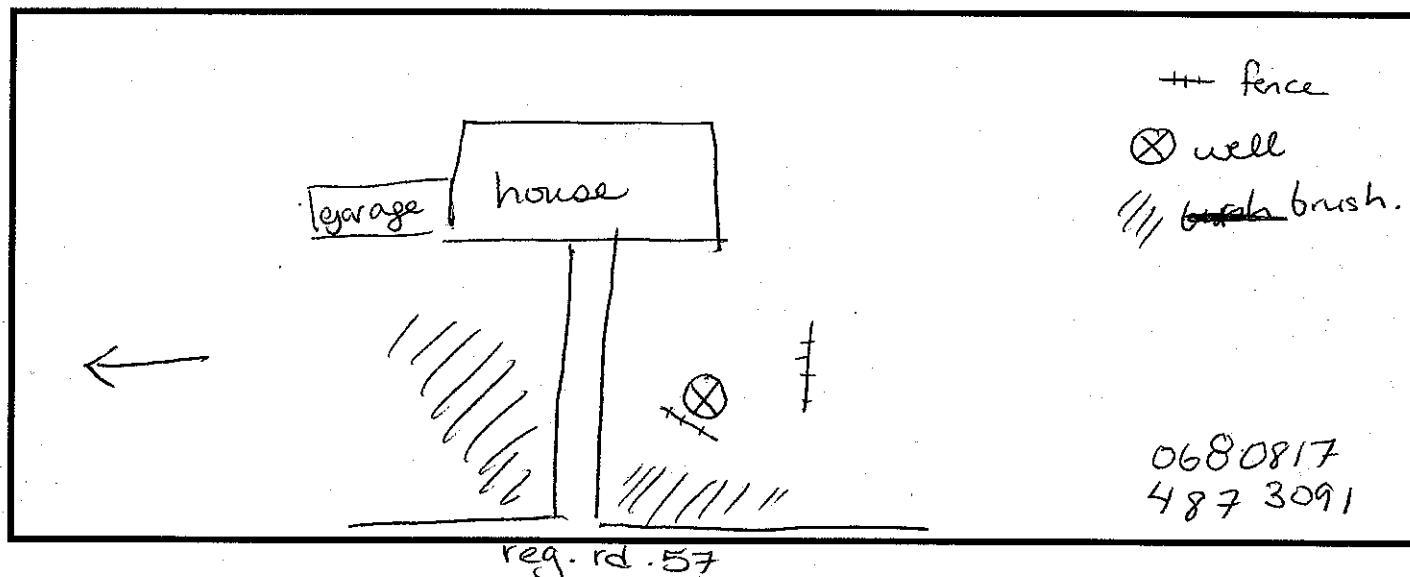
Does homeowner grant permission to obtain a water quality sample?

Yes X

No _____

Signature: Harry J. Baker

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition: Covered by bush, tiles not caulked, or sealed, in good condition.

Is there a depression around the well?



Yes



No

Photo Number: 4

Water Well Survey

Ontario 1201 Wilson Avenue, Building D, 3rd Floor, Downsview, ON M3M 1J8 1-866-840-5529

Gartner Lee 300 Town Centre Boulevard, Suite 300, Markham, ON L3R 5Z6 (905)477-8400

Well #: 6519.

MOE #: 1903720

Owner of Well:

Name: RON ROY Telephone (Bus.): ()
Address: 6153 CEDAR PARK RD (Home): 905 263-4553
Person Interviewed: RON ROY Residence:
Date: MAY 27/08 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: Township:
GLL Map Sheet: (to be completed by GLL Staff) E7.

Well Construction Details:

Date Constructed: 1992 Use: DOMESTIC Contractor:
Type (drilled or dug): DRILLED Diameter: 6" Well Depth: 197'
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: 197 FT m
Subsequent Water Level Measurements N/A
(give depths in m and dates)

Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence: ☒ Pumping Capacity: 10-12 GPM Age: 1992

How is your pump lubricated: N/A

Depth of Intake Setting: 150 FT m (Original) m (Present) Pumping Rate: L/s

Storage Tank: Type: PRESSURE TANK Capacity: ~10 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: 4

Livestock: No: ☒ Yes: No. of livestock watered from well: N/A

Lawn Watering: No: ☒ Yes: Other: Amount:

Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) REGULAR BATHROOM USE - NO POOLS OR HOT TUBS

Private Waste and Water Disposal: Type (septic tank, etc.): SEPTIC 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?

16 yrs (1992)

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:

NONE

Does homeowner grant permission to obtain a water quality sample?

Yes

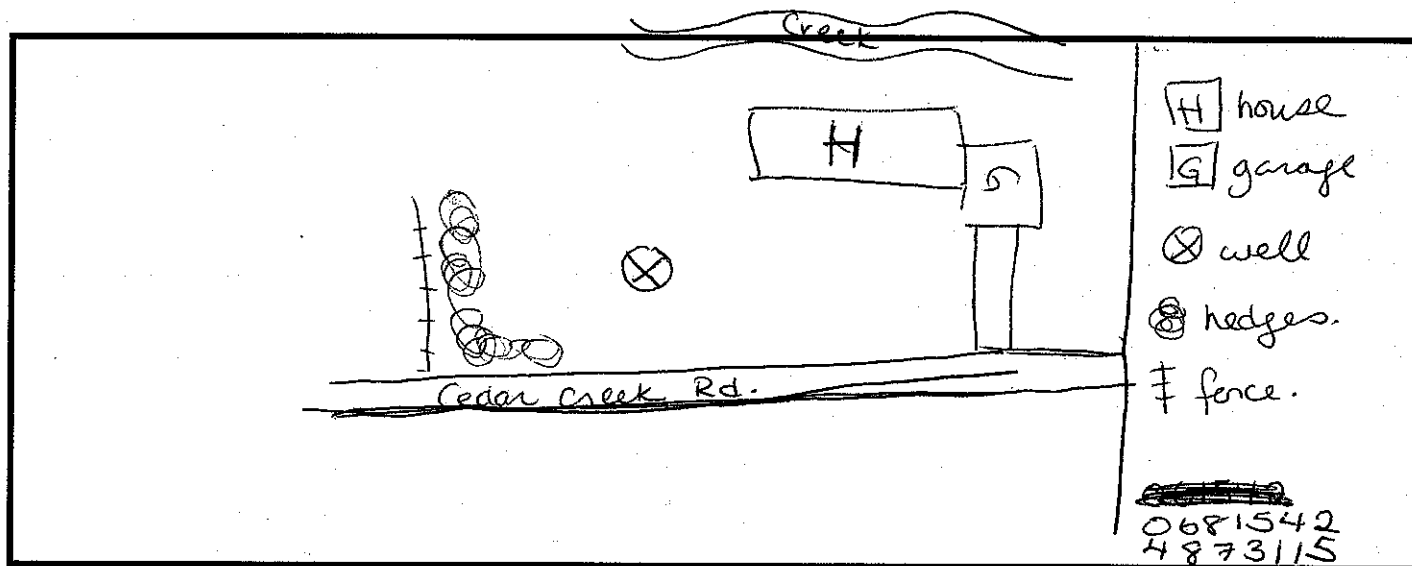
☒

No

Signature:

R.B.

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

3ft stick up, vermin proof cap, spigot ^{was} off side pouring out water, now capped off.

Is there a depression around the well?

☐

Yes

☒

No

Photo Number:

12, 13

Water Well Survey

Ontario 1201 Wilson Avenue, Building D, 3rd Floor, Downsview, ON M3M 1J8 1-866-840-5529

Gartner Lee 300 Town Centre Boulevard, Suite 300, Markham, ON L3R 5Z6 (905)477-8400

Well #:	6521
MOE #:	1945340

Owner of Well:

Name: Jacques Cott Telephone (Bus.): ()
Address: 5805 Liberty St. North (Home): (905) 263-8301
Person Interviewed: Jacques Residence: _____
Date: June 12/08 Time: 2:15 Interviewed By: AD, HA

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: 1979 Use: DOMESTIC Contractor: _____
Type (drilled or dug): Drilled Diameter: _____ Well Depth: ~75ft.
Is well accessible for direct sampling? _____ or buried: _____
Screen: Yes _____ No _____ If Yes, length: _____ m Depth of top of screen: _____ m

Well Water Levels: (indicate whether measured from ground level, or from top of casing)

Original Water Level Depth: _____ m
Subsequent Water Level Measurements: 25 gal/min 3" hose.
(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: _____ Capacity: _____
Do you have a: Chlorinator: ☒ Water Softener: ☒ Water Filter: ☒ Filter Type: ☒
Water Use: Domestic: No: _____ Yes: ☒ No. of persons using water from well: 2
Livestock: No: ☒ Yes: _____ No. of livestock watered from well: _____
Lawn Watering: No: ☒ Yes: _____ Other: _____ Amount: _____
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) reg. equipment
Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: 40m
Well is: 1) Uphill ☒ 2) Downhill: _____ 3) Same Grade: _____ 4) Update: _____

Previous Problems:

How long have you owned, operated or lived on this property?

8 yrs

Father-in-law's

Have you ever experienced any previous problems with your well?

NO

bact @ first

nothing now.

If so, when?

What was the cause of the previous problem?

Drought:

Pump Failure:

Plugging:

Increased Usage

Interference:

Contamination:

If problem was contamination, what water quality changes were apparent?

(Note any differences in taste, odour, colour or clarity)

What action was taken to overcome this problem?

What were the effects of this problem?

Did you ever have your well deepened _____, or cleaned ☒, or a new well constructed _____?

If so, why?

8 yrs ago b/c high BACT

Outline briefly any previous repairs or changes in pumping equipment, and dates:

Does homeowner grant permission to obtain a water quality sample?

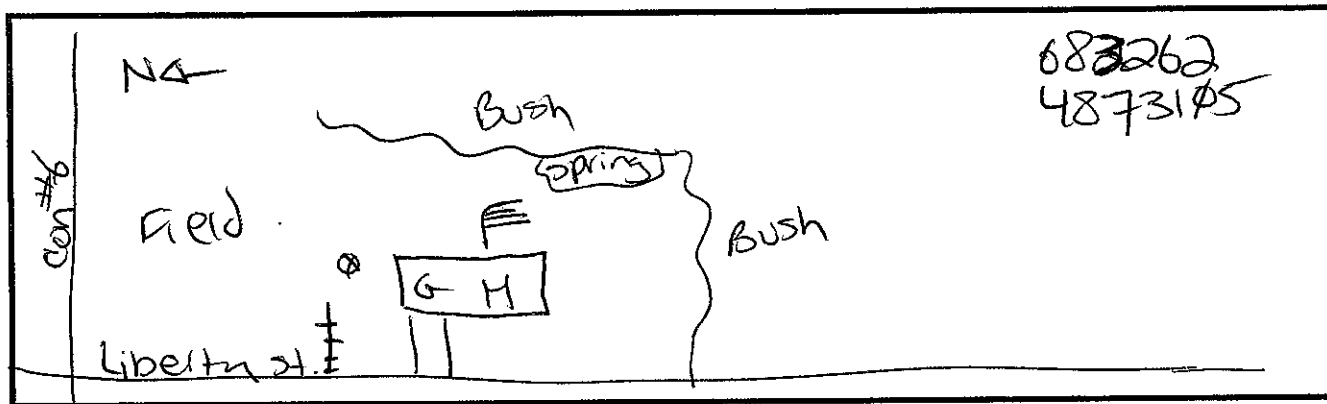
No

Yes

Signature

[Handwritten Signature]

Location Sketch:



Field Visit: (to be completed by GLL staff)

Well Condition:

15 ft stick up, uerman proof cap, changed casing 8 yrs ago

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?

124

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 #: 6523

MOE #: 1907025

Owner of Well:

Name: Kathy Sprague Telephone (Bus.): ()
Address: 6206 Cedar ~~Park~~ Rd. (Home): 905) 263-8102
Person Interviewed: Kathy Residence:
Date: May 27/08 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: Township:
GLL Map Sheet: (to be completed by GLL Staff) E7.

Well Construction Details:

Date Constructed: 1979 Use: Contractor:
Type (drilled or dug): drilled Diameter: 6" Well Depth: ~70 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: 1979
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.) regular, ~~pan~~ (has had 5 kids, boarding kennel, geese farm all off this well)

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? _____

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:

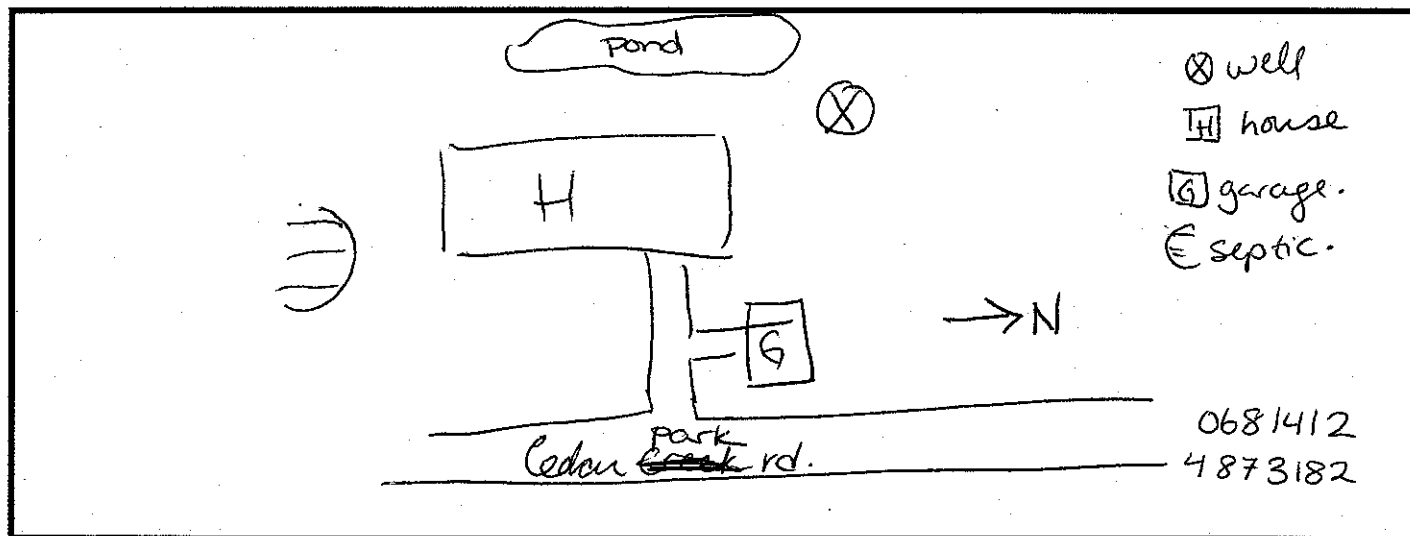
Does homeowner grant permission to obtain a water quality sample?

Yes _____

No ☒

Signature: _____

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

looks dug, not sealed or caulked, lid fitting, tiles in OK condition, >1ft stick up.

Is there a depression around the well?



Yes



No

Photo Number:

17

Water Well Survey

Ontario 1201 Wilson Avenue, Building D, 3rd Floor, Downsview, ON M3M 1J8 1-866-840-5529

Gartner Lee 300 Town Centre Boulevard, Suite 300, Markham, ON L3R 5Z6 (905)477-8400

Well #: ~~1903049~~ 6527

MOE #: 1903049

Owner of Well:

Name: Don Guillard Telephone (Bus.): ()
Address: 6443 Reg. Hwy 52 (Home): (905) 263-2005
Person Interviewed: Don & wife Residence: _____
Date: May 27/08 Time: 11:30 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: 1966-1973 Use: _____ Contractor: _____
Type (drilled or dug): dug Diameter: 38" 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 _____
(give depths in m and dates) _____

Pumping Equipment:

Pump Type: Suction-lift: X or Positive-submergence _____ Pumping Capacity: _____ Age: replaced once
How is your pump lubricated: _____
Depth of Intake Setting: _____ m (Original) _____ m (Present) Pumping Rate: _____ L/s
Storage Tank: Type: 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: 2
Livestock: No: _____ Yes: ✓ No. of livestock watered from well: ~12 chickens
Lawn Watering: No: ✓ Yes: _____ Other: _____ Amount: _____
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) → none (pools on property)
Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: ~40m
Well is: 1) Uphill _____ 2) Downhill: X 3) Same Grade _____

Previous Problems:

How long have you owned, operated or lived on this property? _____

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: _____

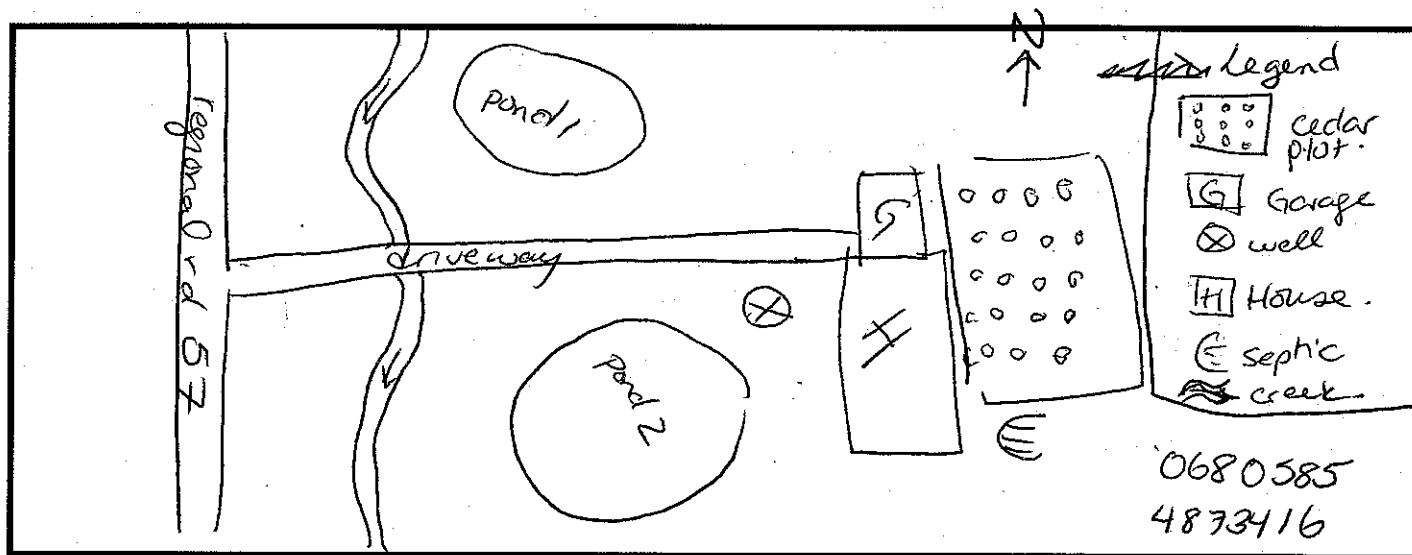
Does homeowner grant permission to obtain a water quality sample?

Yes ☒

No ☐

Signature: J. Huitard

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition: well red w. hand pump, not caulked or sealed,
tiles chipped. well painted, top cemented over,
stack up 1.5 ft.

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 #: 6537
MOE #: 1904100

Owner of Well:

Name: Jenny Zylstra Telephone (Bus.): ()
Address: 3004 Con. #6 (Home): 905 263-4289
Person Interviewed: Jenny Residence:
Date: June 13/08 Time: 10:10 Interviewed By: AD, MA

Occupant of House Served by Well: (if other than owner)

Name: Telephone (Bus.): ()
Address: (Home): ()

Well Location:

Lot: Concession: 28 Township: Hampton
GLL Map Sheet (to be completed by GLL Staff):

Well Construction Details:

Date Constructed: ~1971 Use: domestic Contractor:
Type (drilled or dug): Drilled Diameter: 6" Well Depth: 103ft.
Is well accessible for direct sampling? inside dug well or buried:
Screen: Yes No If Yes, length: m Depth of top of screen: m

Well Water Levels: (indicate whether measured from ground level, or from top of casing)

Original Water Level Depth: m
Subsequent Water Level Measurements (give depths in m and dates)

Pumping Equipment:

Pump Type: Suction-lift: ☒ or Positive-submergence Pumping Capacity: Age: ~3 yrs.
How is your pump lubricated:
Depth of Intake Setting: m (Original) m (Present) Pumping Rate: L/s
Storage Tank: Type: Pressure Capacity: ~30 gallon new.
Do you have a: Chlorinator: Water Softener: Water Filter: Filter Type:
Water Use: Domestic: No: Yes: ☒ No. of persons using water from well: 5
Livestock: No: ☒ Yes: No. of livestock watered from well:
Lawn Watering: No: ☒ Yes: Other: Amount:
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) hot tub & pool truck in water 3 loads laundry a day
Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: 40m.
Well is: 1) Uphill ☒ 2) Downhill 3) Same Grade 4) Update

Previous Problems:

How long have you owned, operated or lived on this property?

6.5 yrs

Have you ever experienced any previous problems with your well?

no quality problem, water shortage

If so, when?

lx in increased watering.

What was the cause of the previous problem?

Drought: _____

Pump Failure: _____

Plugging: _____

Increased Usage: _____

Interference: _____

Contamination: _____

If problem was contamination, what water quality changes were apparent?

(Note any differences in taste, odour, colour or clarity)

What action was taken to overcome this problem?

lower recharge, & cleaned bottom

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:

0685910
4874275

Field Visit: (to be completed by GLL staff)

Well Condition:

looks like dug, tile good, lid good, not sealed or caulked

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 #133

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 #: 6538
MOE #: 1903609

Owner of Well:

Name: Del Mgmt. Telephone (Bus.): ()
Address: 3067 (Home): ()
Person Interviewed: Residence:
Date: June 13/08 Time: 10:30 Interviewed By: AD, HIA

Occupant of House Served by Well: (if other than owner)

Name: Debbie Hughes Telephone (Bus.): ()
Address: 3067 Con rd #6. (Home): (905) 983-9842

Well Location:

Lot: Concession: E9 Township: Clarington
GLL Map Sheet (to be completed by GLL Staff): Hampton

Well Construction Details:

2 other older dug well
Date Constructed: ~1 yr ago 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 N/A. 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: ~40 gallons
Do you have a: Chlorinator: Water Softener: ✓ Water Filter: ✓ Filter Type: iron
Water Use: Domestic: No: Yes: ✓ No. of persons using water from well: 2
Livestock: No: ✓ Yes: No. of livestock watered from well: -
Lawn Watering: No: ✓ Yes: Other: don't drink Amount:
Equipment: Indoor plumbing (e.g., shower, automatic washer, pool, sauna, etc.) reg equipment
Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: 40m.
Well is: 1) Uphill 2) Downhill: 3) Same Grade X 4) Update

Previous Problems:

How long have you owned, operated or lived on this property?

9 yrs in July.

Have you ever experienced any previous problems with your well?

Del Mgmt suggested not to drink
old dug well contaminated w E. coli

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?

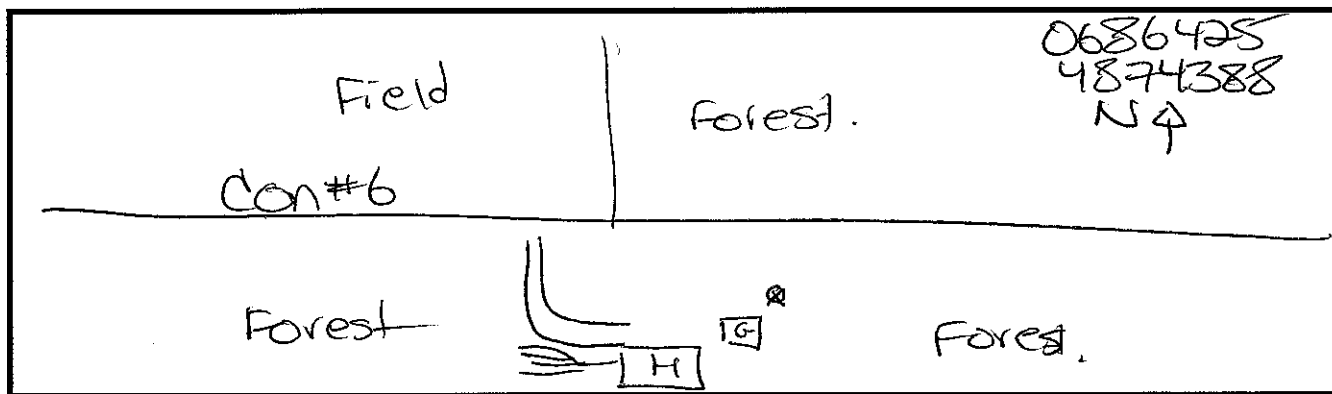
No _____

Yes ☒

Signature: _____

Debbie Hughes

Location Sketch:



Field Visit: (to be completed by GLL staff)

Well Condition:

very good, vermin proof, 2ft stick up.
No

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#

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 #: 6539
MOE #: 1904817

Owner of Well:

Name: John Allin Telephone (Bus.): ()
Address: 3074 Con#6 (Home): 905 983-9334
Person Interviewed: John Residence:
Date: June 13/08 Time: Interviewed By: AD, HA.

Occupant of House Served by Well: (if other than owner)

Name: Telephone (Bus.): ()
Address: (Home): ()

Well Location:

Lot: Concession: 29 Township:
GLL Map Sheet (to be completed by GLL Staff):

Well Construction Details:

Date Constructed: 1977 Use: domestic Contractor:
Type (drilled or dug): Drilled Diameter: 6" Well Depth: 59.5 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: 20-30 gallons
Do you have a: Chlorinator: Water Softener: ☒ Water Filter: Filter Type:
Water Use: Domestic: No: Yes: ☒ No. of persons using water from well: 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.)

Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: 40m
Well is: 1) Uphill ☒ 2) Downhill: 3) Same Grade: 4) Update

Previous Problems:

How long have you owned, operated or lived on this property?

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:

Does homeowner grant permission to obtain a water quality sample?

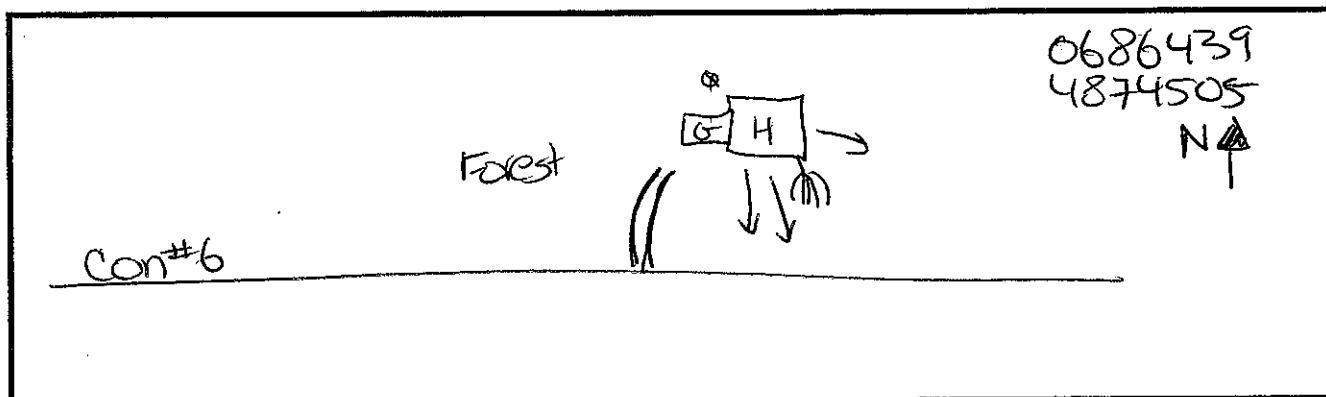
No

Yes

Signature:

John D. Hill

Location Sketch:



Field Visit: (to be completed by GLL staff)

Well Condition:

In shrub behind garage, couldn't see

Is there a depression around the well?

Did 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?

Did not take picture

East Section Addition Part
Cone 7 between
Leskard Rd & Brown Rd.

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 #: 6541
MOE #: 1902624

Owner of Well:

Name: LYNNE + SUSANNE RICHARDS Telephone (Bus.): ()
Address: 3282 CONE RD #7, RR #2, OROON, ON. (Home): (905) 983-5670
Person Interviewed: Residence:
Date: Time: Interviewed By:
Name of Original Well Owner: (if different from above) SAME AS ABOVE

Occupant of House Served by Well: (if other than owner)

Name: SAMIE AS ABOVE Telephone (Bus.): ()
Address: (Home): ()

Well Location:

Lot: Concession: #7 Township: FORMER TOWNSHIP OF CLARKE
GLL Map Sheet: (to be completed by GLL Staff)

Well Construction Details:

Date Constructed: Use: Contractor: FAULKNER
Type (drilled or dug): DRILLED Diameter: 8 1/2 INCH Well Depth: 252 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: 240 FEET 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: 42 GAL GALVANIZED Capacity: 42 GAL
Do you have a: Chlorinator: Water Softener: Water Filter: ✓ Filter Type: CARTRIDGE
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.) INDOOR PLUMBING, SHOWER, AUTOWASHER, DISHWASHER
Private Waste and Water Disposal: Type (septic tank, etc.): SEPTIC TANK 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?

20 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:

L. Richardson

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

Owner of Well:

Name: Chuck Makelvie Telephone (Bus.): ()
Address: 6767 Leaskard (Home): (905) 983-5266
Person Interviewed: Chuck & Wife Residence: _____
Date: June 25/00 Time: 10:40 Interviewed By: AD, Ce
Name of Original Well Owner: (if different from above) Peter Izzard

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: Dug 25yrs ~45yrs Use: domestic Contractor: Willy Small
Type (drilled or dug): Drilled 2501st. 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: 45yrs

How is your pump lubricated: _____

Depth of Intake Setting: _____ m (Original) _____ m (Present)

Storage Tank: Type: Pressure Pumping Rate: _____ L/s
Capacity: ~30 gallons (30)

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.)

Private Waste and Water Disposal: Type (septic tank, etc.): reg. equipment above ground pool top up w well septic Distance to Well: 30m

Well is: 1) Uphill _____ 2) Downhill: _____ 3) Same Grade ☒

Previous Problems:

How long have you owned, operated or lived on this property?

20 yrs.

Have you ever experienced any previous problems with your well?

NO!

tested reg.

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

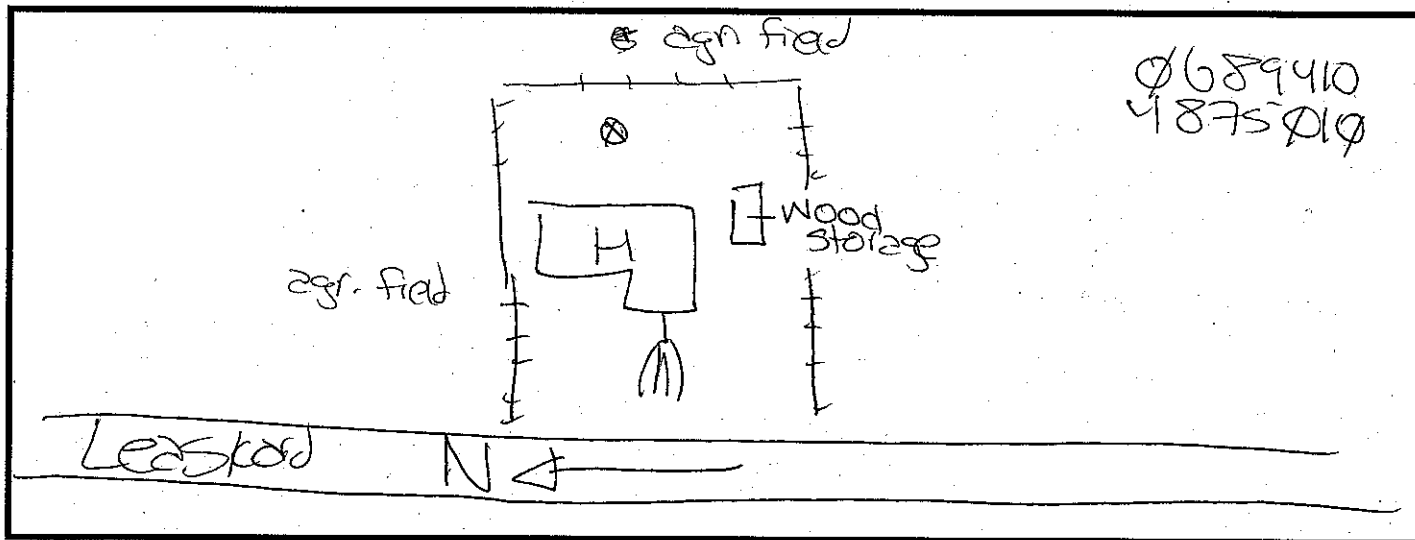
☒

No

Signature:

[Signature]

Location Sketch: (to be completed by GLL staff)



Field Visit: (to be completed by GLL staff)

Well Condition:

Flush Stick-up, lid slightly cracked around edges, can't see tile

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 #: 0

MOE #: 1903610

Owner of Well:

Name: Dave Rogers Telephone (Bus.): (905) 263-2951
Address: 5415 Liberty Rd (Home): ()
Person Interviewed: Dave Residence: yes
Date: June 12/08 Time: 3:45 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: 30th 1972 Use: domestic Contractor:
Type (drilled or dug): drilled Diameter: 6' Well Depth: 33'
Is well accessible for direct sampling? yes or buried:
Screen: Yes No If Yes, length: m Depth of top of screen: m

Well Water Levels: (indicate whether measured from ground level, or from top of casing)

Original Water Level Depth: 20' m

Subsequent Water Level Measurements
(give depths in m and dates)

Pumping Equipment:

Pump Type: Suction-lift: or Positive-submergence X Pumping Capacity: Age: 3 yrs

How is your pump lubricated:

Depth of Intake Setting: m (Original) m (Present) Pumping Rate: L/s

Storage Tank: Type: Capacity:

Do you have a: Chlorinator: Water Softener: ✓ Water Filter: Filter Type:

Water Use: Domestic: No: Yes: ✓ No. of persons using water from well: 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 (buy water for truck)

Private Waste and Water Disposal: Type (septic tank, etc.): septic Distance to Well: 30m

Well is: 1) Uphill 2) Downhill: 3) Same Grade X

Previous Problems:

How long have you owned, operated or lived on this property? 10

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?

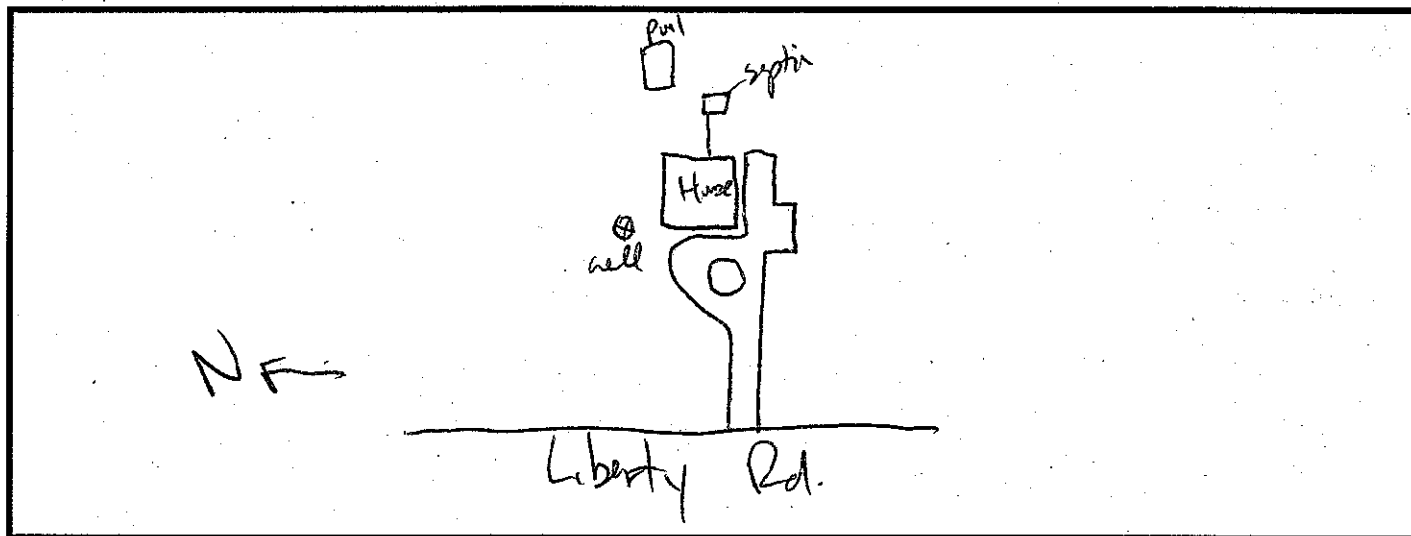
Yes

☒

No

Signature: Dave Ragan

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: _____