

Bacteriological Analysis of Drinking Water for Private Citizen, Single Household Only
Analyse bactériologique de l'eau potable - Particuliers, Ménages unifamiliaux seulement**Submitter's Name and Mailing Address /****Nom et adresse postale de l'auteur de la demande d'analyse**

First Name, Last Name / Prénom, Nom de famille

DAVID DONAIS

Street address / Adresse municipale

**244 BALSAM LAKE DRIVE
KIRKFIELD, ON K0M 2B0****Location of Water Source /****Emplacement de la source d'eau**

Lot, Concession / ou lot, concession

Emergency Locator # / 911#

Street address / Adresse municipale

**33 NORTHLINE RD
FENELON FALLS ON K0M1N0**County / Comté: **NOT PROVIDED**Health Unit # / # du bureau de santé: **2235****Specimen details / Détails sur l'échantillon:****Barcode / Code à barres: 012665488**Phone # / # tél.: **647 224 6170**Date/Time Collected / Date/heure du prélèvement*: **2024-10-08 14:00:00**Date/Time Received / Date/heure Reçu le*: **2024-10-09 14:50:00****Specimen Note / Note sur l'échantillon:**

This specimen was received in good condition unless otherwise stated./À moins d'avis contraire, l'échantillon était en bonne condition au moment de la réception.

Purification system used (e.g. UV, filtration, etc.)? /
Système d'épuration utilisé (p. ex. rayons UV, filtration, etc.)?**Yes / Oui**

Authorized by / Autorisé par

Chief, Medical Microbiology or Designate**Test results / Résultats d'analyse:****Total Coliform CFU/100 mL / Coliformes totaux UFC/100 mL****0****E.coli CFU/100 mL / E. coli UFC/100 mL****0****Interpretation / Interprétation:**

There is no evidence of fecal contamination. If the results show the presence of coliforms it may be indicative of a contaminated water supply. Given the susceptibility of well water to external influences, it is important to test water frequently. Consult local health unit for information if required.

Il n'y a aucune preuve de contamination fécale. Si les résultats indiquent la présence de coliformes, cela peut être révélateur d'une source d'eau polluée. L'eau des puits étant susceptible d'être dégradée par des facteurs externes, il est important de la faire analyser fréquemment. Consultez le bureau local de santé publique pour plus de détails, si nécessaire.

Date of Analysis / Date de l'analyse: **2024-10-09**Date Read / Analyse effectuée le: **2024-10-10****Please Note / Prière de noter ce qui suit :**

The results apply to the sample as received/Les résultats s'appliquent à l'échantillon, tel que reçu.

These results relate only to the sample tested. / Le résultat obtenu se rapporte seulement à cet échantillon d'eau analysé.

Note : This water sample was only tested for the presence of both Total Coliforms and E. coli (ISO/IEC 17025 accredited tests) bacterial indicators of contamination by Membrane Filtration. The sample was not tested for other contaminants, including chemical contaminants, and therefore may be unsafe to drink even when there is no significant evidence of bacterial contamination. Contact your local public health unit for information on testing for other contaminants./ Remarque: Cet échantillon d'eau n'a été analysé que pour déceler (par un laboratoire accrédité conformément à la norme ISO/IEC 17025) la présence des coliformes totaux et des bactéries colibacillaires, indicateurs de contamination par filtration sur membrane. L'échantillon n'a pas été testé pour d'autres contaminants, y compris les contaminants chimiques et, par conséquent, l'eau peut être impropre à la consommation même lorsqu'il n'y a aucune preuve significative de contamination bactérienne. Veuillez communiquer avec le bureau de santé publique de votre localité pour vous renseigner au sujet de l'analyse visant à détecter la présence d'autres contaminants.

If the reported client information does not match the information you supplied on the form please contact the PHO Customer Service Centre. Telephone: 1-877-604-4567 or 416-235-6556 or E-mail: customerservicecentre@oahpp.ca. For operating hours see our website www.publichealthontario.ca/labs. / Si les informations sur le client indiquées ne correspondent pas aux informations que vous avez fournies sur le formulaire, veuillez communiquer avec le Service à la clientèle de SPO par téléphone au 1-877-604-4567 ou 416-235-6556, ou par courriel au customerservicecentre@oahpp.ca. Pour connaître les heures d'ouverture, veuillez consulter notre site Web à www.publichealthontario.ca/labs.

End of report / Fin du rapport

*All time values are EST /EDT/Toutes les heures sont exprimées en HNE ou en HAE.

Print Date / Date d'impression*: 2024-10-10

Date Reported / Date du rapport*: 2024-10-10 17:01:52

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Final

LIMS Report #: 53982377

T_SingleSampleOPHL_WATPRIVATE.rpt



Ontario

MINISTRY OF THE ENVIRONMENT
The Ontario Water Resources Act

WATER WELL RECORD

31010E

1. PRINT ONLY IN SPACES PROVIDED

2. CHECK ☒ CORRECT BOX WHERE APPLICABLE

11 6407434

MUNICIPALITY 64007 CON. CAN

11

COUNTY OR DISTRICT: West TOWNSHIP, BOROUGH, CITY, TOWN, VILLAGE: Fennelon CON. BLOCK, TRACT, SURVEY, ETC.: 11 AR LOT: 25-27
Box 755 Fennelon DATE COMPLETED: 31 MO: 12 YR: 77
134700 5 0905 6 24

LOG OF OVERBURDEN AND BEDROCK MATERIALS (SEE INSTRUCTIONS)

GENERAL COLOUR	MOST COMMON MATERIAL	OTHER MATERIALS	GENERAL DESCRIPTION	DEPTH - FEET	
				FROM	TO
	Top Soil			0	2
	Play Gravel			2	12
	Light Sand			12	55

31 0002 02 0012 0511 0055 15

41 WATER RECORD WATER FOUND AT - FEET: 10-13, 15-18, 20-23, 25-28, 30-33 KIND OF WATER: 1 FRESH, 2 SALTY, 3 SULPHUR, 4 MINERAL 0040	51 CASING & OPEN HOLE RECORD MATERIAL: 1 STEEL, 2 GALVANIZED, 3 CONCRETE, 4 OPEN HOLE WALL THICKNESS INCHES: 188 DEPTH - FEET: 0 0012, 12 0055	SCREEN SIZE(S) OF OPENING (SLOT NO.): 31-33, 34-38, 39-40 MATERIAL AND TYPE: 31-33, 34-38, 39-40 DEPTH TO TOP OF SCREEN: 41-44, 45
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PUMPING TEST
PUMPING TEST METHOD: 1 PUMP, 2 BAILER
PUMPING RATE: 0001 GPM
DURATION OF PUMPING: 15-18 HOURS, 19-20 MINS
WATER LEVELS DURING: 19-21, 22-24, 25-28, 29-31, 32-34, 35-37
PUMP INTAKE SET AT: 38-41 FEET
WATER AT END OF TEST: 42 FEET
RECOMMENDED PUMP TYPE: 1 SHALLOW, 2 DEEP
RECOMMENDED PUMP SETTING: 43-45 FEET
RECOMMENDED PUMPING RATE: 0001 GPM

FINAL STATUS OF WELL
1 WATER SUPPLY, 2 OBSERVATION WELL, 3 TEST HOLE, 4 RECHARGE WELL
5 ABANDONED - INSUFFICIENT SUPPLY, 6 ABANDONED - POOR QUALITY, 7 UNFINISHED
WATER USE
1 DOMESTIC, 2 STOCK, 3 IRRIGATION, 4 INDUSTRIAL, 5 OTHER
6 COMMERCIAL, 7 MUNICIPAL, 8 PUBLIC SUPPLY, 9 COOLING OR AIR CONDITIONING, 10 NOT USED
METHOD OF DRILLING
1 CABLE TOOL, 2 ROTARY (CONVENTIONAL), 3 ROTARY (REVERSE), 4 ROTARY (AIR), 5 AIR PERCUSSION
6 BORING, 7 DIAMOND, 8 JETTING, 9 DRIVING

LOCATION OF WELL
IN DIAGRAM BELOW SHOW DISTANCES OF WELL FROM ROAD AND LOT LINE. INDICATE NORTH BY ARROW.
Diagram showing well location relative to Fennelon Falls, a bridge, and a road. Distances marked: 400' to road, 12' to lot line, 12' to road. North arrow pointing up.

CONTRACTOR
NAME OF WELL CONTRACTOR: J. Henderson Ltd. LICENCE NUMBER: 2518
ADDRESS: 75 Durham St W. Lindsay
NAME OF DRILLER OR BORE: John Schub LICENCE NUMBER: 2518
SIGNATURE OF CONTRACTOR: J. Schub SUBMISSION DATE: DAY MO YR

OFFICE USE ONLY
DATA SOURCE: 1 2518 CONTRACTOR: 1 40278 DATE RECEIVED: 1 40278
DATE OF INSPECTION: 1 2518 INSPECTOR: 1 40278
REMARKS: May 25/78
P May 25/78
WI

Measurements recorded in: ☐ Metric ☒ Imperial

A159093

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Well Owner's Information

First Name	Last Name / Organization	E-mail Address			<input type="checkbox"/> Well Constructed by Well Owner	
Randy Puddister	Brenda Carroll					
Mailing Address (Street Number/Name)	Municipality	Province	Postal Code	Telephone No. (inc. area code)		
33 Northline Rd	Fenelon Falls	Ontario	K0M 1N0			

Well Location

Address of Well Location (Street Number/Name)				Township		Lot		Concession	
33 Northline Rd				Fenelon		24		10	
County/District/Municipality				City/Town/Village				Province	
City of Kawartha Lakes								Ontario	
UTM Coordinates		Zone	Easting	Northing	Municipal Plan and Sublot Number				Other
NAD 83		17	680957	4935014					

Overburden and Bedrock Materials/Abandonment Sealing Record (see instructions on the back of this form)

General Colour	Most Common Material	Other Materials	General Description	Depth (m/ft)	
				From	To
	Well Upgrade Add 7ft of 6 $\frac{1}{2}$ " of Casing				
	Now has 2ft of stick up				
	Well measures 55ft in depth				

Annular Space

Depth Set at (m/ft)		Type of Sealant Used (Material and Type)	Volume Placed (m ³ /ft ³)
From	To		
6	1	Holeplug Screenings	
1	0	Native Soil	

Method of Construction

☐ Cable Tool ☐ Diamond
☐ Rotary (Conventional) ☐ Jetting
☐ Rotary (Reverse) ☐ Driving
☐ Boring ☐ Digging
☐ Air percussion
☐ Other, *specify* _____

Well Use

☐ Public ☐ Commercial ☐ Not used
☐ Domestic ☐ Municipal ☐ Dewatering
☐ Livestock ☐ Test Hole ☐ Monitoring
☐ Irrigation ☐ Cooling & Air Conditioning
☐ Industrial
☐ Other, *specify* _____

Construction Record - Casing

Inside Diameter (cm/in)	Open Hole OR Material (Galvanized, Fibreglass, Concrete, Plastic, Steel)	Wall Thickness (cm/in)	Depth (m/ft)	
			From	To

Status of Well

- ☐ Water Supply
- ☐ Replacement Well
- ☐ Test Hole
- ☐ Recharge Well
- ☐ Dewatering Well
- ☐ Observation and/or Monitoring Hole
- ☐ Alteration (Construction)
- ☐ Abandoned, Insufficient Supply
- ☐ Abandoned, Poor Water Quality
- ☐ Abandoned, other, *specify*

Construction Record - Screen

Outside Diameter (cm/in)	Material (Plastic, Galvanized, Steel)	Slot No.	Depth (m/ft)	
			From	To

Results of Well Yield Testing

After test of well yield, water was:		Draw Down		Recovery	
<input type="checkbox"/> Clear and sand free <input type="checkbox"/> Other, <i>specify</i> _____		Time (min)	Water Level (m/ft)	Time (min)	Water Level (m/ft)
If pumping discontinued, give reason:		Static Level			
		1		1	
Pump intake set at (m/ft)		2		2	
		3		3	
Pumping rate (l/min / GPM)		4		4	
		5		5	
Duration of pumping _____ hrs + _____ min		10		10	
		15		15	
Final water level end of pumping (m/ft)		20		20	
		25		25	
If flowing give rate (l/min / GPM)		30		30	
		40		40	
Recommended pump depth (m/ft)		50		50	
		60		60	
Recommended pump rate (l/min / GPM)					
Well production (l/min / GPM)					
Disinfected?					
<input type="checkbox"/> Yes <input type="checkbox"/> No					

Map of Well Location

Please provide a map below following instructions on the back.

Please provide a map below following instructions on the back.

The map shows a building with a flag on top, labeled "To Fendall" with an arrow pointing left. A line connects the building to a circle with an "X" inside. Another line connects the circle to "Northline Rd", which has an arrow pointing right. A north arrow is in the top right corner.

Water Details

Water found at Depth Kind of Water: ☐ Fresh ☐ Untested

Hole Diameter

Depth (m/ft)		Diameter
From	To	(cm/in)

Method of Construction		Well Use		
<input type="checkbox"/> Cable Tool	<input type="checkbox"/> Diamond	<input type="checkbox"/> Public	<input type="checkbox"/> Commercial	<input type="checkbox"/> Not used
<input type="checkbox"/> Rotary (Conventional)	<input type="checkbox"/> Jetting	<input type="checkbox"/> Domestic	<input type="checkbox"/> Municipal	<input type="checkbox"/> Dewatering
<input type="checkbox"/> Rotary (Reverse)	<input type="checkbox"/> Driving	<input type="checkbox"/> Livestock	<input type="checkbox"/> Test Hole	<input type="checkbox"/> Monitoring
<input type="checkbox"/> Boring	<input type="checkbox"/> Digging	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Cooling & Air Conditioning	
<input type="checkbox"/> Air percussion		<input type="checkbox"/> Industrial		
<input type="checkbox"/> Other, specify _____		<input type="checkbox"/> Other, specify _____		

Construction Record - Casing				Status of Well	
Inside Diameter (cm/in)	Open Hole OR Material (Galvanized, Fibreglass, Concrete, Plastic, Steel)	Wall Thickness (cm/in)	Depth (m/ft)		<input type="checkbox"/> Water Supply <input type="checkbox"/> Replacement Well <input type="checkbox"/> Test Hole <input type="checkbox"/> Recharge Well <input type="checkbox"/> Dewatering Well <input type="checkbox"/> Observation and/or Monitoring Hole <input type="checkbox"/> Alteration (Construction) <input type="checkbox"/> Abandoned, Insufficient Supply <input type="checkbox"/> Abandoned, Poor Water Quality <input type="checkbox"/> Abandoned, other, specify _____ <input type="checkbox"/> Other, specify _____
			From	To	

Construction Record - Screen				
Outside Diameter (cm/in)	Material (Plastic, Galvanized, Steel)	Slot No.	Depth (m/ft)	
			From	To

Water Details		Hole Diameter	
Water found at Depth (m/ft) <input type="checkbox"/> Gas <input type="checkbox"/> Other, specify _____	Kind of Water: <input type="checkbox"/> Fresh <input type="checkbox"/> Untested	Depth (m/ft)	Diameter (cm/in)
		From	To

Well Contractor and Well Technician Information			
Business Name of Well Contractor		Well Contractor's Licence No.	
G.Hart & Sons Well Drilling Ltd		2 6 1 6 2	
Business Address (Street Number/Name)		Municipality	
P.O. Box 350 Fenelon Falls			
Province	Postal Code	Business E-mail Address	
Ont	K0M 1N0	ghart.ghart.ca	
Bus. Telephone No. (inc. area code)		Name of Well Technician (Last Name, First Name)	
705 387 3331		Leeder, Aaron	
Well Technician's Licence No.	Signature of Technician and/or Contractor	Date Submitted	
3425	<i>[Signature]</i>	Y Y Y Y M M D D	

Pump intake set at (m/ft)	2	2
Pumping rate (l/min / GPM)	3	3
Duration of pumping	4	4
hrs + min	5	5
Final water level end of pumping (m/ft)	10	10
If flowing give rate (l/min / GPM)	15	15
Recommended pump depth (m/ft)	20	20
Recommended pump rate (l/min / GPM)	25	25
Well production (l/min / GPM)	30	30
Disinfected?	40	40
<input type="checkbox"/> Yes <input type="checkbox"/> No	50	50
	60	60

Map of Well Location
Please provide a map below following instructions on the back.
Comments:

Well owner's information package delivered <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Package Delivered Y Y Y Y M M D D	Ministry Use Only Audit No. Z182915 Received _____
	Date Work Completed 2014 08 08 Y Y Y Y M M D D	