

Keep this

Ministry of the Environment

Ministère de l'Environnement

Wells Help Desk
Environmental Monitoring and
Reporting Branch

Service d'information sur les puits
Direction de la surveillance
environnementale

125 Resources Road
Toronto ON M9P 3V6
(Toll Free) 1-888-396-9355 (follow
prompts 1, 3)
Fax: 416-235-5960
WellsHelpdesk@Ontario.ca

125 Resources Road
Toronto (Ontario) M9P 3V6
Téléphone : 1 888 396-9355 – Faites
ensuite le 2 et le 3 (sans frais en Ontario)
Télécopieur : 416 235-5960
WellsHelpdesk@Ontario.ca



Ontario
MAILED

SEP 12 2011

WATER WELL
RECORD DEPARTMENT

Individual Well Record Search Request – Form A
Reference Number 1112-2432Ad
September 12, 2011

Judy Uens
83 Island View Rd, RR#1
Fenelon Falls, Ont. K0M 1N0
Attn: Judy Uens

Fax: : n/a
Email Address: jbuens@gmail.com
File No. n/a

1 Well Record located matching the search criteria provided	<input checked="" type="checkbox"/>
More than 1 Well Record located matching the search criteria provided	<input type="checkbox"/>
No Well Record found matching the search criteria provided	<input type="checkbox"/>
Comments:	

Number of Well Records matching the search criteria	1
County:	Victoria
Township:	Somerville
Conc.:	
Lot:	
Longitude & Latitude	&

If you have any questions or concerns please contact the **Wells Help Desk**
*** SEARCH REQUEST FORMS AVAILABLE AT www.forms.ssb.gov.on.ca ***
Please note: The Ministry cannot and does not represent or guarantee that the Well Records information is current, accurate or complete. The Ministry assumes no responsibility for errors or omissions in the Well Records information and is not liable in any way for damages of any kind arising out of or related to the Well Records information or for delay or failure to provide the Well Records information. Any reliance upon the Well Records information provided is solely at the risk of the requester. Water Well Information provided is subject to the Freedom of Information and Protection of Privacy Act (FIPPA), Ontario.

15/96

Print only in spaces provided. Mark correct box with a checkmark, where applicable.

6415217

64012 RFC Municipality Con Front Rowal

Keep this

County or District: [Redacted] Township/Borough/City/Town/Village: **Somerville** Con block tract survey, etc. Lot: **2 ISLANDVIEW RD 9**
 Address: **ISLANDVIEW RD RR#1** Date completed: **15 10 96**
 Northing: **11** Elevation: **11** Basin Code: **11**

LOG OF OVERBURDEN AND BEDROCK MATERIALS (see instructions)

General colour	Most common material	Other materials	General description	Depth - feet	
				From	To
	Black Topsoil			0	1
	Clay and stone			1	12
Broken	Limestone			12	22
	Limestone			22	29

WATER RECORD

Water found at - feet	Kind of water		
28	<input checked="" type="checkbox"/> Fresh	<input type="checkbox"/> Sulphur	<input type="checkbox"/> Minerals
	<input type="checkbox"/> Salty	<input type="checkbox"/> Gas	
	<input type="checkbox"/> Fresh	<input type="checkbox"/> Sulphur	<input type="checkbox"/> Minerals
	<input type="checkbox"/> Salty	<input type="checkbox"/> Gas	
	<input type="checkbox"/> Fresh	<input type="checkbox"/> Sulphur	<input type="checkbox"/> Minerals
	<input type="checkbox"/> Salty	<input type="checkbox"/> Gas	
	<input type="checkbox"/> Fresh	<input type="checkbox"/> Sulphur	<input type="checkbox"/> Minerals
	<input type="checkbox"/> Salty	<input type="checkbox"/> Gas	

CASING & OPEN HOLE RECORD

Inside diam inches	Material	Wall thickness inches	Depth - feet	
			From	To
64	<input checked="" type="checkbox"/> Steel	188	0	24
	<input type="checkbox"/> Galvanized			
	<input type="checkbox"/> Concrete			
	<input type="checkbox"/> Open hole			
	<input type="checkbox"/> Plastic			
	<input type="checkbox"/> Steel			
	<input type="checkbox"/> Galvanized			
	<input type="checkbox"/> Concrete			
	<input type="checkbox"/> Open hole			
	<input type="checkbox"/> Plastic			
	<input type="checkbox"/> Steel			
	<input type="checkbox"/> Galvanized			
	<input type="checkbox"/> Concrete			
	<input type="checkbox"/> Open hole			
	<input type="checkbox"/> Plastic			

SCREEN

Sizes of opening (Slot No)	Diameter inches	Length feet	Material and type	Depth at top of screen feet

PLUGGING & SEALING RECORD

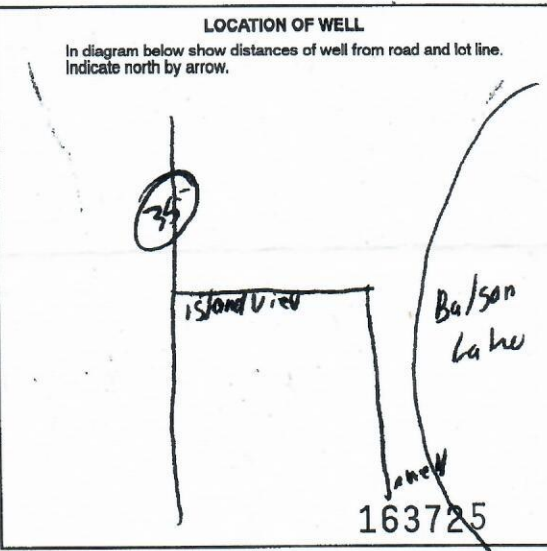
Depth set at - feet		Material and type (Cement grout, bentonite, etc.)
From	To	

PUMPING TEST

Pumping test method	Pumping rate GPM	Duration of pumping
<input checked="" type="checkbox"/> Pump	10	2 Hours

Static level	Water level end of pumping	Water levels during	Pumping	Recovery
7 feet	25 feet	25 feet	25 feet	25 feet

Recommended pump type	Recommended pump setting	Recommended pump rate
<input checked="" type="checkbox"/> Shallow	25 feet	5 GPM



FINAL STATUS OF WELL

Water supply
 Observation well
 Test hole
 Recharge well

WATER USE

Domestic
 Stock
 Irrigation
 Industrial

METHOD OF CONSTRUCTION

Cable tool
 Rotary (conventional)
 Rotary (reverse)
 Rotary (air)

Name of Well Contractor: **Bush & Son**
 Well Contractor's Licence No.: **5415**

Name of Well Technician: **Bush & Son**
 Well Technician's Licence No.: **7-0240**
 Submission date: **19** mo **10** yr **96**

MINISTRY USE ONLY

Date received: **5415**
 Date of inspection: **JAN 30 1997**
 Inspector: [Signature]
 Remarks: [Blank]
 CSS: S

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

JUDY UENS

Street address / Adresse municipale

83 ISLAND VIEW RD

FENELON FALLS, ON K0M 1N0

Location of Water Source /

Emplacement de la source d'eau

Lot, Concession / ou lot, concession

Emergency Locator # / 911#

PT LOT 9

Street address / Adresse municipale

83 ISLAND VIEW RD

SOMERVILLE ON K0M1N0

County / Comté: NOT PROVIDED

Health Unit # / # du bureau de santé: 2235

Specimen details / Détails sur l'échantillon:

Barcode / Code à barres: 009228284

Phone # / # tél.: 705 454 9543

Date/Time Collected / Date/heure du prélèvement: 2022-03-08 13:00:00

Date/Time Received / Date/heure Reçu le: 2022-03-09 14:08:00

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.)?

No / Non

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 vulnerability 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: 2022-03-09

Date Read / Analyse effectuée le: 2022-03-10

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 détecter (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*: 2022-03-10

Page 1 of 1

LIMS Report #: 44786433

Date Reported / Date du rapport*: 2022-03-10 16:00:24

T_SingleSampleOPHL_WATPRIVATE.rpt