



Sewage System Installation Report

File No. SS2017-0448
Roll No. 165131002076116

Sewage System Installation by: Shepherd Enterprises Inc. Date: Dec 4, 2017

Approved Installation of the Sewage System includes:

- New Repair/Alteration Replacement Tank Leaching Bed Tank & Leaching Bed
- Class 2 or 3 System: Size: _____ m² Configured As: Length _____ m x Width _____ m x Height _____ m
Wall Structure: _____ Type of Cover: _____
- Class 5 System: Holding Tank: _____ L Manufacturer: _____ Audible & Visual Alarm
- Class 4 System:
- Septic Tank: Working Capacity AD-4500 L constructed of concrete/fiberglass/plastic; Manufacturer: Brooklin
- Distribution System: Waterloo Biofilter AD-SH20 fed by Gravity Pump Siphon

<input type="checkbox"/> Conventional Trench System: Total _____ Lineal Metres in _____ runs of _____ m	<input checked="" type="checkbox"/> Type A Dispersal Bed/Area Bed: Stone Area <u>29.2</u> m ² Sand Area <u>316</u> m ²
<input type="checkbox"/> Filter Bed: Filter Bed Area _____ m ² # of Pods _____ Expanded Contact Area _____ m ²	<input type="checkbox"/> Type B Dispersal Bed: DBA _____ m ² Linear Loading Rate _____ m Configured As: _____ m x _____ m

Loading Rate Area: _____ m² Imported Native 15 metre Mantle Constructed Native Not Applicable

Height of Stone/Chamber Raised Above Original Grade: 0.6 m Other: _____

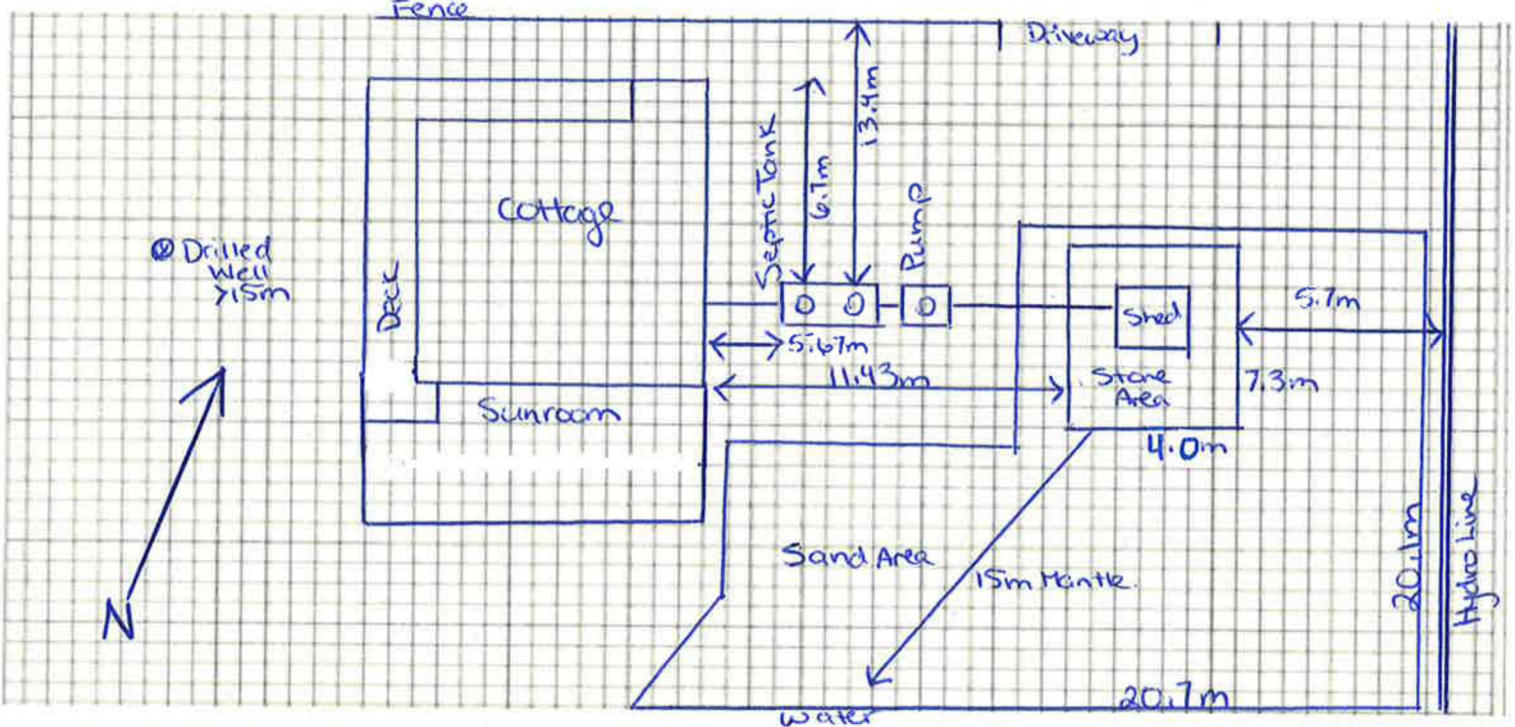
Sewage System Installation is based on:

Total Daily Sewage Flow: 2000 L/day

No. of Bedrooms: 4; Total No. of Fixture Units 15.5; Total Living Space 4200 m²

Commercial: _____

Sewage System is not designed to receive backwash water from a water treatment device.



Under the Building Code Act, Ontario Regulation 332/12 as amended and subject to the limitations thereof, an Installation Permit is hereby issued to: Ann + Andrew Rivers for the use and operation of the above-noted sewage system installed and inspected at: 11 Woodworth Drive also known as Lot PT Lot 13+14 Concession 9 Plan 563 Sublot/Part: 10 in the City of Kawartha Lakes.

Inspected and Issued By: [Signature] Date: Dec 18, 2017

Note: No change can be made to any building(s) or structures in connection with which this sewage system is used, if the operation or maintenance of the sewage system will be effected, unless approval is obtained.

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

**11 WOODWORTH DR
SOMERVILLE ON K0M1C0**

County / Comté: **NOT PROVIDED**

Health Unit # / # du bureau de santé: **2235**

Specimen details / Détails sur l'échantillon:

Barcode / Code à barres: 012701903

Phone # / # tél.: **647 224 6170**

Date/Time Collected / Date/heure du prélèvement*: **2024-07-16 15:00:00**

Date/Time Received / Date/heure Reçu le*: **2024-07-17 14:38:00**

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

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.

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: **2024-07-17**

Date Read / Analyse effectuée le: **2024-07-18**

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*: 2024-07-18

Date Reported / Date du rapport*: 2024-07-18 16:07:15

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Final

LIMS Report #: 53159909

T_SingleSampleOPHL_WATPRIVATE.rpt

Measurements recorded in: Metric Imperial

A266538

Tag#: A266538

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Address of Well Location (Street Number/Name) 11 Woodworth Dr		Township Somerville	Lot	Concession
County/District/Municipality City of Kawartha Lakes		City/Town/Village Burnt River	Province Ontario	Postal Code
UTM Coordinates Zone	Easting	Northing	Municipal Plan and Sublot Number	
NAD 83	17	680678	4952830	

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
Black	topsoil	sand + gravel			0 2
Grey	granite	pink			2 99
Black	granite	some green + pink			99 108
Grey	granite	pink			108 122
Black	granite				122 129
Grey	granite	pink			129 136
Black	granite				136 139

Annular Space			
Depth Set at (m/ft) From To	Type of Sealant Used (Material and Type)	Volume Placed (m³/ft³)	
0 2.5	Bentonite chips	0.7ft	
2.5 12.5	Neat cement	2.2ft	
12.5 20	Bentonite chips	2ft	

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 checked="" type="checkbox"/> Air percussion		<input type="checkbox"/> Industrial		
<input type="checkbox"/> Other, specify <u>duel rotary</u>		<input type="checkbox"/> Other, specify _____		

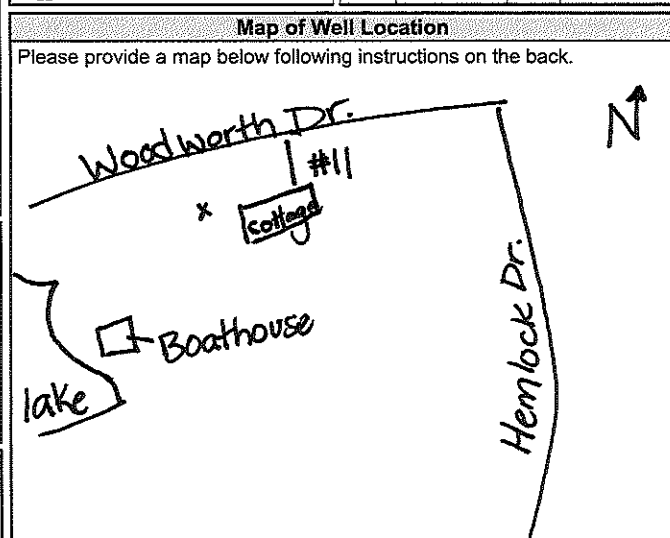
Construction Record - Casing				Status of Well	
Inside Diameter (cm/in)	Open Hole OR Material (Galvanized, Fibreglass, Concrete, Plastic, Steel)	Wall Thickness (cm/in)	Depth (m/ft) From To	<input checked="" type="checkbox"/> Water Supply	<input type="checkbox"/> Replacement Well
6.25"	steel	0.188	+3' 20'		
6"	openhole		20' 139'	<input type="checkbox"/> Dewatering Well	<input type="checkbox"/> Observation and/or Monitoring Hole

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	Kind of Water: <input type="checkbox"/> Fresh <input checked="" type="checkbox"/> Untested	Depth (m/ft) From To	Diameter (cm/in)
113 (m/ft) <input type="checkbox"/> Gas	<input type="checkbox"/> Other, specify _____		
120 (m/ft) <input type="checkbox"/> Gas	<input type="checkbox"/> Other, specify _____		
135 (m/ft) <input type="checkbox"/> Gas	<input type="checkbox"/> Other, specify _____		

Well Contractor and Well Technician Information			
Business Name of Well Contractor G. Hart & Sons Well Drilling Ltd. 2662		Well Contractor's Licence No.	
Business Address (Street Number/Name) P.O. Box 850 Fenelon Falls		Municipality	
Province Ontario	Postal Code K0M 1N0	Business E-mail Address ghart@ghart.ca	
Bus. Telephone No. (inc. area code) 705 887 3381	Name of Well Technician (Last Name, First Name) Watson, Bryan		
Well Technician's Licence No. 2441	Signature of Technician and/or Contractor	Date Submitted 2020 01 23	

Results of Well Yield Testing					
After test of well yield, water was:		Draw Down		Recovery	
<input checked="" type="checkbox"/> Clear and sand free	<input type="checkbox"/> Other, specify _____	Time (min)	Water Level (m/ft)	Time (min)	Water Level (m/ft)
If pumping discontinued, give reason:					
Pump intake set at (m/ft) 50ft		Static Level	9.2		
Pumping rate (l/min / GPM) 13 gpm		1	13.00	1	9.90
Duration of pumping 1 hrs + min		2	13.90	2	9.80
Final water level end of pumping (m/ft)		3	14.20	3	9.70
If flowing give rate (l/min / GPM)		4	14.40	4	9.65
Recommended pump depth (m/ft) 40'		5	14.70	5	9.60
Recommended pump rate (l/min / GPM) 10 gpm		10	14.90	10	9.40
Well production (l/min / GPM) 20 gpm		15	15.00	15	9.30
Disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		20	15.01	20	9.20
		25	15.02	25	9.20
		30	15.03	30	9.20
		40	15.04	40	9.20
		50	15.04	50	9.20
		60	15.04	60	9.20



Comments:		JAN 27 2020	
Well owner's information package delivered	Date Package Delivered mailed Y Y Y Y M M D D	Ministry Use Only	
<input checked="" type="checkbox"/> Yes	Date Work Completed Y 20 M Y M 10 P 50	Audit No.	Z310083
<input type="checkbox"/> No		Received	JAN 27 2020