SECTION B
ADDRESS WHERE REPORT WILL BE MAILED TO

Name: Paula Guy	Telephone: 647-444-7619
☒ House ☐ Unit ☐ P.O. Box #	Street: 16 Headwaters LN
City/Town: MONO, ON L9W 5K3	Postal Code: L9W 5K3

WATER SOURCE INFORMATION Please ✓ where appropriate

Address of water supply (☐ same as above) **OR** paula@eaglescliffecottages.com	
☒ House ☐ Unit ☐ P.O. Box #	Street: 0 MAIN RD
City/Town/cottage area: OPEN HALL	Postal Code: A0C 2B0
GIS coordinates: 48.546884 — -53.472662W Example: 42°51'36" N, 112°25'45" W or 42.8600° N, -112.4292° W	Collection Date: May 7, 2025 Collection Time: 11:30am

☐ Dug well ☒ Drilled Well ☐ Other (specify) Age of well: 13 years

Has the well been disinfected in the past six months? ☐ Yes ☒ No

Liner: ☐ Plastic ☐ Cement ☐ Metal ☐ Rock (don't know) **Cover:** ☐ Plastic ☐ Cement ☒ Metal ☐ Rock

Water supply services a ☐ residence or ☒ cottage. 2 cottages

Does the water supply service **more than one** residence? ☒ Yes ☐ No. If yes, how many? 2.

Collected by (print name): Paula Guy Signature: PGuy

Peel off label and attach to bottle

74351

The complete and up-to-date GUIDE TO SERVICES is available at WWW.PUBLICHEALTHLAB.CA
100 Forest Road Suite 1, St. John's, NL A1A 3Z9. • Tel: 709-777-6583 • Fax: 709-777-6362

Clarenville Office 466-4060

Total Coliform 0
Fecal Coliform (E.coli) 0

☐ Particulate matter
☐ Overgrowth bacteria
☐ Not Tested

INTERPRETATION OF WATER TEST RESULTS
☒ Satisfactory ☐ Sub-standard
☐ Unsatisfactory ☐ Unable to interpret

Comments

5/15/2025
Date

Pooja Rani
Environmental Health Officer