

**WELCOME TO**

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**1057 Suburban Court,  
West Guilford**



**On the Gull River**

**INFORMATION PACKAGE**

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This Schedule is attached to and forms part of the Agreement of Purchase and Sale between:

**BUYER:** ....., and

**SELLER:** Debra A Rome

for the property known as 1057 Suburban Court, West Guilford

..... dated the ..... day of ....., 20.....

The Buyer agrees to provide the deposit in the form of a certified cheque, bank draft, electronic fund wire transfer or as a direct deposit into the RE/MAX Professionals North, Brokerage Real Estate Trust Account within 24 hours of the acceptance of this Agreement. Funds can only be wired/deposited to our Trust Account on accepted offers. Please do not wire/deposit funds on offers that have not been accepted.

The deposit holder, RE/MAX Professionals North, advises that the Real Estate Trust account in which the deposit for this transaction ("the deposit") shall be placed attracts interest at a variable rate, calculated using the Bank of Canada prime rate, minus between 2.25% and 3.25% dependent upon the combined total of all monies in the real estate accounts for the same period. All interest earned by the monies held in the Real Estate Trust Account shall be retained by RE/MAX Professionals North.

All direct deposits must be certified or bank draft. NO CASH OR EMAILED DEPOSITS. In the event of a Mutual Release, or for Excess Funds, the Buyer and Seller acknowledges the deposit will be returned after the full bank clearing period. This period will start the next banking day after receipt of the deposit funds. For bank drafts, wire transfers or direct deposits, the period is five (5) banking days. For others, the period is twenty (20) banking days.

**WIRE DEPOSITS:** If Wiring funds, please add additional \$17.00 to cover the service charge. Otherwise, deposit will be \$17.00 short.

**BRANCH DEPOSITS:** If Direct Depositing the CERTIFIED funds into our Trust Account from any RBC Branch, the \$17.00 fee is not required.

For the purposes of this Agreement, the terms "banking days" or "business days" shall mean 11:59 p.m. any day, other than Saturday, Sunday and Statutory Holiday recognized in the Province of Ontario.

The parties hereto consent and agree to the use of electronic signature pursuant to the Electronic Commerce Act 2000, S.O. 2000, c1 7 as amended from time to time with respect to this agreement and any other documents respecting this transaction.

Subject to any exceptions set out or prescribed in the Prohibition on the Purchase of Residential Property by Non-Canadians Act S.C. 2022, c. 10, s.235, (statute), the Buyer represents and warrants that the Buyer is not now, and on completion will not be, a non-Canadian under the non-Canadian provisions of the Prohibition on the Purchase of Residential Property by Non-Canadians Act S.C. 2022, c. 10, s.235, which representation and warranty shall survive and not merge upon the completion of this transaction.

This form must be initialed by all parties to the Agreement of Purchase and Sale.

**INITIALS OF BUYER(S):** 

**INITIALS OF SELLER(S):** 

1057 Suburban Court, West Guilford

# SCHEDULE "C"

## INCLUSIONS

- Microwave, Fridge/Stove & Range Hood in Kitchen
- Refrigerator in Pantry
- Pegboard Storage in Pantry (does not include metal racks)
- Dishwasher
- Washer/Dryer
- Shelving in Kitchen
- Shelves and Mirrors in Bathrooms
- Shelves and Barn Doors in Bedrooms
- Propane Stove in Living Room (with remote)
- Exterior Propane Lines, BBQ and Fire table
- TV in Workshop
- Wood burning Stove in Workshop
- All window coverings
- Central Vac
- All light fixtures and ceiling fans
- Hot Tub (New cover in 2021)
- Garden Containers
- Bakers Rack in Garden Area
- Shelving in Garage
- Propane Heater in insulated Garage

## EXCLUSIONS

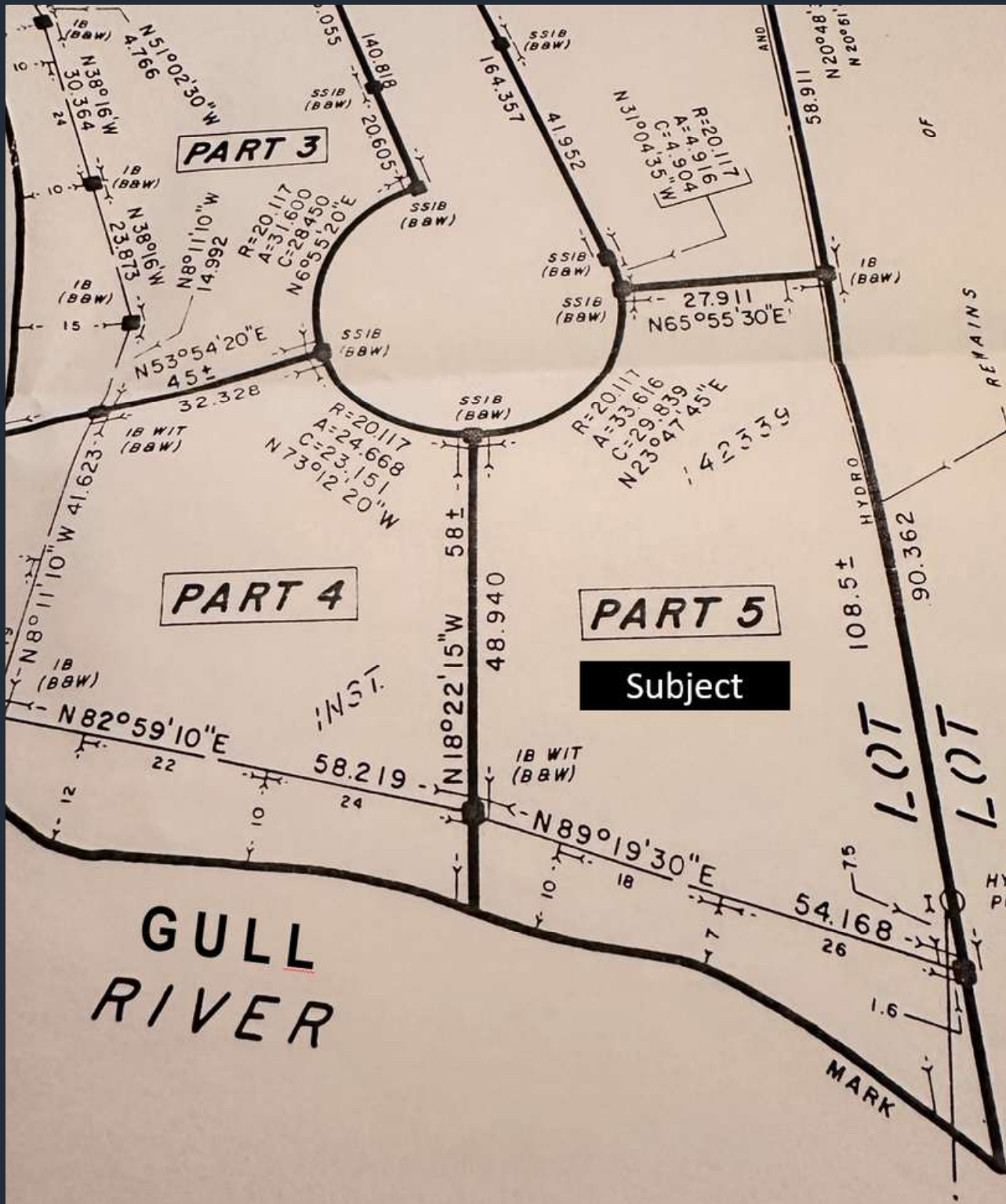
- Balance of House/Garage/Workshop
- Bar Fridge in Workshop - All Tools
- Furniture in She Shed
- Lawn Tractor
- Snow Blower
- Turquoise Adirondack Chairs
- Deck Furniture & Carpets
- All Area Rugs

**BUYER'S INITIALS**

**SELLER'S INITIALS**

1057 Suburban Court, West Guilford

# SCHEDULE "D" - Survey



BUYER'S INITIALS

SELLER'S INITIALS

1057 Suburban Court, West Guilford

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# Improvements and Upgrades Since Purchasing in 2019

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- **Workshop Building added extra living & work space**
- **She Shed**
- **Fenced Garden Beds**
- **New Landscaping**
- **Water Access and expanded dock with lighting 2024**
- **All Light Fixtures/ceiling fans 2021**
- **Main Floor & 2nd floor-new paint and decor/barn doors 2021**
- **New toilets in main floor powder room and ensuite**
- **Upgraded Main Bath Vanity & Vanity Top 2021**
- **New countertop in Main floor powder room 2021**
- **Lighting in Kitchen and Bathrooms upgraded 2021**
- **Quartzite Countertops in Kitchen 2021**
- **Extended Counter/Bar seating 2021**
- **Under Cabinet Lighting 2021**
- **Upgraded Kitchen Design 2021**
- **New Fridge/Stove & Range Hood 2021**
- **New exterior light fixtures**
- **Lighting on deck**
- **Flooring replaced in front hall, powder room, mudroom & back patio doorway**
- **Redesigned mudroom**
- **Central Air**
- **Freshly stained deck and front porch**
- **Decorative Arbour at hedge**
- **Ceiling Fans in all Bedrooms**
- **Wireless Propane Tank Monitor-auto refill at 25%**
- **Upgraded Oil Tank-2017-Our consumption from Dec.2023 to Oct. 2024 was \$2131.20 with 1/2 tank remaining**
- **New shingles 2019**
- **New Central Air Conditioning 2021-Kegel**
- **New Hot Tub cover 2021**

# ANNUAL EXPENSES

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- **Upgraded Oil Tank 2017**
- **Furnace Oil = \$3,841.81 for 2025**
- **Propane = \$512.52 from June 2025 to March 2026**
- **New shingles 2019**
- **New Water Pump 2018**
- **New Heated Line 2013**
- **New Central Air Conditioning 2021- Kegel Heating**
- **Wireless Monitor for Propane Tank 2022 = \$141.00 Annually**
- **Propane Tank Rental = \$141.00 per year**
- **Hot Water Tank-Owned**
- **Hydro One = \$2,896.62 for 2025**
- **Satellite/Internet Provider- Bell**
- **Septic Tank Pumped by Total Site Services (recommended every 3 years) Last Pumped on May 23/2024**
- **200 Amp Service**
- **Current Insurance Broker - The Personal**
- **Property Tax Bill = \$2,614.23 (2025)**

# Sewage Installation Report



## SEWAGE SYSTEM INSTALLATION REPORT

Gu-3-02  
FILE NUMBER

### REPORT

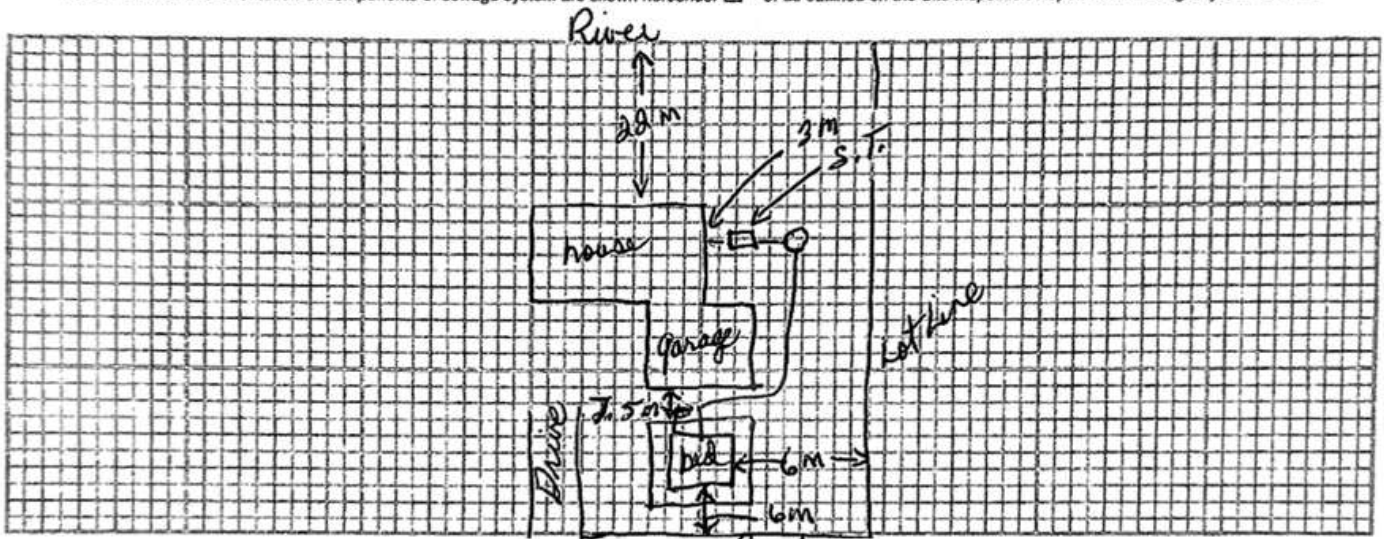
INSTALLED BY Blair Sand & Gravel

DATE April 17/03

Work authorized by Site Inspection Report for a sewage system has been satisfactorily completed and includes:

- Septic Tank/Holding Tank of working capacity of 3600 litres constructed of steel/concrete/fibreglass, Manufacturer Brooklyn
- Distribution Pipe Type PVC Absorption Trench System  N/A
- Filter Bed System  Filter Bed Area 24 sq. m. Contact Area 24 sq. m.
- Total 18.3 Lineal Metres in 4 runs of 4.6 metres and fed by gravity  Siphon  or Pump  Meters 1/3 HP + alarm
- Size of System based on 3 bedrooms and/or 20 fixture units Commercial details \_\_\_\_\_
- Area of Building: 200 m<sup>2</sup>
- Other \_\_\_\_\_

Actual location and orientation of components of sewage system are shown hereunder  or as outlined on the Site Inspection Report For A Sewage System form



The following work remains to be completed Backfill system and sod or seed  Stabilize all sloped surfaces  Finish grading to shed run-off and divert water around leaching bed  Other \_\_\_\_\_

### INSTALLATION REPORT

Under the Building Code Act and regulations and subject to the limitations thereof, a permit is hereby issued to R. & W. Pisson.

For the use and operation of the Class 4 Sewage System Installed / Altered under Site Inspection Report # Gu-3-02

Such system being located on Lot 6 Conc. 4 Plan 19R-5229 Sub. lot 5 Roll No. 040-69112

Township / County / City Guilford Emergency # 911

Inspected and Recommended by B. Colpitts  
(Appointed Inspector - Part 8)

Date April 17/03 Issued [Signature]  
(Designated Sewage Inspector - Part 8)

BUYER'S INITIALS

SELLER'S INITIALS

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 effectiveness of the sewage system will be affected by the change, unless a Site Inspection Report is obtained.

1057 Suburban Court, West Guilford

# Septic Pump Out Invoice



**TOTAL**  
Site Services Inc.

6522 Gelert Road, Haliburton, Ontario  
705-457-9558  
Send E-transfers to [accounting@totalsiteservices.ca](mailto:accounting@totalsiteservices.ca)  
HST# 848914586 RT0001

Invoice Number : 1281  
Issue Date : 24 May 2024  
**DUE UPON RECEIPT**

To : Rome, David  
Work carried out at: 1057 Suburban Ct, Dysart and Others,  
ON K0M 1S0, Canada  
Date work was done: 05/23/2024

This invoice is now past due, please call our office to make payment. Thank you

Item	Description	Unit Price	Quantity	Tax	Total
ST Pump Out >	Pump Out Septic Tank	325.00 CAD	1.00	13.00%	325.00 CAD

**Subtotal** 325.00 CAD

**Tax** 42.25 CAD

**Total Balance** 367.25 CAD

**Payment Method**

**Remaining Balance**

1057 Suburban Court, West Guilford

# TSSA Reports for Furnace & Hot Water Heater

FUEL OIL DISTRIBUTOR INSPECTIONS APPLIANCES - COMPREHENSIVE		
OWNER / OPERATOR: <u>ROD SISSON</u>		REPORT NUMBER: <u>123505</u>
LOCATION: <u>1057 SUBURBAN CRT</u>	TELEPHONE NO. _____	
OWNER'S ADDRESS (If different from above): _____		
Type of Appliance	1 <sup>st</sup> . APPLIANCE <u>FAF</u>	2 <sup>nd</sup> . APPLIANCE <u>HWHT</u>
Manufacturer	<u>ICF</u>	<u>BROCK</u>
Model	<u>CLR105</u>	<u>CM52-II</u>
Date of Manufacture or Age in Years	<u>-</u>	<u>2018</u>
Size (BTU/Hr)	<u>97,800</u>	<u>91,000</u>
Serial No.	<u>266585</u>	<u>SD11815300</u>
1. Is the appliance approved?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the appliance installed in accordance with the fuel oil code?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Is the appliance being used in accordance with its approval?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4. Is the appliance venting installed in accordance with the fuel oil code?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. Is the venting system free of defects, debris or corrosion	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6. Is the vent sized properly?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. Is proper combustion and ventilation air openings installed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8. Is the installation free of indications of heat exchanger cracks, defects in the refractory, pot and/or heat shields?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9. Are all limits and safety controls properly installed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10. Is the appliance installed with appropriate clearances from combustibles?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11. Are the results of combustion analysis acceptable?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12. If required, is there a proper chimney cleanout?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
13. Is the chimney properly lined?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
14. Is the vent liner fitted with proper flashing, cap and base T?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
15. If there is a sidewall vent attached to the appliance is it installed according to code and the manufacturer's instructions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
NOTES: (any "No" answers must be explained in this section and the affected equipment repaired, replaced or tagged).		
COMMENTS: _____		
Technician's Name (please print clearly): <u>KEN BOPPE</u> Telephone: _____		
Technician's Signature: <u>[Signature]</u> Certificate No.: <u>00750503</u> Date: <u>1/16/18</u>		

# TSSA Reports for the Oil Tank



## FUEL OIL DISTRIBUTOR INSPECTIONS ABOVEGROUND TANKS INSIDE OUTSIDE

REPORT NUMBER:  
**C-1005172**

Note: Inspection is limited to external observation of tanks and components in their operating position.

	1st. TANK	2nd. TANK
Type of Tank i.e. ULC-S602	ULL S602-07	
Manufacturer	GRANBY	
Date of Manufacture or Age in Years	08-2017	
Serial No.	A6L666370	
1. Is the tank approved for its present use?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the tank appear to have been installed in accordance with the fuel oil code, the certification document and the manufacturer's instructions?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are the tank vent and fill pipes properly installed and terminated?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is the tank equipped with a proper fill cap?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Is the tank equipped with a proper gauge and overflow protection device (whistle)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Is the tank properly supported on a firm base?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Is the tank support system in good condition, non-combustible and stable?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. If two tanks are joined, are they installed on a common slab?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
9. If two tanks are bottom connected, are they connected with 2 in. pipe?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
10. Is the system free of leaks or any signs of weepage?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Is the tank and piping painted or coated to prevent external corrosion?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are burner supply/return lines free of compression fittings?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Are burner supply/return lines installed above grade and protected or underground and chased?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Are burner supply/return lines installed to code?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Is an approved shut-off valve installed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Is an approved filter installed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Is the fill/vent pipe steel or galvanized construction?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Is the tank located at least 2 feet from the appliance or is the tank protected from the appliance by a fire rated wall. (for inside tank only)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
19. If required is the tank protected from vehicle damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
20. If required is the tank (over 2500L) protected with appropriate secondary containment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
NOTES: (any "No" answers must be explained in this section and the affected equipment repaired, replaced or tagged)		

COMMENTS:

Technician's Signature: [Signature] Certificate No.: 000179778 Date: OCT 5 2017  
 Copy 1 - Owner Copy

1057 Suburban Court, West Guilford

# WETT# 12879 for Workshop Woodstove



www.wettinc.ca  
@WETT\_CA



This inspection form is provided to WETT members as a recommended part of completing a WETT Inspection™. If this form is modified in any way from the official form provided by WETT, it will no longer be considered to be an official WETT Inspection™ form.

Company: Haliburton Highlands Chimney Services  
Address: 10927 County Road 503, Gooderham, Ont, K0M1R0  
Website: www.haliburtonhighlandschimney.ca  
Email: haliburtonhighlandschimney@gmail.com  
Phone: (705) 457-6629

#### REQUESTED BY:

Name: Debra Rome  
Address: 1057 Suburban court, West Guilford  
Email: debrarome7@gmail.com  
Phone: \_\_\_\_\_  
Cell Phone: 613-808-6942

#### INSPECTION LOCATION: Same as requested or:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Inspector's name: Jordan Askew

WETT #: 12879

Reason(s) for inspection: Insurance purposes

Type of inspection requested:  Visual  Technical  Invasive

Date of request: \_\_\_\_\_

Date of inspection: 10/08/2024

- 1. Visual Inspection:** This inspection includes the following:
  - a. Measurements of clearances.
  - b. Opening stove doors and all ground-accessible dampers/clean-out doors.
  - c. Visual inspection of the chimney from the ground.
  - d. WETT report documenting all noted deficiencies and red flags that may require a more detailed inspection, including all mandatory photos in the WETT Inspection Standards of Practice (SOP).
  - e. Easily visible portions of the flue (such as first tiles of an open fireplace or top section if the inspector has accessed the roof).
- 2. Technical Inspection:** This inspection includes the following:
  - a. All visual elements of the system as indicated in **Visual** inspection.
  - b. Hands-on work which may include:
    - i. Taking apart flue pipes,
    - ii. Opening clean-outs,
    - iii. Entering the attic to view additional system components,
    - iv. Accessing the chimney on the roof.
  - c. Review of condition of components removed or exposed through hands-on work and quantity of creosote noted in components and where visible in chimney sections.
  - d. All observations and recommendations documented on WETT Inspection forms, including work completed and areas accessed, along with all mandatory photos.
- 3. Invasive Inspection:** This inspection includes the following:
  - a. All visual elements of the system as indicated in **Visual** inspection.
  - b. All hands-on work as indicated in **Technical** inspection.
  - c. General construction work to building elements including:
    - i. Opening of walls or ceilings,
    - ii. Disassembly or invasive work on masonry or prefab chimneys,
    - iii. Examination of chimney liners,
  - d. All observations and recommendations documented on WETT Inspection forms, including work completed and areas accessed, along with mandatory photos.

- **Inspection Results:** Indicate inspection results for each component. **Code compliance** = proper use of listed components. N/A = Not Applicable. UTI = Unable To Inspect.
- **Suitable (Suitability)** refers to system components that appear to be mechanically and structurally able to provide their designed and intended function.
- **Unsuitable** refers to components, or parts thereof, that are not mechanically or structurally suitable to maintain the function they were intended to perform.  
Note: an appliance that has been modified is no longer a certified appliance.
- This inspection report only documents the conditions at the time of inspection.
- All **non-compliance** ratings should be considered for comment. See "Comments" page(s)
- An inspection, at any level, can be expected to include some components marked **UTI**.
- Manufacturer's specific instructions/**CSA B365**/building code shall be used to complete this inspection form.
- Appliances are not fired as part of an inspection. This is not a performance inspection.
- The electrical system is not part of a solid-fuel inspection
- Documentary evidence, including a valid certification number of the attending WETT-certified professional, is a mandatory requirement of the inspection process.
- Persons signing a declaration must have physically inspected the work.
- Use one inspection form per appliance. In a multi-chimney situation, this inspection form is limited to the related appliance.
- Inspectors are checking for "**Code Compliance**." They do not "Pass" or "Fail."
- Inspectors do not certify the appliance or the installation.
- Inspectors do not issue a WETT certificate with an inspection, they issue an inspection report.

**WETT# 12879 for  
Workshop Woodstove**



**WOOD STOVE, FLUE PIPE (CSA B365-17) & MANUFACTURED CHIMNEY**

Has the type of inspection been discussed prior to inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Appliance Make/Model/Serial #: <u>Elmira Stove Works 1200 Series</u> <u># WH- 379565</u>
Are copies of building permit/s available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Installation manual available: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Original <input type="checkbox"/> Web download
Time of day: Hours: <u>5</u> Minutes: <u>45</u> AM/PM <u>PM</u>	Certification Standard: <input checked="" type="checkbox"/> ULC S627 <input type="checkbox"/> EPA <input type="checkbox"/> CSA B415 <input type="checkbox"/> Uncertified <input type="checkbox"/> Unknown
Weather conditions (ice, snow, wind, rain, thunderstorm, sunny): <u>sunny</u>	Listing Agency: <input type="checkbox"/> ULC <input type="checkbox"/> CSA <input checked="" type="checkbox"/> WH/ETL <input type="checkbox"/> OTL <input type="checkbox"/> Other/Comments: _____
Roofing type/material: <u>shingles</u>	Alcove approved: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No N/A
Roof accessed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Attic accessed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mobile home approved: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No N/A
Chimney Make / Model: <u>Selkirk Sentinel CF 6"</u>	Flue Collar Size: <u>6"</u>
Installation manual available: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Original <input checked="" type="checkbox"/> Web download	Is there a fan or blower attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Listing Agency: <input checked="" type="checkbox"/> ULC <input type="checkbox"/> CSA <input type="checkbox"/> WH/ETL <input type="checkbox"/> OTL <input type="checkbox"/> Other: _____ UTI: _____	Comments/condition of appliance (baffle plate, air tubes, bricks, gaskets, etc.): Suitable <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Certification Standard: <input type="checkbox"/> ULC S604 <input checked="" type="checkbox"/> ULC S629 <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown	Installed in: <input type="checkbox"/> Residence (Part 9) <input type="checkbox"/> Modular Home (A277) <input type="checkbox"/> Mobile Home/Manufactured (Z240) <input type="checkbox"/> Alcove <input type="checkbox"/> Garage <input checked="" type="checkbox"/> Other: <u>bunkie / shop</u>
Comments/Condition of chimney (dents, corrosion, perforations, heat marks on outer wall, distortion, bulging, misaligned inner liner sections) Suitable <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (See notes)	Appliance location: <input type="checkbox"/> Basement <input checked="" type="checkbox"/> Main Floor <input type="checkbox"/> Other (specify): _____
<input checked="" type="checkbox"/> Inside installation <input type="checkbox"/> Outside installation	Appliance Installed by: _____ Date: _____ <input checked="" type="checkbox"/> Unknown
Chimney Installed by: _____ <input checked="" type="checkbox"/> Unknown Date: _____	Height of Chimney <input type="checkbox"/> UTI <u>7'</u>



File reference #: 283

Photos taken:  Yes  No Number of photos: 3

This checklist contains: 8 pages in total | This report contains: 9 pages in total.

**Comments and observations:**

All non-compliance ratings should be considered for comment. Add number of non-compliance line. More pages may be added.

Please attach additional page(s) if needed

Customer signature: \_\_\_\_\_

Inspector signature: John Doe

Inspector WETT #: 12879

# Water Sample - May 7, 2026

Public Health Ontario

Santé publique Ontario

Public Health Laboratory - Peterborough

99 Hospital Drive  
PETERBOROUGH, ON K9J 6Y8

**Bacteriological Analysis of Drinking Water for Private Citizen, Single Household Only**  
Analyse bactériologique de l'eau potable - Particuliers, Ménages unifamiliaux seulement

<p><b>Submitter's Name and Mailing Address / Nom et adresse postale de l'auteur de la demande d'analyse**</b></p> <p>First Name, Last Name / Prénom, Nom de famille <b>Debra Rome</b></p> <p>Street address / Adresse municipale <b>1057 Suburban CRT PO BOX 127 Canada WEST GUILFORD, ON K0M 2S0</b></p>	<p><b>Location of Water Source / Emplacement de la source d'eau**</b></p> <p>Lot, Concession / ou lot, concession Emergency Locator # / 911#</p> <p>Street address / Adresse municipale <b>1057 Suburban CRT West Guilford, HALIBURTON ON K0M2S0</b></p> <p>County / Comté: <b>HALIBURTON</b> Health Unit # / # du bureau de santé: <b>2235</b></p>
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**Specimen details / Détails sur l'échantillon:**

<b>Barcode / Code à barres: 013161006</b>	Purification system used (e.g. UV, filtration, etc.)? / Système d'épuration utilisé (p. ex. rayons UV, filtration, etc.)? **	<b>Yes / Oui</b>
Phone # / # tél. **: 613-808-6942	<b>Authorized by / Autorisé par</b>	
Date/Time Collected / Date/heure du prélèvement ** : 2026-05-06 09:49:00	<b>Vice President and Chief, Microbiology and Laboratory Services or Designate / ou Désigner</b>	
Date/Time Received / Date/heure Reçu le*: 2026-05-07 13:39:55		

**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:**

<b>Total Coliform CFU/100 mL / Coliformes totaux UFC/100 mL</b>	<b>0</b>
<b>E.coli CFU/100 mL / E. coli UFC/100 mL</b>	<b>0</b>
<b>Interpretation / Interprétation:</b>	
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: 2026-05-07	Date Read / Analyse effectuée le: 2026-05-08

**Please Note / Prière de noter ce qui suit :**

**\*All time values are EST/EDT and based on a 24-hour clock / Toutes les heures sont exprimées en HNE/HAE et basées sur une horloge de 24 heures.**  
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.

\*\*Data provided by the customer / Données fournies par le client.

Print Date / Date d'impression\*: 2026-05-08

Date Reported / Date du rapport\*: 2026-05-08 15:41:23

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Final

LIMS Report #: 59485509

T\_SingleSampleOPHL\_WATPRIVATE.rpt



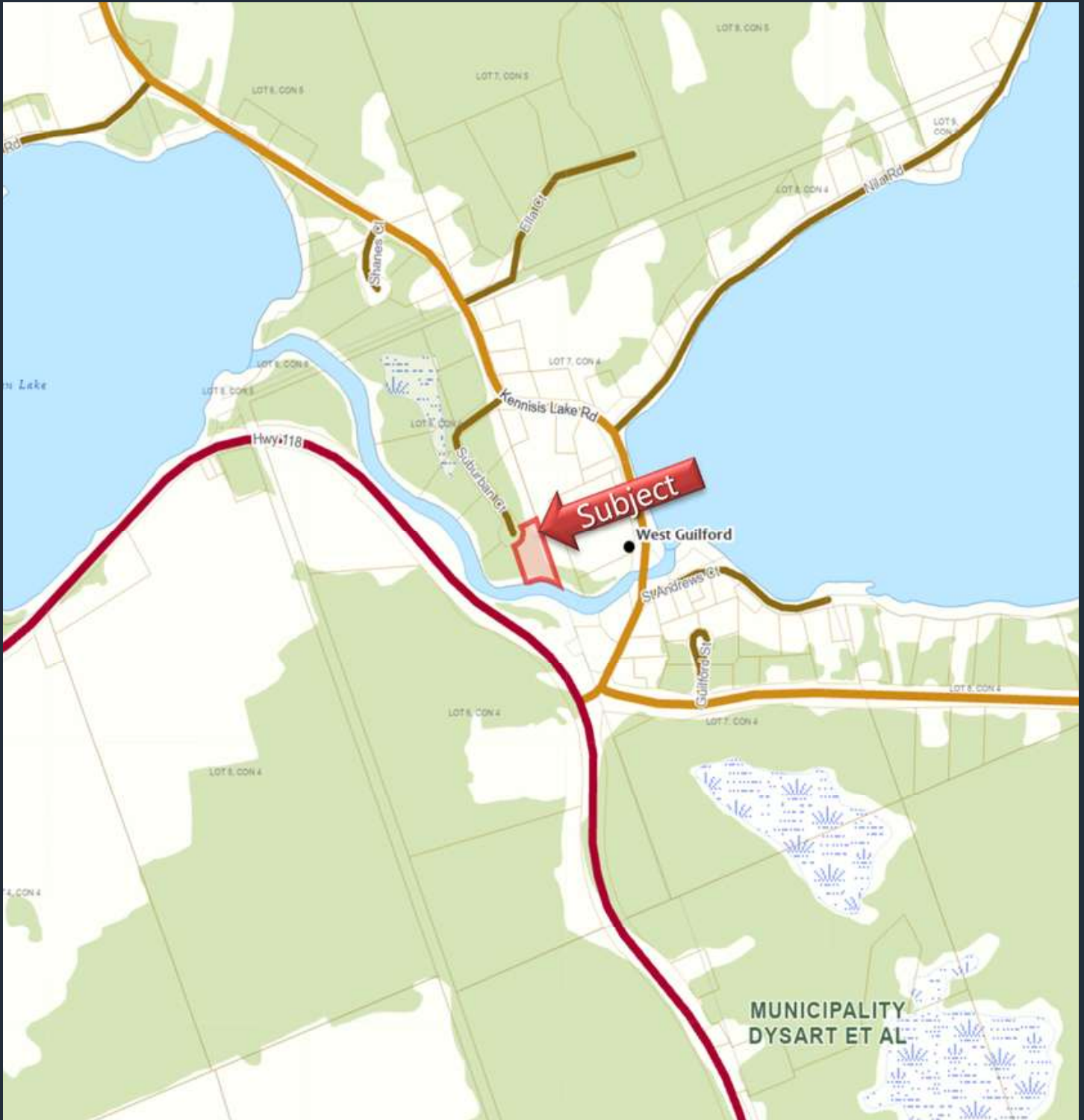
1057 Suburban Court, West Guilford

# Gull River Location Map



1057 Suburban Court, West Guilford

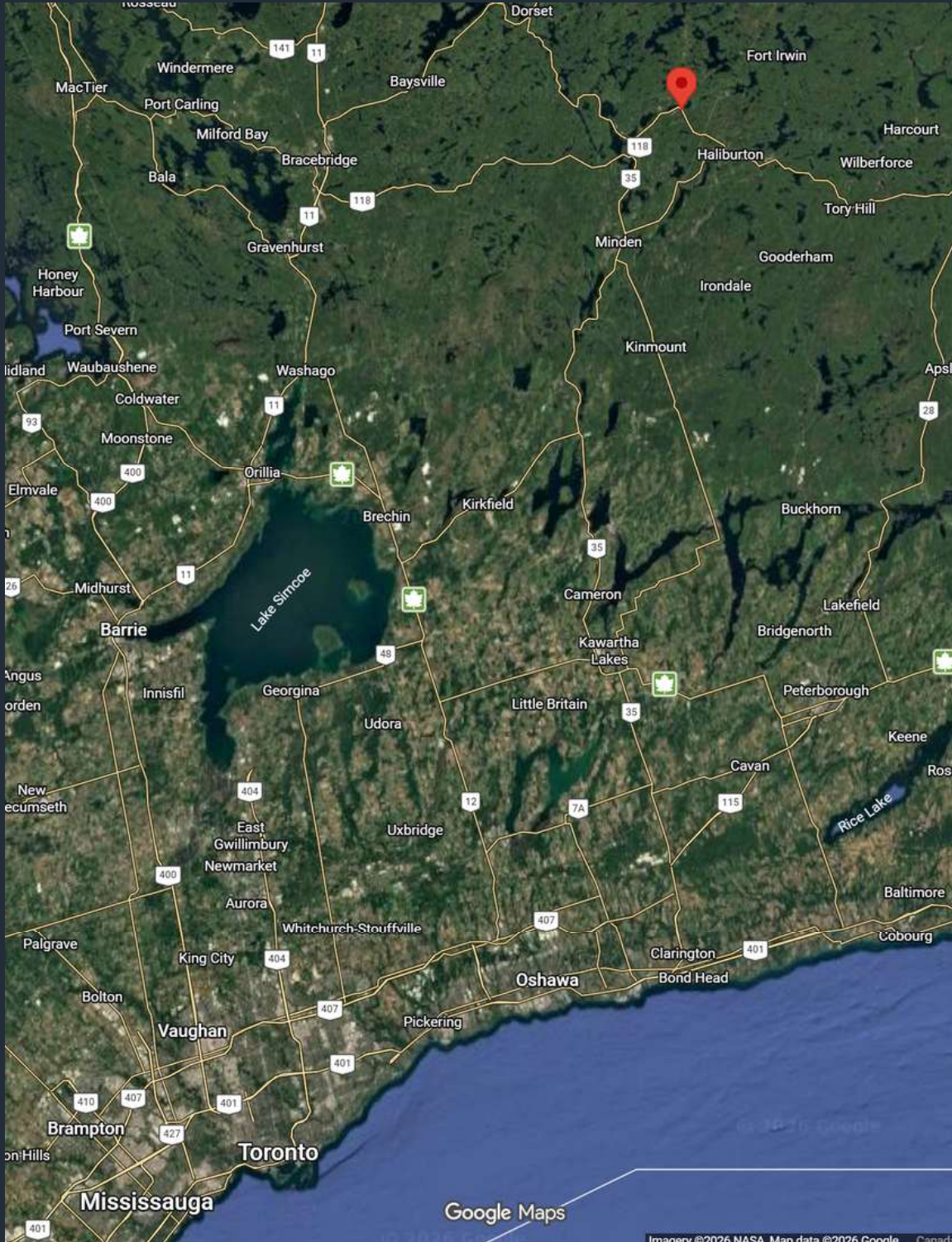
# Gull River Area Map



1057 Suburban Court, West Guilford

# Gull River

Location from the GTA





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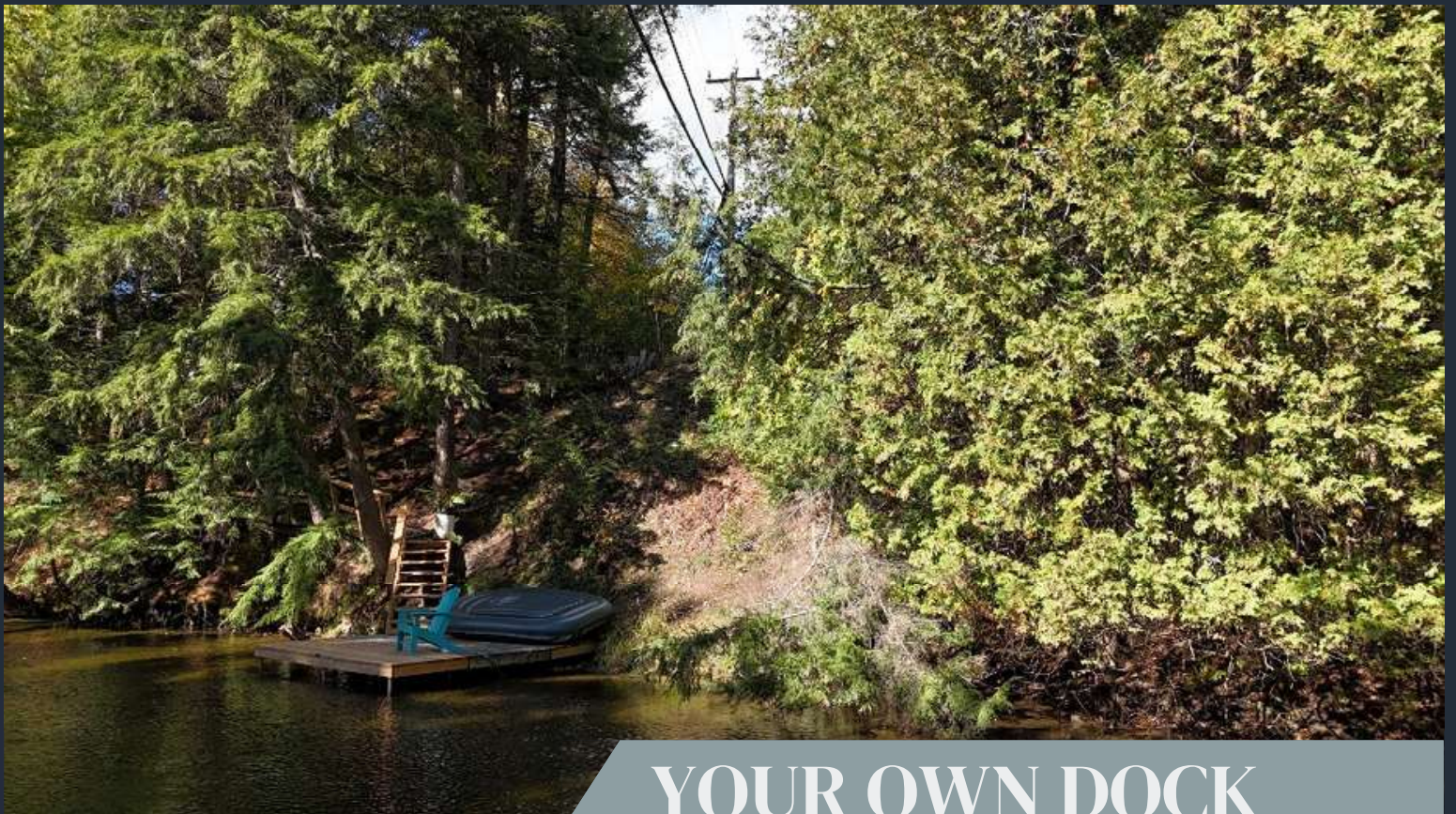
705 457 0046

**VINCE DUCHENE**  
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# 2 CAR ATTACHED GARAGE PLUS WORKSHOP/MAN CAVE WITH CARPORT

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YOUR OWN DOCK  
ON THE GULL RIVER!



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DUCHENE

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vince@vineduchene.ca

vineduchene.ca

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