# WELCOME TO

1063 Madill Road Gooderham, ON



Information Package

# **Improvements**

### **INTERIOR WORK**

#### 2011

- ✓ Kitchen replaced fridge, stove, microwave, all cabinets, sink and faucet, window, flooring, ceiling and light
- ✓ Living Room removed part of wall between kitchen and living room to create an open concept and bar type counter, new ceiling fan and flooring
- ✓ Hallway ceiling and light
- ✓ Bathroom converted 3<sup>rd</sup> bedroom to a combination laundry and 3 piece bath including all fixtures and floor and ceiling
- √ Small bedroom replaced window, flooring and light
- Master bedroom ceiling, flooring, walkway to door leading to balcony which provided a clothes line and converted old bathroom to a walk in closet

### <u>OUTSIDE WORK</u>

#### 2011

- ✓ Built new 16' x 10' deck and replaced window with a sliding patio door off dining room
- ✓ Installed 16' of concrete block retaining wall

#### 2012

- ✓ Built 112' of concrete walkways from road and in front and on one side of house
- ✓ Built 60' of new flower gardens
- ✓ Installed new air vent on roof
- ✓ Built overhang at front door to keep rain off while opening door

#### 2013

✓ Replaced soffit and fascia around entire house

#### 2016

Replaced oil tank

### 2019

- ✓ Replaced railing and fixed ledger board for small balcony
- ✓ Bought new hot water tank

### 2020

✓ Installed Fence

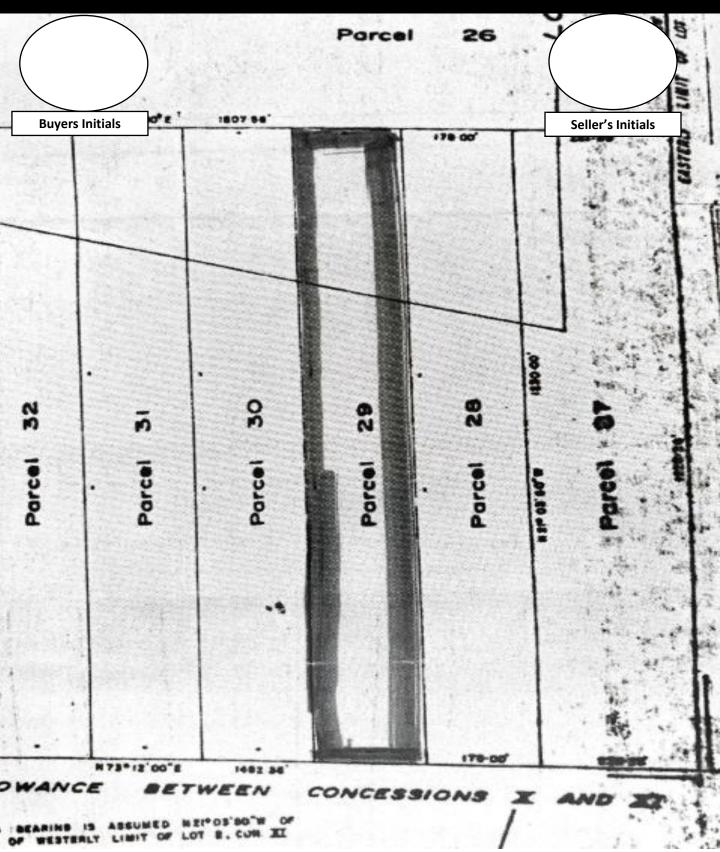
# Annual Costs

## 1063 Madill Road - Gooderham, ON

- $\rightarrow$  Hydro One = \$1,080 (2023)
- $\rightarrow$  Furnace Oil = \$2,500 +/- (2023)
- Property Tax Bill = \$1,159.36 (2024 Final Statement)



# Schedule "C" - Survey



# Sewage Installation Report

### 1063 Madill Road, Gooderham

HALIBURTON, KAWARTHA, PINE RIDGE DISTRICT HEALTH UNIT

REPORT JACK BILLI	NGS	DATE:	Tune 26
Work authorized by certificate of approval has been satisfactorily			
A. Septic Tank/Holding Tank of working capacity of 270	litres constructed of steel	concrete/fiberglass on site	or prefabricated
to servebedrooms		- 11	
B. Leaching Bed of total /80 lineal feet of	rain Tile, etc.)	tribution pipe laid in	runs offeet
and fed by Graylty/Syphon/Pump. (P.V.C., D.	rain Tile, etc.)		4."
C. Other Details			
Actual location and orientation of components of sawage system	are as shown hereunder	or as outlined on the Certif	icate of Approval form
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2007			
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	~	OF TO SCALE: TH	O-inchequals approxime
The following work remains to be completed: Backfill system a	nd sod or seed 💢 ; Stabiliz	e all sloped surfaces ; F	inish grading to shed run
and divert water around leaching bed []; Other			
· · · · · · · · · · · · · · · · · · ·	USE PERMIT		
tage of the second of the seco	DSE PERIVITI		
Under section 59A of the Environmental Protection Act, 1971 a	nd regulations and subject to	the limitations thereof a peri	mit is hereby granted to
HARRY + VIO	LET SM	.711	
		et and the second secon	
for the use and operation of the Class 4 Sewage System Insta	illed/Altered under Certificate	of Approval # Mow	- 7.80
such system being located on Lot 2 Conc. //	Plan Sub, lot	* * * *	N .
Township/Municipality MONMONTH		HALIBURT	dae
	Coupry	FILL WEST	
Inspected and Recommended by	Debung		1
Dated this 26 Day of Vant 19 (80	Issued	Mac Haul	e.

## **WETT Inspection Report**

1063 Madill Road, Gooderham



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
Website: www.haliburtonhighlandschimney.ca
Email: www.haliburtonhighlandschimney@gmail.com
Phone: (705) 457-6629

REQUESTED BT.		
Name: Mitchell Reeves		
Address: 1063 Madil rd, Highlands East		
Email: Mitchell_reeves89@hotmail.com		
Phone:		
Cell Phone: 416-689-9525		
Inspector's name: Jordan Askew Reason(s) for inspection: New Installatio	n/ Insurance pur	roses
		_
Type of inspection requested: Visual	X Technical	Invasive
Date of request:		

- 1. Visual Inspection: This inspection includes the following:
  - a. Measurements of clearances.

DECLIESTED BY:

- 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).
- 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.
  - Review of condition of components removed or exposed through handson 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 LOCATION:   Same as requested or:					
Name:					
Address:					
Email:					
Phone:					
Cell Phone:					
WETT #· 12879					

Date of inspection: 01/24/2023

- 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 Inspection Report 1063 Madill Road, Gooderham

File reference #: 103		
Photos taken: ☐ Yes ☒ No Number of	photos: 0	
This checklist contains: 8pages in tota	I I 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 adde
Please attach additional page(s) if needed		
Customer signature:	Inspector signature:	Jehr Mu
	Inspector WETT #: 12879	
Date:	Date: 01/24/2023	

# **NOTE:**

This is a PARTIAL WETT Inspection Report, a full report is available from the Listing Agent or Broker

# TSSA Reports - Furnace 1063 Madill Road, Gooderham

Technician's Signature:

### **FUEL OIL DISTRIBUTOR INSPECTIONS APPLIANCES - COMPREHENSIVE**

MITCHELL " GERMANTE XEEVES.

REPORT NUMBER: C-364141

WNER'S ADDRESS (If different from above):				Land Carlo	Carolinia.	
	1st. APPLIANCE		2nd. APPLIANCE			
Type of Appliance	FORCE	D AL	e one			
Manufacturer	OZY	RE		YEAR		
Model	No. of the last of		LETE			
Date of Manufacture or Age in Years	199	15	1044			
Size (BTU/Hr)	7.82	000				
Serial No.	OKN	7				
Is the appliance approved?	☐ Yes	□No		☐ Yes	□ No	0
2. Is the appliance installed in accordance with the fuel oil code?	☐ Yes	□ No		☐ Yes	□ No	
Is the appliance being used in accordance with its approval?	☐ Yes	□ No		☐ Yes	□ No	
4. Is the appliance venting installed in accordance with the fuel oil code?	Yes	□ No		☐ Yes	□ No	
5. Is the venting system free of defects, debris or corrosion?	☐ Yes	□ No		☐ Yes	□ No	49
6. Is the vent sized properly?	☐ Yes	□ No	7 17 1 T	☐ Yes	□ No	
7. Is proper combustion and ventilation air openings installed?	Yes	□ No	□ N/A	☐ Yes	□ No	□ N/A
8. Is the installation free of indications of heat exchanger cracks, defects in the	Yes	□ No		☐ Yes	□ No	The last
refractory, pot and/or heat shields?  9. Are all limits and safety controls properly installed?	☐ Yes	□ No		☐ Yes	□ No	
10. Is the appliance installed with appropriate clearances from combustibles?	☐ Yes	□ No		☐ Yes	□ No	
11. Are the results of combustion analysis acceptable?	☐ Yes	□ No	0.190,0° 0,50	☐ Yes	□ No	
12. If required, is there a proper chimney cleanout?	☐ Yes	□ No	□ N/A	☐ Yes	□ No	□ N/A
13. Is the chimney properly lined?	☐ Yes	□ No	□ N/A	☐ Yes	□ No	□ N/A
14. Is the vent liner fitted with proper flashing, cap and base T?	☐ Yes	□ No	□ N/A	☐ Yes	□ No	□ N/A
15. If there is a sidewall vent attached to the appliance is it installed according to code and the manufacturer's instructions?	Yes	□ No	□ N/A	☐ Yes	□ No	□ N/A
NOTES: (any "No" answers must be explained in this section and the affected equipment repaired, replaced or tagged)	A Crit					

Certificate No.: 0144003

### TSSA Reports – Oil Tank

1063 Madill Road, Gooderham

### FUEL OIL DISTRIBUTOR INSPECTIONS ABOVEGROUND TANKS PINSIDE OUTSIDE

471657

REPORT NUMBER:

Telephone: 705-942

DTE: Inspection is limited to external observation of tanks and component	nts in their ope	rating po	eition		C-364141			
OTE: Inspection is limited to external observation of tanks and components in their operating position.				1 2	TANK			
Type of Tank i.e. ULC-S602	1116	-671	2					
Manufacturer	Tox	enni	34.					
Date of Manufacture or Age in Years	2		7	1.				
Serial No.	1610	54	753					
Is the tank approved for its present use?	Yes	□ No		☐ Yes	□ 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?	☐ Yes	□ No		☐ Yes	□ No			
3. Are the tank vent and fill pipes properly installed and terminated?	☐ Yes	□ No	8)	☐ Yes	□ No			
Is the tank equipped with a proper fill cap?	☐ Yes	□ No		Yes	□ No			
<ol> <li>Is the tank equipped with a proper gauge and overfill protection device (whistle)?</li> </ol>	☐ Yes	□ No		☐ Yes	□ No			
Is the tank properly supported on a firm base?	☑ Yes	□ No		☐ Yes	□ No			
7. Is the tank support system in good condition, non-combustible and stable?	☑ Yes	□ No		□ Yes	□ No			
8. If two tanks are joined, are they installed on a common slab?	□ Yes	□ No		☐ Yes	□ No	□ N/A		
9. If two tanks are bottom connected, are they connected with 2 in. pipe?	☐ Yes			☐ Yes	□ No	□ N/A		
10. Is the system free of leaks or any signs of weepage?	☐ Yes					L N/A		
11. Is the tank and piping painted or coated to prevent external corrosion?		□, No	-	☐ Yes	□ No			
	☐ Yes	☐ No		☐ Yes	□ No			
Are burner supply/return lines free of compression fittings?	☐ Yes	☐ No		☐ Yes	□ No			
13. Are burner supply/return lines installed above grade and protected or underground and chased?	☐ Yes	□ No		☐ Yes	□ No			
14. Are burner supply/return lines installed to code?	Yes	□ No	N	☐ Yes	□ No			
15. Is an approved shut-off valve installed?	Yes	□ No		☐ Yes	□ No			
16. Is an approved filter installed?	☐ Yes	□ No		☐ Yes	□ No			
17. Is the fill/vent pipe steet or galvanized construction?	□Yes	□ No		☐ Yes	□ 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)	☐ Yes	□ No		☐ Yes	□ No	□ N/A		
19. If required is the tank protected from vehicle damage?	☐ Yes	□ No	□ N/A	☐ Yes	□ No	□ N/A		
20. If required is the tank (over 2500L) protected with appropriate secondary containment?	☐ Yes	□ No		☐ Yes	□ No	□ N/A		
NOTES: (any "No" answers must be explained in this section and the affected equipment repaired, replaced or tagged.	1	-/-						
COMMENTS:	-	1						
		1.						
	- 4							

Certificate No.: 0/9/003

inician's Name (please print clearly):

Technician's Signature:

# WELL WATER - Test

### 1063 Madill Road, Gooderham

Public Health

Santé publique 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

Submitter's Name and Mailing Address /

Nom et adresse postale de l'auteur de la demande d'analyse

irst Name, Last Name / Prénom, Nom de famille

MITCH REEVES

treet address / Adresse municipale

1063 MADILL RD

PO 148

GOODERHAM, ON KOM 1RO

Location of Water Source /

Emplacement de la source d'eau

ot, Concession / ou lot, concession

Emergency Locator # / 911#

Street address / Adresse municipale

1063 MADILL RD

GOODERHAM ON KOM1RO

County / Comté: HALIBURTON

Health Unit # / # du bureau de santé: 2235

Specimen details / Détails sur l'échantillon:

Barcode / Code à barres: 012343842

Phone # / # tél.: 416 689 9525

Date/Time Collected / Date/heure du prélèvement\*: 2024-08-19 18:43:00

Date/Time Received / Date/heure Reçu le\*: 2024-08-20 14:34:00

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

Authorized by / Autorisé par

Chief, Medical Microbiology or Designate

No / Non

Specimen Note / Note sur l'échantillon:

This specimen was received in good condition unless otherwise stated./A 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

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:

2024-08-20

Date Read / Analyse effectuée le: 2024-08-21

#### 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 collibacillaires, 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

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 418-235-6556 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 416-235-6566, 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\*: 2024-08-21 Date Reported / Date du rapport\*: 2024-08-21 14:57:20 Page 1 of 1

LIMS Report #: 53485460 E T\_SingleSampleOPHL\_WATPRIVATE.rpt



# Location Map



# Area Map



# Haliburton County Location

