

**Ontario Drinking Water Stewardship Program 2009-10
Well Decommissioning/Upgrading Application Form**

APPLICANT INFORMATION

Name: _____
Phone (home): _____ Phone (alternate): _____
Fax: _____ Email: _____
Street Address: _____ Postal Code: _____
City/Town: _____ Province: _____

PROPERTY INFORMATION

Property Type:
Residential
Farm
Institutional
Industrial/Commercial Total # Of Employees _____
Municipal
Other

Are you the owner of the property where the proposed project is located? Yes No

If no, please provide the name of the property owner _____

Letter indicating approval for the proposed project from land owner attached? Yes No

Street address of property location:
Street Address: _____ Postal Code: _____
City/Town: _____ Province: _____

Same as mailing address noted above? Yes No

Legal address of property where project is located (Lot, Concession, Township):

PROJECT INFORMATION

Please indicate which of the following apply:
 Sealing and capping an abandoned/unused well
 Upgrades to a well currently in use
 Connection to a municipal water service line
 Decommissioning an existing well

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Is this a retroactive project? Yes No
 If yes, please provide the date on which the work was started: _____

Please provide a brief description of your project(s):
Current situation: _____

Work proposed: _____

PROJECT COSTS	
Project	Estimated Cost (\$)
•	• • •
•	• •

Written quote attached: Yes No
 If no, name of licensed well contractor providing cost estimate:

Are you currently receiving or applying for additional funding for the proposed project:
 Yes No
 If yes, please indicate the name of the program and to whom you are applying:

I have attached a copy of the existing well record(s):
 Yes No (Not Available)

****Please note that you will be required to submit a new well record and a copy of the well contractors' valid license prior to receiving funding.****

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SITE PLAN

Please use the grid below to provide a sketch of the proposed project site. Please mark directional north, as well as the following (as appropriate):

- | | | |
|--|---|--|
| <input type="checkbox"/> Scale | <input type="checkbox"/> Building Structures | <input type="checkbox"/> Roadway/access routes |
| <input type="checkbox"/> Location of abandoned and/or existing water well(s) | <input type="checkbox"/> Surface water features (streams, pond, wetlands) | <input type="checkbox"/> General topography (even and level, hilly, steep, depression) |
| <input type="checkbox"/> Indicate Type of well (use symbol(s) if known) | <input type="checkbox"/> Location of municipal drinking water service line/trunk line | |
| <ul style="list-style-type: none"> • Dug Water wells ▼ • Drilled Water wells ■ • Monitoring, testing & geotechnical wells * | | |

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WELL DECOMMISSIONING/UPGRADE PROJECT AGREEMENT

I have read, understood, and agree to the project guidelines and the terms of funding assistance for the Ontario Drinking Water Stewardship Program's Well Decommissioning/Upgrading Early Actions funding.

Signature of Applicant

I, _____ (signature of Applicant) hereby declare that I will not receive more than 100 percent of the total cost of this project.