

**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"/> Indicate Type of well (use symbol(s) if known)  | <input type="checkbox"/> General topography (even and level, hilly, steep, depression) | <input type="checkbox"/> Location of municipal drinking water service line/trunk line |
| <ul style="list-style-type: none"> <li>• Dug Water wells ▼</li> <li>• Drilled Water wells ■</li> <li>• Monitoring, testing &amp; geotechnical wells *</li> </ul> |  |   |


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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.

Please return completed forms to Drinking Water Source Protection office

Mail: Drinking Water Source Protection - Stewardship Program  
RR#4, 237897 Inglis Falls Road,  
Owen Sound, ON N4K 5N6

Email: [mail@waterprotection.ca](mailto:mail@waterprotection.ca) Fax: 519-470-3005 Questions: 877-470-3001