



Well Decommissioning Application Form

Water Well Improvement Program 2020-2021

APPLICANT INFORMATION

Applicant

Name: _____ Date: _____

Non-Farm Residential Farm Environmental Farm Plan

Phone (home): () _____ Phone (cell): () _____ Email: _____

Street Address _____ Postal Code: _____

City/Town: _____ Province: _____

Mailing Address (if different from above) _____

Legal Address Mun./ Fmr Twp: Conc.: Lot: _____

CURRENT CONDITIONS AND REASONS FOR APPLYING (PLEASE SELECT ALL THAT APPLY):

Age of Well _____ Depth of Well _____ Diameter of Well _____

Is the well within a Municipal Drinking Water Wellhead Protection Area (WHPA)?

Yes No Unsure

If Yes, what Municipal WHPA is it in/ and zone? _____

Please indicate construction of the well: Dug Drilled Bored Sandpoint

Has the water quality been tested (e.g.by the Health Unit); Yes No

- The well is contaminated
- The well has been improperly plugged and sealed in the past
- The well is no longer in use, is not being properly maintained and has not been properly plugged and sealed
- The well otherwise poses a threat to environment, health, or safety
- The well is not repairable
- The well is on vacant land
- There is a new well being drilled because the old well is not usable or another water supply (such as a municipal supply) has replaced it.
- Is this a retroactive project? If yes, please provide date of work started _____



**Water Well Improvement Program
2020-2021**

PROPOSED PROJECT(S) & ESTIMATED COSTS(S)

ALL work is to be completed by a licensed well contractor in compliance with R.R.O, 1990: Wells, Ontario Regulation 903 of the Water Resources Act **Estimated Cost**

Which project do you intend to undertake:

- Sealing and capping abandoned and unused water wells \$

- Currently connected to a municipal drinking water service line/trunk line and need to decommission unused well. \$

Total Estimated Costs: \$

1. Are you currently receiving or applying for additional funding for decommissioning/upgrading your well(s)? Yes No
2. If yes, please indicate the name of the program/project, and to whom you are applying/have applied:

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3. Do you receive an HST Rebate? Yes No
 4. Attached is a copy of the existing well record Yes No (not available)
 5. Photograph: Please provide a photography of the well conditions
 6. Additional Comments:

WELL DECOMMISSIONING PROJECT AGREEMENT

I have read, understood, and agree to the project guidelines and the terms of funding assistance for the Water Well Improvement Program (WWIP) – Well Decommissioning funding.

Signature of Applicant

Date



NUCLEAR WASTE
MANAGEMENT
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DES DÉCHETS
NUCLÉAIRES

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

WELL RECORD, WELL CONTRACTOR LICENCE, & COST ESTIMATE

Please check the following:

I HAVE COMPLETED THE APPLICATION IN FULL, THE WELL CONTRACTOR LICENCE, AND A COST ESTIMATE FOR THE PROPOSED PROJECT.

❖ In addition to copies of paid invoices/proof of payment, please note that you will be required to submit a copy of the 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:

- Scale (Note you can use a copy of an aerial photography to assist)
- Location of abandoned well(s) Access Routes/Roads
- Wellhead distance from:
 - Surface water sources, drain, ditch or tiled fields
 - Septic field, manure storage or fuel/fertilizer storage
 - Building structures
 - Roadways
 - Any additional information of interest
- Ground surface features surrounding wellhead (stream, pond, tile field)
- General topography (even and level, hilly, steep, depression)



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SITE PLAN

NORTH ↑
