



# (Non-Farm) Wellhead Protection

Name		
Mailing Address		
Project Address (if different than mailing address)		
Project Legal Address: Township	Lot	Concession
Home Number	Cell Number	
Email		

## Wellhead Protection (Well Upgrade)

Age of well: \_\_\_\_\_ Depth of well: \_\_\_\_\_ Diameter of well \_\_\_\_\_

Please indicate the construction of the well that is to be upgraded:

- Drilled
  Dug
  Bored
  Sandpoint

Has the water quality of the well been tested (e.g. through the Health Unit)?

- No
  Yes
 Test Result \_\_\_\_\_

Are municipal water services available?  No  Yes

Describe the present condition of the well and how it impacts groundwater quality:

Please indicate the steps you will take to upgrade the well:

- Extending or replacing well casing
- Installing a pitless adapter to replace drilled well pit
- Installing proper wellhead caps
- Sealing annular space around well casing
- Grading or landscaping to divert water from wellhead

**Estimated Cost:** \$ \_\_\_\_\_

**All works must be completed by a licensed well contractor in compliance with Ontario Regulation 903.**

**Site Plan:** Provide a sketch or aerial photograph (e.g., GoogleMap) of the project site showing the location of the well(s) in relation to structures and any potential sources of contamination such as septic systems, chemical and fertilizer storage and fuel. Include any other information that you feel is important.

**Photograph:** Provide a current photograph of the well. It is not necessary to remove the lid or well cap.

### Other Cost Share Funding

Proposed funding from other sources (i.e. Federal, Community/Conservation Group) – confirmed or conditional (i.e., list name of organization and anticipated or in-kind contribution):

Organization	Funding
	\$
	\$

### Terms and Conditions

- 1) I/we understand that the information provided within this application is collected by the Grand River Conservation Authority (GRCA) under the authority of the Conservation Authorities Act, R.S.O. 1990, c.27 for the sole purpose of project administration. This information will be used only by the Rural Water Quality Program and its funding partners. Questions regarding the collection of this information should be directed to Tracey Ryan, Manager of Environmental Education and Restoration, GRCA, 400 Clyde Road, Box 729, Cambridge, Ontario, N1R 5W6, Telephone 519-621-2761.
- 2) I/we understand that I/we are responsible for reporting any grant income to Canada Revenue Agency.
- 3) I/we also understand that failure to comply with all the program requirements may delay processing of the application or render me/us ineligible for financial assistance under the Rural Water Quality Program.
- 4) I/we understand that I/we will be responsible for ensuring the technical and structural adequacy and legal requirements of this project.

### Declarations

- 1)  I/we have read and understood the terms and conditions outlined above and certify that the information contained in this application and any supporting documentation is true and complete to the best of my/our knowledge.
- 2)  I/we will include a photograph of the well and a site plan with this application.
- 3)  I/we can claim an HST refund.

Signature	
Name – Please Print	Date

**Should you require this application in an alternate format, please contact the Grand River Conservation Authority.**