

## **Well Decommissioning**

Name				
Mailing Address				
Project Address (if differe	nt than mailing address)			
Project Legal Address: Township		Lot	Concession	
Home Number		Cell Number		
Email				
Well Decommissioning (Plugging an Unused Water Well)				
Age of well:	Depth of well:	Diameter of well		
Please indicate the construction of the well that is to be decommissioned:				
☐ Drilled	□Dug	$\square$ Bored	$\Box$ Sandpoint	
Has the water quality of the well been tested (e.g. through the Health Unit)?				
□No	□Yes	Test Result		
Please describe the reason for decommissioning:				
☐ This well decommissioning is on a farm and a new farm well must be drilled.				
Estimated Cost: \$				
All works must be completed by a licensed well contractor in compliance with Ontario Regulation 903.				

**Site Plan:** Provide a sketch, survey or aerial photograph (e.g., GoogleMap) of the project site showing the location of the well(s) and potential sources of contamination such as septic system, driveway, chemical and fertilizer storage, manure storage and barnyards.

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

Other Cost Share Funding			
Proposed funding from other sources (i.e. Federal,	· · · · · · · · · · · · · · · · · · ·		
conditional (i.e., list name of organization and anticipated or in-kind contribution):			
Organization	Funding		
	\$		
	\$		
Terms and Conditions			
<ol> <li>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.</li> <li>I/we understand that I/we are responsible for reporting any grant income to Canada Revenue Agency.</li> <li>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.</li> <li>I/we understand that I/we will be responsible for ensuring the technical and structural adequacy and legal requirements of this project.</li> </ol>			
Declarations			
<ol> <li>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.</li> <li>I/we include a photograph of the well and a site plan with this application.</li> <li>I/we can claim an HST refund.</li> </ol>			
	vill have 🛘 a verified Ontario Environmental Farm		
Signature			
Name – Please Print	Date		

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