

SEALING ABANDONED WELL - APPLICATION FORM

Seine-Rat River Conservation District

Box 339, La Broquerie, MB. R0A 0W0

Ph: (204) 424-5845 Fax: (204) 424-5909

Objective: To reduce the potential risk of any surface run-off contaminants directly entering groundwater below. Non-flowing wells will be given priority.

Applicant: _____

Mailing Address: _____

E-mail: _____

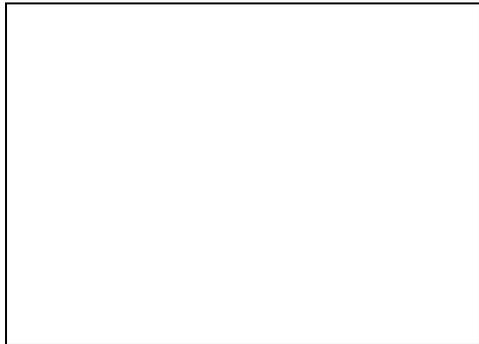
Phone #: _____

Project legal description: (Lot #, Qtr, Sec-Twp-Rge) _____

Well Site Sketch:

Draw approximate well location(s)
Show roads, buildings, and watercourses
North

List info about the well: type of casing, depth to water,
diameter, depth of well, etc.



TERMS AND CONDITIONS

The Landowner shall:

1. Complete a Consent of Entry form with the Conservation District, including any agreed upon or special conditions;
2. Not alter, remove, or modify the project without written consent of the District;
3. Indemnify and save harmless the Seine-Rat River Conservation District, their agents, engineers, servants, and/or employees from any liability which may result from this project.
4. Provide a \$100 deposit (cash or cheque) payable to the SRRCD, to be refunded upon sealing of the well.
5. Deposits may be nonrefundable if the Seine-Rat River Conservation District, their engineers, servants, and/or employees determine that a well is ineligible to be sealed.

- Commercial wells or wells located on commercial properties may be ineligible to be sealed and are reviewed on a case-by-case basis as applications are submitted.

The Seine-Rat River Conservation District shall:

- Provide all materials required for the disinfecting and proper sealing of the abandoned well(s);
- Arrange the rental and contracting of any equipment necessary to do the work;
- Supervise the project to ensure project design is met.
- Issue a receipt for the \$100 cash deposit and reimburse the deposit once the work has been completed.

I hereby declare that I have read the Conditions and I agree to abide to the said Conditions. I further agree to cooperate with the Conservation District in this regard.

Applicant Signature

Date

OFFICE USE ONLY

Deposit: cheque ___ cash ___

Date

Number

Staff Initial

Comments

Receipt Issued:

Deposit Reimbursed:
