

SEALING ABANDONED WELL - APPLICATION FORM

Seine-Rat River Conservation District

154 Friesen Ave., Steinbach MB R5G 0T5

Ph: (204) 326-1030 E-mail: manager@srrcd.ca

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) _____

Civic Address (driveway number & road) _____

Well Info (please complete to the best of your ability):

Casing type: _____ Well Depth: _____

Diameter: _____ Depth to water: _____

Cap/lid?: _____ Special considerations: _____

Well Site Sketch:

Draw approximate well location(s). Show roads, buildings, landmarks, hazards and watercourses.



TERMS AND CONDITIONS

The Landowner shall:

1. Not alter, remove, or modify the project without written consent of the District;
2. 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.
3. Provide a non-refundable \$100 deposit (cash or cheque) payable to the SRRCD.

The Seine-Rat River Conservation District shall:

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

I, _____ of the Rural Municipality of _____, Manitoba, hereby authorize you, your engineers, agents, and/or employees with the necessary equipment, to enter upon the aforementioned land for the purpose of abandoned well sealing. 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:	_____	_____	_____	_____