



Lake of the Prairies Conservation District  
**ABANDONED WELL SEALING PROGRAM  
 APPLICATION FORM**

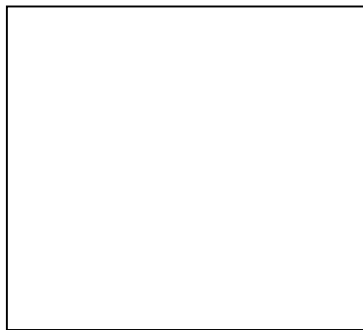
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 Email: [lpced@mts.net](mailto:lpced@mts.net)

<b>APPLICANT NAME:</b>		<b>PHONE NUMBER:</b>	
<b>MAILING ADDRESS:</b>			
<b>PROJECT SITE:</b>	<b>QTR:</b>	<b>SEC:</b>	<b>TWP:</b>
			<b>RGE:</b>
<b>REGIONAL MUNICIPALITY:</b>			<b>SUB-DISTRICT: (OFFICE USE ONLY)</b>

**NOTE: APPROVED APPLICATIONS/PROJECTS EXPIRE ON SEPTEMBER 31, 2009.  
 ANY ANY APPROVED PROJECTS NOT COMPLETED BY SEPTEMBER 30, 2009 WILL BECOME NULL AND VOID.  
 LPCD MAY OFFER TO EXTEND FUNDING UNTIL OCTOBER 31, 2009, BASED ON LANDOWNER CIRCUMSTANCES.**

**PROJECT DIAGRAM**

(Please indicate well location, surrounding vegetation and current land use within quarter.)



**PROJECT SPECIFICS**

<b>Well Diameter:</b>		<b>Well Depth:</b>	
<b>Material of Casing or Cribbing: (check one)</b>			
<b>Steel:</b>		<b>Metal:</b>	
		<b>PVC:</b>	
<b>Fiberglass:</b>		<b>Concrete:</b>	
<b>Has pump been removed from well?</b>			
<b>Are there contaminants or debris in well?</b>			
<b>Describe debris:</b>			

***Please read all conditions and responsibilities listed in the attached document.***

I hereby declare that I have read and understand the conditions of the Abandoned Well Capping Program and I agree to abide by the said terms. I further agree to fully cooperate with the Conservation District Board in completing and maintaining the project as outlined.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date of Application

**OFFICE USE ONLY**

<b>DATE RECEIVED:</b>		<b>APPLICATION #:</b>		<b>LETTER SENT:</b>	
<b>HAS APPLICANT RECEIVED COPY OF WELL SEALING GUIDE?</b>			<b>YES</b>	<b>NO</b>	
<b>DATE REVIEWED:</b>		<b>APPROVED:</b>		<b>RES. #:</b>	
<b>COMPLETED:</b>		<b>AMOUNT PAID:</b>		<b>CHEQUE#:</b>	