



LAKE OF THE PRAIRIES CONSERVATION DISTRICT



Email: lpcd@mymts.net Phone: (204) 564-2388

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Abandoned Well Sealing

Program Application

LAND OWNER INFORMATION

Applicant Name: _____	Phone Number: (____) _____
Mailing Address: _____	Email: _____
Project Site: QTR: _____	SEC: _____ TWP: _____ RGE: _____
Regional Municipality: _____	Sub-District: (office use only) _____
Date: _____	

NOTE: Approved applications/projects expire on **September 30, 2017**.

Any approved projects not completed by **September 30, 2017** will become null and void
LPCD may offer to extend funding until **October 31, 2017**, based on land owner's circumstances.

Project Specifics

Well Diameter: _____	Well Depth: _____
Water level: _____	Year Well was drilled: _____
Material of Casing or Cribbing (steel, metal, PVC): _____	
Number of Abandoned wells on the Property: _____	
Has the Pump been removed from the well? _____	
Are there contaminants of debris in the well? _____	
Any other pertinent information: _____	

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 Sealing 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 or applicant

Date Well Sealed

OFFICE USE ONLY

Date Received: _____	Application #: _____	Letter sent: _____
Date Reviewed: _____	Approved: _____	Board Res. #: _____
Completed: _____	Amount Paid: _____	Cheque #: _____



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Project Diagram

(Please indicate water source location, surrounding vegetation and current land use within quarter)

QTR: _____ SEC: _____ TWP: _____ RGE: _____

