

***WEST SOURIS RIVER  
CONSERVATION DISTRICT***

***BOX 339,  
Reston, MB R0M 1X0  
Phone: (204) 877-3020 Fax: (204) 877-3090***

**ABANDONED WELL FILLING APPLICATION**

**APPROVED BY BOARD RESOLUTION # 72-09-02**

The procedure follows guidelines developed by the Province of Manitoba and PFRA. Proper materials are used that will not bridge in the hole and are clear of contaminants. Several layers of bentonite clay may be used to create an impervious layer to prevent the vertical movement of water. Chlorine will be put into the well to disinfect before that well is filled. A layer of bentonite or similar clay near the ground surface, overlain by native soil, will prevent contamination from surface sources.

**WSRCD Shall:**

- Provide all materials required for the proper filling and sealing of the abandoned well(s).
- Arrange for the rental or contracting of any equipment necessary for excavation.
- Reserve the right to reasonable access to project site for the purpose of inspection, and of educational tours.
- WSRCD is not responsible once the well has been filled; for any injuries or damage caused by further settling around the site, or future water quality problems.
- WSRCD to cover 50% of the costs up to a maximum of \$200.00/well for projects costing less than \$400.00. Cost share arrangement for wells costing over \$400.00 would be negotiated at different percentage.

**The Landowner shall:**

- Provide consent of entry for inspection and construction.
- Not alter, remove or modify the project site without written consent of the District
- Indemnify and save harmless the WSRCD from and against all action, claims, suits, demands damages, liability in connections with any matter resulting directly or indirectly from activities undertaken for the purposes of this agreement or for any other purpose. Failure to comply to any of the said terms and conditions may negate the Landowner's eligibility to participate in further WSRCD programs.
- Landowner to cover 50% of the costs up to \$200.00 per well.

*West Souris River Conservation District  
P.O. Box 339*

*Reston, Manitoba R0M 1X0*  
*Phone: 877-3020*

**Abandoned Well Program Agreement**

Name of Applicant \_\_\_\_\_

Complete Mailing Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Legal Description of Well: Quarter \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

R. M. of \_\_\_\_\_

Well Size \_\_\_\_\_ Depth \_\_\_\_\_ Type of Cribbing \_\_\_\_\_

Please indicate well site on diagram of section including any roads, buildings, water courses, ect.

**N**

**W**

**E**

**S**

I hereby declare that I have read and understand the terms and conditions of the Abandoned Well Filling Program and do hereby agree to abide to said terms and conditions.

\_\_\_\_\_  
\_\_\_\_\_

Signature

Date

**OFFICE USE ONLY**

Sub District \_\_\_\_\_

Date

Application

Approved \_\_\_\_\_

Comments/Conditions

Approved

Not

Approved

Sub District Recommendation

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Board Recommendations

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Board Representative

\_\_\_\_\_

Date of Review

\_\_\_\_\_

February/06