

CLAIM FORM: ABANDONED WELL SEALING REBATE PROGRAM

Applicants who have been approved for the Well Sealing Rebate Program must complete this form and submit supporting documents within ninety (90) days of approval notification to receive funds.

1.PROPERTY OWNER(S):			
Full Name		Approval (office use)	
Phone Number (main)	Phone Number (cell)	E-mail Address	
Property Address			Postal Code
Mailing Address (if different than above)			Postal Code
Well Location (if different than above)			
2.WELL SEALING INFORMATION:			
Name of Contractor that Completed the Well Sealing		Company address	Company Phone
Total Sealing Cost (incl. taxes)	Well Tag # (if available)	Well PID # (if available)	Date of Well Sealing
3.REBATE CLAIM:			
I am including a detailed invoice, proof of payment, and supporting documentation/photos for: <input type="checkbox"/> Closure of an unused well		Office Use: Cost, incl. tax: Rebate Amount: \$ _____ \$ _____	
4.CHECKLIST:			
<input type="checkbox"/> Receipt(s) and/or invoice(s) marked PAID, including DATE and ITEMIZED purchase details. <input type="checkbox"/> Manitoba Well Sealing Report to be sent to EIWD with this claim form AND separately to MB Groundwater Management -Box 18, 200 Saulteaux Crescent Winnipeg, MB R3J 3W3 <input type="checkbox"/> Photo(s) of the well sealing (“before”, “during” and “after”) at the address indicated, clearly showing it is the same location in all photos.			

By signing below, I declare that I understand the requirements of the EIWD Abandoned Well Sealing Rebate Program and I have followed the [Guide For Sealing Abandoned Water Wells In Manitoba](#) to seal the well; I understand that the EIWD is not responsible for any claims, suits, damages, injuries, or other loss no matter howsoever arising as a result of the construction, operation or maintenance of the project.

Signature of Property Owner(s)	Date Signed (dd/mm/yy)
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Please submit your forms to:
 East Interlake Watershed District
 Box 1740 74 1st Ave., Gimli, MB R0C 1B0
 Fax: 204-642-7581 Email: manager@eastinterlake.ca

Office Use: Sub-District:	File #:	Date Received:
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