



Qualified Person Information

Name of Company (if applicable)

Form with fields for Last Name, First Name, Middle Initial, Telephone Number, Email, and Designation (Professional Engineer, Professional Geoscientist, Class II Examiner).

Well Operator (to be completed by well operator)

Form with fields for Last Name, First Name, Mailing Address (Unit No., Street Number, Street Name, PO Box), City/Town, Province, and Postal Code.

Well Location

Form with fields for Well Number (if known), Location Coordinates (NAD 83), Longitude, and Latitude.

Eligibility Requirements

Ownership

Ownership questions with Yes/No checkboxes: Has the Well Operator provided documentation of legal rights to the well? If no, has the Well Operator/Applicant provided documentation that he/she owns the property where the well is located? Is documentation of ownership attached? Has the Well Operator/Applicant confirmed that he/she does not sell or supply gas from the well to a third party? (If No, please note details in Comments)

Location

This well is located:

Location questions with Yes/No checkboxes: More than 75 m from a commercial or industrial building, school, church, or place of public assembly; More than 15 m from any lake, river, stream or municipal drain; More than 30 m from any private residence; More than 25 m from a railway, high voltage transmission lines (>50kV), transmission pipeline, or utility right of way; More than 5m from the edge of a road allowance; Outside a two year time of travel for a municipal well, know as Wellhead Protection Area B or WHPA B (per policy exceptions 5.4.2); Outside a surface water Intake Protection Zone 1 or IPZ 1 (per policy exceptions 5.4.2)

Note: Ensure all setbacks are represented on the Well Location Sketch as per the Qualified Person's Manual (QP Manual).

Comments

**Wellhead Condition:** (refer to Policy and QP Manual for more detail)

	Meets	Needs Upgrade
1. Casing at surface is sealed and raised above the surface. ....	<input type="checkbox"/>	<input type="checkbox"/>
2. Surrounding surface is sloped away to ensure adequate surface drainage is such that water will not collect or pond near the well. ....	<input type="checkbox"/>	<input type="checkbox"/>
3. Wellhead has a functioning shut-off valve. ....	<input type="checkbox"/>	<input type="checkbox"/>
4. Well has a 2" casing port to pump kill fluid into the well to stop the flow of gas if necessary. ....	<input type="checkbox"/>	<input type="checkbox"/>
5. Wellhead has a functioning pressure gauge suitable for use with natural gas to ascertain shut-in pressure and to monitor pressure during operation. ....	<input type="checkbox"/>	<input type="checkbox"/>
6. No physical evidence of leakage at the surface. ....	<input type="checkbox"/>	<input type="checkbox"/>
7. Legible signage in close proximity to the wellhead. ....	<input type="checkbox"/>	<input type="checkbox"/>

Comments (Do not record personal information in this section)

**Qualified Person must**

- provide a Well Location Sketch
- provide photos of the well taken from all four sides (Do not include an individual or individuals in the photo)
- complete documentation in accordance with the "Ownership" Section
- complete and sign the "Qualified Person" section of the Private Gas Well Incentive Program Application Form, *if applicable*

**Qualified Person Statement and Signature**

I, \_\_\_\_\_,  
(first name, last name)

as a Qualified Person, confirm the above information is true and correct.

Signature and Seal	Date of Evaluation (yyyy/mm/dd)	Date of Signature (yyyy/mm/dd)
--------------------	---------------------------------	--------------------------------

If you choose to proceed with a grant application, the following notice of collection will apply.

**NOTICE OF COLLECTION**

The collection of personal information is necessary to administer Ontario's Private Gas Well Incentive Program. The personal information collected on this form prepared by the Qualified Person will be used by MNR to administer the program, issue grant payments and to conduct quality assurance checks and statistical analysis. The information will be protected in accordance with the *Freedom of Information and Protection of Privacy Act*. Questions about the collection and use of this information should be directed to the Private Gas Well Incentive Program at 1-888-990-0902.

**For Internal Use Only:**

Approved By	Date (yyyy/mm/dd)	F Number
-------------	-------------------	----------

To Applicant: Please retain a copy of this completed form for your records.