

Applicant's Information

Name of Company (if applicable)			Corporation Number		
Last Name		First Name		Middle Initial	
Telephone Number (home)	Telephone Number (alternate)	Email			
Mailing Address					
Unit No.	Street Number	Street Name			PO Box
City/Town		Province		Postal Code	

Well Information

Well Number (if known)		Property Assessment Roll Number			
Location Coordinates (NAD 83):		Longitude		Latitude	
Street Address of Well Location (if different from above)					
Street Number	Street Name		City/Town	Province	Postal Code
Brief Legal Description of Property (e.g. (Part) Lot, Concession, Township, Part X on Ref Plan Y):					

Project Information

Please indicate what you are applying for:

- ☐ Well evaluation grant (maximum \$500)
☐ Retrofit grant for a well (maximum \$500)
☐ Plugging a well that is outside setbacks (maximum \$10,000 - See Terms of Grant 1.c on reverse)
☐ Plugging a well inside setbacks (See Terms of Grant 1.d on reverse)

Project Costs for Retrofit or Plugging Grant (under 1.c only)

Brief Description of Work Activity	Cost Estimate
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Attachments

Please indicate which of the following you are enclosing with this application:

- ☐ Well evaluation report and paid invoice
 ☐ Well location plan
 ☐ Well Licence Application
☐ Proof of ownership (copy of deed)
 ☐ Written quote
☐ Other (specify)

Terms of the Grant

- Subject to availability of funding, grants will be provided to eligible Applicants for:
 - 100% of the cost of a Well Evaluation up to a maximum grant of \$500.00 per well (including HST); and one of,
 - 50% of the cost of retrofitting the above ground portion of your well to conform to the standards as outlined in the policy, to a maximum grant of \$500.00 per well (including HST);
 - 50% of the cost of plugging a well if the well could meet the standards outlined in the policy through a retrofit but the operator chooses to plug, to a maximum grant of \$10,000.00 per well (including HST), or
 - 100% of the cost of plugging a well if the well cannot meet the standards outlined in the policy. Note: All plugging of wells in this category will be contracted by the Ministry of Natural Resources. No grants are paid to the Applicant.
- The Applicant is responsible for selecting and paying the Qualified Person providing the Well Evaluation in advance of submitting the application.
- The Applicant is required to submit with the completed and signed grant application:
 - a well licensing application, where applicable;
 - a well evaluation report;
 - a well location sketch, and
 - the invoice from the Qualified Person for the well evaluation, with payment in full noted thereon.
- The Applicant is responsible for obtaining and submitting quotes for the retrofit or well plugging (as outlined in item 1.c), ensuring that quotes are commercially reasonable, are provided by a company or individual who is unrelated to the Applicant and are estimates for the costs of retrofit or plugging only. Written quotes are required to be submitted with the grant application when applying for either a retrofit grant or a plugging grant as outlined in item 1.c. In the case where the work is being performed by the Applicant or an individual related to the Applicant, quotes are to be submitted for the materials only.
- Work cannot be conducted on an unlicensed well therefore any retrofit or plugging activity must NOT proceed until a licence is issued.
- All approved work must be completed by December 31st of the year approval was received by the Applicant.
- The Applicant is responsible for paying for retrofit or well plugging (as outlined in item 1.c) in full and providing receipts to receive a grant reimbursement up to the maximum grant for the approved work.
- The Ministry of Natural Resources:
 - does not endorse any Qualified Person, service organization, contractor or consultant, or any of their services or products;
 - is not in any way liable for any loss or injury incurred by any person, including any loss arising out of or related to the selection of materials, products, services, contractors or performance of workmanship or any health and safety issues, including that related to the well evaluation, retrofit of the well head or plugging of wells; and
 - reserves the right to conduct an audit in respect of the use of the funds and perform quality assurance checks to assess the application and ensure the proper payment of the Grant.
- Any overpayment or mispayment of any part of the Grant is deemed to be a debt to the Crown and shall be repaid by the Applicant to the Ministry of Natural Resources as soon as possible.
- Information regarding the Grant Program is found on the Ministry of Natural Resources website, ontario.ca/privategaswells, or obtained by calling the Ministry's Information Line at 1 888 990-0902. Questions may also be submitted via email to pgwincentives@ontario.ca.

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 and evaluation reports prepared by the Qualified Person will be used to administer the program, issue grant payments and to conduct quality assurance checks and statistical analysis. This information will be protected in accordance with the *Freedom of Information and Protection of Privacy Act*. Questions about the collection of information can be directed to the Private Natural Gas Well Incentive Program or by calling the: Ministry's Information Line at 1 888 990-0902.

Confirmation, Agreement and Consent of Applicant

- I confirm that:
 - the information set out above is accurate and the Well Evaluation was completed on the date shown below;
 - I have paid for the cost of the Well Evaluation, plus all applicable HST.
- I have read, understand and agree to the Terms of the Grant as outlined above.
- I consent to the use, collection and disclosure of my personal information and other information collected in this application by the Ministry of Natural Resources for the purpose of administering the Private Gas Well Incentive Program as set out above.
- If the Applicant is a corporation, the undersigned has the authority to bind the Applicant.

Applicant Signature

Last Name	First Name	Title (if corporate representative)
Signature		Date (yyyy/mm/dd)

Qualified Person

I performed the Well Evaluation attached to this application on the well referenced in this application, and I confirm that the information contained in this form is accurate and consistent with the information in the Well Evaluation Report and that I have received payment in full for this service.

Last Name	First Name	Middle Initial
Telephone Number		Email
Signature and Seal		Date of Signature (yyyy/mm/dd)
		Date of Evaluation (yyyy/mm/dd)

Designation: ☐ Professional Engineer ☐ Professional Geoscientist ☐ Class II Examiner

For Internal Use Only:

Approved By	Date (yyyy/mm/dd)	F Number
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Please mail this completed form to the Private Gas Well Incentive Program, Ministry of Natural Resources, Petroleum Operations Section, 659 Exeter Road, London ON N6E1L3. To Applicant: Please retain a copy of this completed form for your records.