

Rural Domestic Water Well Program

APPLICATION # _____ DATE: _____

TYPE OF SERVICE: _____

APPLICANT: _____

ADDRESS: _____

CITY: _____

POSTAL: _____ PHONE: _____

ROLL #: _____

PLAN #: _____ LOT LOCATION: _____

LOT#: _____ QUAD: _____

APPLICANT' SIGNATURE: _____

APPROVAL CALCULATIONS (FOR OFFICE USE ONLY)

ASSESSED VALUE: LAND: _____

IMPROVEMENT: _____

LESS EXISTING LIP: _____

TOTAL _____

X 25% _____

ELIGIBLE FINANCIAL LOAN BY RDWWP: _____

PROCEED: YES: _____ NO: _____

RDWWP: APPROVAL: _____ DATE: _____