

## Well Water Testing Rebate Application

The RDN offers up to 50% off private domestic well water testing to better understand the health of our groundwater supply. Applications are processed Jan. 15 - Dec. 15 on a first-come, first-served basis. If you are approved, the RDN will issue you a voucher. Submit your RDN issued voucher with your sample to the lab. Eligibility details at www.rdnrebates.ca. Processing time 1-4 weeks.

1. PROPERTY OWNER(S)					Office use			
Full Name				Date App	Date Approved Amount		Pre-approval # WWTR	
Phone Number (main)		Phone Number (alternate)		E-mail A	E-mail Address			
Mailing Address				- 1	Cit	y / Town	Postal Code	
2. WELL & SAMPLE INFORMATION								
RDN Property Address / Location of Well (if different than mailing address above) City / Town Postal Code							Postal Code	
Well ID # (optional)	Well ID # (optional)   Well Type (dug or d		Type of Well Treatment   Sample will be Col		e will be Colle	cted from (i.e. kitchen tap)		
Sample will be taken			Groundwater from the well (check all that apply)					
before treatme	$\square$ is consumed by individuals $\square$ services multiple dwellings							
3. SHARING TEST RESULTS								
Sharing your test results with the Regional District of Nanaimo (RDN) Drinking Water & Watershed Protection program will enhance the understanding and management of groundwater in our region.  I agree to share my water quality test results with the RDN Drinking Water & Watershed Protection program. Information shared is protected under the Freedom of Information and Protection of Privacy Act.  I also agree that the RDN may disclose my water quality test results to the Province of BC for groundwater research purposes and consent to my results becoming public via the Open Government License.								
4. REBATE INFORMATION								
If approved, I wo ☐ mailed ☐ €	n office	Have you received this rebate before?  yes no unsure						
By signing below, I declare that I have read and understood the requirements of the RDN's Well Water Testing Rebate provided (www.rdnrebates.ca), and I understand that the Regional District of Nanaimo is not responsible for the sampling, treatment, operation, or maintenance of my private domestic well.								
Signature of Applicant (if not the property o			owner)	Date Signed (dd/		d/mm/yy)		
Signature of Property Owner(s) REQUIRED				Date Sig	Date Signed (dd/mm/yy) REQUIRED		REQUIRED	