

Name of person (Applicant)

Alternate Address (if different from above)

Street Name

Fax Number

Street Number/PO Box

Community

Phone Number

Government of Newfoundland and Labrador Department of Environment and Climate Change Water Resources Management Division

Postal Code

## Application for Water Well Drilling Licence Renewal

Affiliated Company and licence number

Province

**Email Address** 

Subject to Section 56 of the *Water Resources Act* SNL 2002 cW-4.01, the undersigned applies for a licence to carry on the business of water well drilling in the Province of Newfoundland and Labrador for the year\_\_\_\_\_, and in support thereof makes the following statements of fact:

Street Number/PO Box	Street Name							
Community		Province Pos		stal Code				
Phone Number	Fax Number	Email Address	Email Address					
( )	( )							
Please list all water well drilling machines owned and operated by applicant								
Water Well Drilling Machine					Plate Number			

Size of holes applicant is equipped to drill				
oize of ficios applicant is equipped to dilli				
Applicant will be drilling:	Full Time	Part Time		
Area(s) of the province in which applicant wi	Il be operating:			
I certify that the information in this a to make a false statement or to fals		ete and accurate. This	is a legal documen	t and it is an offence
A cheque for \$400 + HST, made pa 2800 – HST MPA-Water Rights (H)			t, is attached. Acco	ount# 1221-500-4150
Applicant's Name (Please Print)	Signature of App	licant	Date	
Forward completed application and	fee to:			

Email: GroundwaterSection@gov.nl.ca

Mail: Attention: Groundwater Section Department of Environment and Climate Change Water Resources Management Division PO Box 8700 St. John's, NL, A1B 4J6

If you have any questions or require assistance, please contact please contact the environmental scientist at (709) 729-1671 or email <a href="mailto:GroundwaterSection@gov.nl.ca">GroundwaterSection@gov.nl.ca</a>