COMPANY REHAB. SUBMISSION FORM

Rehab #:       Company:       Well Lic:

Surface Location:       Bottom Hole Location:

GPS Coordinates (NAD 83) Northing:       Easting:

Site Type: Spill [ ]  COA [ ]  Spread [ ]  Other:

Area left to reclaim:       m2Landowner:       Land use: Crop [ ]  Pasture [ ]  Other

Mailing address:       Prov:       Postal Code

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2023 REHAB PERFORMED

AMENDMENTS DATE APPLIED AMT KG/HA REMARKS

OTHER COMMENTS

SOIL SAMPLES YES [ ]  NO [ ]
(If Yes, please submit one copy of analysis)

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2024 PROPOSED REHAB

AMENDMENTS DATE PROPOSED AMT KG/HA REMARKS

OTHER COMMENTS

Company Rep:       Position:

Signature:       Telephone #

Date:       Fax #

Email:

FOR DEPARTMENT USE ONLY

Inspection Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Proposed Rehab Approved: YES/NO Date:­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Follow-up Letter Required: YES/NO Date Sent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_