



APPLICATION FOR SHOCK CHLORINATION

File: DWP-SC-17- _____

****AHCD urges applicants to have their water tested prior to and following any plumbing work or well maintenance such as shock chlorination.**

Name of Applicant _____ Phone: _____

Mailing Address: _____

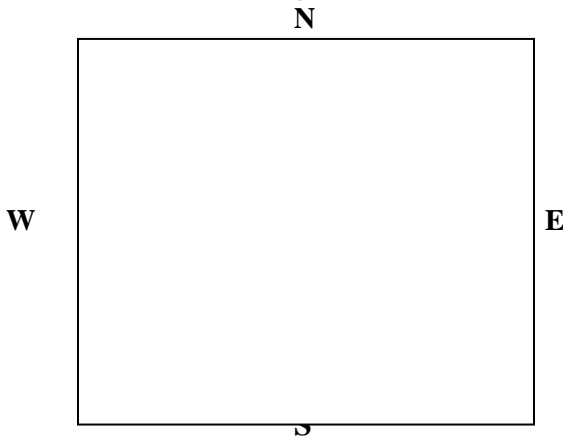
Legal Description of Project: Qrt. _____ Sec. _____ Twp. _____ Rge. _____

Member Municipality: _____

- | |
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| <p>Conservation District
 SubDistrict:
 <input type="checkbox"/> Elgin Creek
 <input type="checkbox"/> Pelican/Rock
 <input type="checkbox"/> Epinette/Willow
 <input type="checkbox"/> Little Souris
 <input type="checkbox"/> Lower Souris
 <input type="checkbox"/> Oak Creek</p> |
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WELL LOCATION:

Draw approximate well locations.
 Show roads, buildings & watercourses.



List any information known about well: ie: size, depth, etc.

Casing: _____

Diameter: _____

Depth: _____

Static Water Level: _____

Date Well Drilled: _____

CONDITIONS:

- | |
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| <p>The Conservation District shall:</p> <ol style="list-style-type: none"> 1. Provide all labour and materials required for the disinfecting well(s). Each well must have an individual application filled in. 2. Supervise the project to ensure project design is met. 3. Reserve the right to refuse any application. <p>The Landowner shall:</p> <ol style="list-style-type: none"> 1. Pay \$50.00 per chlorination 2. Grant consent of entry to the District, its agents, servants, and/or employees with the necessary equipment for inspection, advertisement and construction of the project. 3. Not alter, remove, or modify the project without written consent of the District. 4. Indemnify and save harmless the Assiniboine Hills Conservation District, their agents, engineers, servants, and/or employees from any liability that may result from this project. |
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I hereby declare that I have read the conditions and agree to abide by the conditions. I understand that failure to abide by the above conditions may result in my being declared ineligible for future Conservation District programs. Approval of all AHCD projects is dependent upon funding availability.

 Signature of Landowner/Applicant

 Date

 AHCD Authority