



# Assiniboine Hills

Conservation District  
P.O. Box 160  
Baldur, MB R0K 0B0

## APPLICATION FOR WELL CAPPING

File: DWP-WC-18-\_\_\_\_\_

Name of Applicant \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Legal Description of well location: Qrt. \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ Rge. \_\_\_\_\_

Member Municipality: \_\_\_\_\_

<b>Conservation District</b>
<b>SubDistrict:</b>
<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

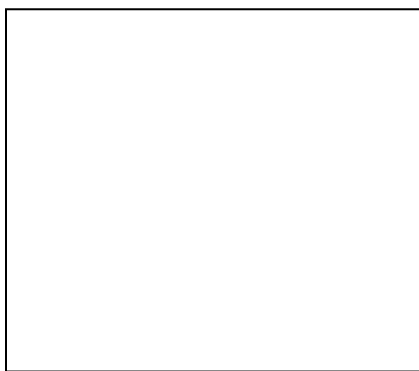
### PROJECT DIAGRAM:

Draw well location on quarter section  
Show roads, buildings, and watercourses

N

List any information known about the well:

W



S

\_\_\_\_\_

Casing: \_\_\_\_\_

E Diameter: \_\_\_\_\_

Depth: \_\_\_\_\_

Static Water Level: \_\_\_\_\_

Date Well Drilled: \_\_\_\_\_

### CONDITIONS:

#### The Conservation District shall:

1. Provide all materials required for the disinfecting and proper sealing of the abandoned well(s).
2. Arrange the rental and contracting of any equipment necessary for excavation.
3. Supervise the project to ensure project design is met.
4. Reserve the right to refuse any application.

#### The Landowner shall:

1. 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.
2. Not alter, remove, or modify the project without written consent of the District.
3. 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.

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