

WEST SOURIS RIVER CONSERVATION DISTRICT
P.O. BOX 339
Reston, Manitoba R0M 1X0
Phone: (204) 877-3020 Fax: (204) 877-3090
www.wsrcd.com

WELL SHOCK CHLORINATION APPLICATION

Approved: #137-07-11

OBJECTIVE: To help maintain the groundwater quality & Improve drinking water quality.

Please print

NAME: _____

MAILING ADDRESS: _____
(Box Number) (Town) (Postal Code)

TELEPHONE NUMBER: _____ E-MAIL: _____

LEGAL LAND DESCRIPTION OF PROJECT: _____
(Quarter) (Section) (Township) (Range) (e.g. NW 1-2-3)

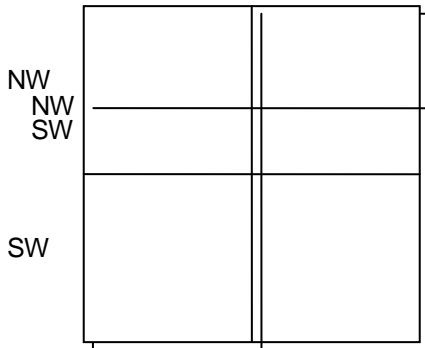
R.M. of _____

Well Size: _____ Depth: _____ Type of Cribbing: _____

Project Diagram:

Comments:

Draw location of well on the section map and
any defined landmarks, water source etc.



For More Information contact the WSRCD at:
Phone: 877-3020 Fax 877-3090
E-mail: manager@wsrcd.com

Please return completed application forms to:
West Souris River Conservation District
Box 339, Reston, MB R0M 1X0

GENERAL TERMS AND CONDITIONS:

- Projects applied for must be within the WSRCD; and
- Failure of a landowner to meet Landowner Responsibilities may negate him / her from other WSRCD programs.
- Flat rate of \$100.00/well.

LANDOWNER RESPONSIBILITY:

- Provide access to project for installation, maintenance, removal, and tours;
- Indemnify and save harmless the District from any and all actions, claims, suits, damages, injuries, or other loss no matter howsoever arising as a result of this project.

- Grant the conservation district the right to use any information related to this project for educational or promotional purposes.

CONSERVATION DISTRICT RESPONSIBILITY:

- Provide all materials required for the disinfecting well(s).
- Reserve the right to reasonable access to project areas for tours or to inspect the condition of the project site.
- West Souris River Conservation District will not be held responsible for unforeseen complications or incidents which may occur as a result of the Well Shock Chlorination process.

I hereby declare that I have read and understand the terms and conditions of the Well Shock Chlorination program, and I do hereby agree to abide by said terms and conditions of the agreement

Date: _____ **Signature:** _____
(Landowner)

OFFICE USE ONLY

Sub District _____

Date Application Received _____

Approved _____ Not Approved _____

Comments _____

Signature of Approval _____ Date of Review _____

GPS Co-ordinates E _____ N _____