



# Central Assiniboine Watershed District

205 Elizabeth Avenue East  
P.O. Box 160  
Baldur, MB R0K 0B0

**PROJECT APPLICATION Project Name:** \_\_\_\_\_

*(Requires Small Dams & Crossing Application Form)*

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

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

Legal Description of Project: Qrt. \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ Rge. \_\_\_\_\_

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

**For Office Use Only**

**SubDistrict:**

- Little Souris
- Lower Assiniboine
- Epinette/Willow
- Cypress River
- Souris River
- Oak Creek

UPLAND PROTECTION

DRINKING WATER PROTECTION

CONSERVATION OF NATURAL AREAS:

SURFACE WATER MANAGEMENT

E-mail: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In Kind: \_\_\_\_\_

Work/Items not covered: \_\_\_\_\_

Partners: \_\_\_\_\_

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 Watershed District programs. Approval of all CAWD projects is dependent upon funding availability.

\_\_\_\_\_  
Signature of Landowner/Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
CAWDD Authority