



Central Assiniboine  
Watershed District  
P.O. Box 160  
Baldur, MB R0K 0B0

**APPLICATION FOR SHOCK CHLORINATION**

**File: DWP-SC-20-\_\_\_\_**

**\*\*CAWD urges applicants to have their water tested prior to and following any plumbing work or well maintenance such as shock chlorination. Only available May –October depending on weather.**

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

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

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

Member Municipality: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

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

<u><b>SubDistrict:</b></u>	
<u><b>For Office Use Only</b></u>	
<input type="checkbox"/>	Little Souris
<input type="checkbox"/>	Lower Assiniboine
<input type="checkbox"/>	Epinette/Willow
<input type="checkbox"/>	Cypress River
<input type="checkbox"/>	Souris River
<input type="checkbox"/>	Oak Creek

**CONDITIONS:**

**The Watershed District shall:**

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.

**The Landowner shall:**

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

Signature of Landowner/Applicant \_\_\_\_\_ Date \_\_\_\_\_ CAWD Authority \_\_\_\_\_

Ph. (204) 535-2139

Toll Free 1-877-535-2139

Fax. (204) 535-2215

[www.centralassiniboinewd.ca](http://www.centralassiniboinewd.ca)

August 2020