



**APPLICATION FOR WELL CAPPING**

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

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

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

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

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

List any information known about the well:

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

<p><b>SubDistrict:</b>  <b>For Office Use Only</b></p> <p><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</p>
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**CONDITIONS:**

**The Watershed 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 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