



# Central Assiniboine Watershed District

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

## APPLICATION FOR SHOCK CHLORINATION

File: DWP-SC-\_\_\_\_\_

**\*\*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 and staff time.**

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

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

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

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

**SubDistrict:**  
**For Office Use Only**

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

### WELL LOCATION:

Draw approximate well locations.  
Show roads, buildings & watercourses.

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

N

W

E



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

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

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

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

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

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

### 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 \$75.00 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

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

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January 2024