



# WEST INTERLAKE WATERSHED DISTRICT

## WELL CHLORINATION PROGRAM APPLICATION

Program Objective: to assist landowners in the process of disinfecting a well and plumbing system with chlorine to kill or reduce certain kinds of bacteria.

Applicant Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

Email: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please return completed application forms to:

### West Interlake Watershed District

Box 732, 9 Main Street

Lundar, Manitoba R0C 1Y0

T. 204.762.5850

F. 204.762.5862

E. [manager@wiwd.ca](mailto:manager@wiwd.ca)

W. [www.wiwd.ca](http://www.wiwd.ca)

Project Site (Qtr, Section-Township-Range) \_\_\_\_\_

Well Type?  Drilled  Dug  Other (explain) \_\_\_\_\_

Casing width: (inches) \_\_\_\_\_ Well depth: (feet) \_\_\_\_\_

### Type of project(s)

Partial Chlorination

Full Chlorination

### Project Site Sketch

Draw approximate well location(s). Show roads, buildings, and watercourses.

North

Comments

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

## Terms and Conditions

### Eligibility

- Project site must be within the WIWD boundaries.
- The WIWD will fund up to \$250.00 (plus GST) for partial chlorination and up to \$500.00 (plus GST) for full chlorination.
- One application per registered landowner per year, dependent on Board approval.

## Roles and Responsibilities

### The Applicant shall:

1. Grant consent of entry to the District, its agents, servants, and/or employees with the necessary equipment for inspection and advertisement of the project.
2. Indemnify and save harmless the WIWD, their agents, engineers, servants, and/or employees from any liability which may result from this project.
3. Allow signage to be placed at project site.
4. Be responsible for the remaining costs (plus GST) over the Watershed District maximum of \$250.00 for partial chlorination and maximum of \$500.00 for full chlorination.

### The WIWCD shall:

1. Provide funds and coordinate work with licensed contractors.

## General Information

The annual projects resulting from this program are subject to available annual funding. The Watershed District will determine application priorities in consultation with sub district members and district staff. All projects must be approved by the Watershed District prior to completion.

**I hereby declare that I have read and understand the Terms and Conditions of the Well Chlorination Program and agree to abide to the said Terms and Conditions if my application is approved, and cooperate with the WIWD in completing and maintaining the project as outlined.**

\_\_\_\_\_  
Signature (of registered landowner)

\_\_\_\_\_  
Date

OFFICE USE ONLY			
Sub District _____	Work Order _____		
	Approved	Denied	Comments
Sub District Recommendation	_____	_____	_____
Board Recommendation	_____	_____	_____
Board Resolution _____	Received _____		