

PRIVATE WELL WATER TESTING - APPLICATION FORM 2019

Seine-Rat River Conservation District

154 Friesen Avenue, Steinbach, MB, R5G 0T5; (204) 326-1030; info@srrcd.ca; www.srrcd.ca

Objective: To assist SRRCD residents with having their private well water tested for the presence of E. coli and Coliform bacteria.

Applicant: _____ Phone #: _____

Mailing Address: _____

Email: _____ Civic Address (Driveway # & road): _____

Legal sample location (Qtr, Sec-Twp-Rge, Lot #): _____

ELIGIBILITY:

1. Wells to be tested must be for private purposes and within the boundary of the SRRCD
2. Water samples will only be accepted on the morning of the well water testing days:
3. Each legal location is eligible for one sample per well at the subsidized rate

November 7th 2019
Drop Off Sample BEFORE:
10:00 AM

TERMS AND CONDITIONS:

The Applicant shall:

1. Obtain a sterile water sample bottle from any participating RM office; follow the proper well water sample collection procedures and collect the sample the same day it is to be analyzed.
2. Drop the well water sample off at the SRRCD office or other participating RM office prior to **10:00 am**. Water samples must be submitted with SRRCD Application form and Horizon Lab Ltd. Chain of Custody form.
3. Ensure both forms are filled out correctly, including name, current phone number, mailing address, and legal land description or civic address.
4. Grant permission to the SRRCD to receive a copy of the well water test results in confidence within the SRRCD office by signing this application form.

The Conservation District shall:

1. Provide sterile water sample bottles
2. Deliver the well water samples to an accredited lab in Winnipeg for testing; and
3. Keep all information related to the applicant and test results confidential

This is an agreement between the Applicant and the Conservation District and will terminate upon the acceptance of the lab analysis. I hereby declare that I have read the Terms and Conditions of the Well Water Testing Program and I agree to the Terms and Conditions as outlined above.

Applicant Signature: _____ Date: _____

OFFICE USE ONLY

Received (\$) _____ Cheque # _____ Date _____ Initials _____