

# WELL WATER TESTING - APPLICATION FORM

## *Seine-Rat River Conservation District*

Box 339, La Broquerie, MB. R0A 0W0  
Ph: (204) 424-5845 Fax: (204) 424-5909

**Objective:** To assist District residents with having their well water tested for the presence of bacteria.

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

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

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

### ELIGIBILITY:

1. Wells to be tested must be within the boundary of the Conservation District.
2. To ensure timely delivery to the lab, the water samples will only be accepted on the well water testing day.

### TERMS AND CONDITIONS:

The Applicant shall:

1. Obtain a sterile water sample bottle, 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 CD office or other designated location prior to 12:00 noon on the well water testing day;
3. Grant permission to the SRRCD to receive a copy of the well water test results in confidence within the SRRCD office; and
4. Pay \$8.00 per well water sample for the lab analysis fee.

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 that I agree to the said Terms and Conditions as outlined above.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **OFFICE USE ONLY**

Received \_\_\_\_\_ Cheque # \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_