



Lake of the Prairies Conservation District  
**GRASSED WATERWAY PROGRAM**  
**APPLICATION FORM**

Bldg. 211, P.R. # 366  
 P. O. Box 31  
 Inglis, MB R0J 0X0  
 Phone: (204) 564-2388  
 Fax: (204) 564-2637  
 Email: [lpced@mts.net](mailto:lpced@mts.net)

<b>APPLICANT NAME:</b>		<b>PHONE NUMBER:</b>	
<b>MAILING ADDRESS:</b>			
<b>PROJECT SITE:</b>	<b>QTR:</b>	<b>SEC:</b>	<b>TWP:</b>
<b>REGIONAL MUNICIPALITY:</b>			<b>RGE:</b>
			<b>SUB-DISTRICT: (OFFICE USE ONLY)</b>

**NOTE: APPROVED APPLICATONS/PROJECTS EXPIRE ON AUGUST 31, 2009.**  
**ANY APPROVED PROJECTS NOT COMPLETED BY AUGUST 31, 2009 WILL BECOME NULL AND VOID.**  
**LPCD MAY OFFER TO EXTEND FUNDING UNTIL OCTOBER 31, 2009, BASED ON LANDOWNER CIRCUMSTANCES.**

<b>PROJECT DESCRIPTION:</b> (Please include history or problem, anticipated length and width of proposed watercourse, etc.)

**PROJECT DIAGRAM**

(Please indicate area to be sown with moisture-tolerant forage seed within quarter section. Include wetlands, cropped areas, roads, streams, treed areas, buildings, etc.)



**What does your waterway empty into?**

<b>Your land:</b>	
<b>Neighbour's Land:</b>	
<b>Municipal Drain:</b>	
<b>Natural Watercourse:</b>	
<b>Other (specify):</b>	

**Please read all conditions and responsibilities listed in the attached document.**

I hereby declare that I have read and understand the conditions of the Grassed Waterway Program and I agree to abide by the said terms. I further agree to fully cooperate with the Conservation District Board in completing and maintaining the project as outlined.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Application

**OFFICE USE ONLY**

<b>DATE RECEIVED:</b>		<b>APPLICATION #:</b>		<b>LETTER SENT:</b>	
<b>DATE REVIEWED:</b>		<b>APPROVED:</b>		<b>RES. #:</b>	
<b>COMPLETED:</b>		<b>AMOUNT PAID:</b>		<b>CHEQUE#:</b>	