



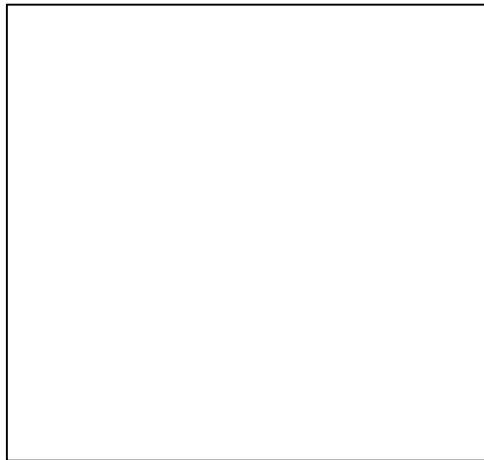
Lake of the Prairies Conservation District  
**OFF-SITE SOLAR WATER SYSTEM TRIAL  
 APPLICATION FORM**

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

**PROJECT DIAGRAM**

(Please indicate present water source location, surrounding vegetation and proposed system site.)



**PROJECT SPECIFICS**

<b>Type of Livestock Operation:</b>	
<b>Number of Livestock at Site:</b>	
<b>Current Water Source :</b>	
<b>Other pertinent information:</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 Off-Site Solar Powered Watering System Trial 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>DATE INSTALLED:</b>		<b>INSTALLER:</b>	<b>DEPOSIT REC:</b>
<b>DATE REMOVED:</b>		<b>ANY DAMAGE?</b>	<b>DEPOSIT RTN:</b>