



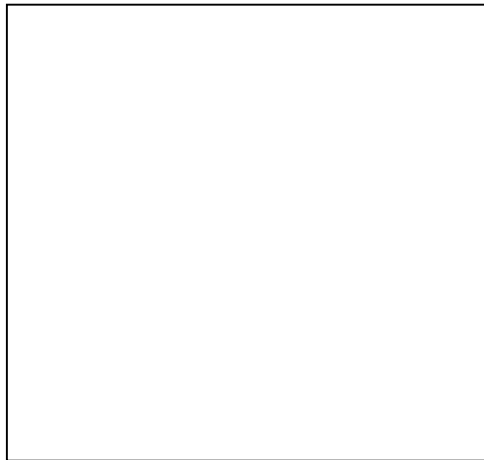
Lake of the Prairies Conservation District
**OFF-SITE SOLAR WATER SYSTEM TRIAL
 APPLICATION FORM**

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 P. O. Box 31
 Inglis, MB R0J 0X0
 Phone: (204) 564-2388
 Fax: (204) 564-2637
 Email: lpcd@mts.net

APPLICANT NAME:		PHONE NUMBER:	
MAILING ADDRESS:			
PROJECT SITE:	QTR:	SEC:	TWP:
REGIONAL MUNICIPALITY:			

PROJECT DIAGRAM

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



PROJECT SPECIFICS

Type of Livestock Operation:	
Number of Livestock at Site:	
Current Water Source :	
Other pertinent information:	

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

DATE RECEIVED:		APPLICATION #:	
DATE INSTALLED:		INSTALLER:	DEPOSIT REC:
DATE REMOVED:		ANY DAMAGE?	DEPOSIT RTN: