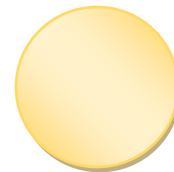


PRIVATE WELL WATER TESTING - APPLICATION FORM 2024

Seine Rat Roseau Watershed District



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

Objective: To assist SRRWD 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 SRRWD
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

**May 23rd & June 27th
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 SRRWD office or other participating RM office prior to **10:00 am**. Water samples must be submitted with SRRWD Application form and Horizon Lab Ltd. Chain of Custody form. **Payment of \$25.00 per sample must be included and only cash or cheque (made payable to Horizon Labs) will be accepted.**
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 SRRWD to receive a copy of the well water test results in confidence within the SRRWD office by signing this application form.

The Watershed 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 Watershed 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 _____