

APPLICATION TO CROSS WATER LINE

PLEASE NOTE – There is a \$100.00 fee required to be submitted with the completed application.

OWNER/APPLICANT: _____

Mailing Address _____

City _____ Province _____ Postal Code _____

Contact Person _____

Phone _____ Fax _____

Email _____

FACILITY: Type _____

CARRIER PIPE: Pipe Type _____ Max. Operating Pressure (kPa) _____

Outside Diameter (mm) _____ Wall Thickness (mm) _____

CASING PIPE: Outside Diameter (mm) _____ Wall Thickness (mm) _____

PROPOSED FACILITY PARALLELS WATERLINE FROM – TO:

____ ¼ SEC ____ TWP ____ RGE ____ W4M TO ____ ¼ SEC ____ TWP ____ RGE ____ W4M

____ ¼ SEC ____ TWP ____ RGE ____ W4M TO ____ ¼ SEC ____ TWP ____ RGE ____ W4M

PROPOSED FACILITY CROSSES WATERLINE FROM – TO:

____ ¼ SEC ____ TWP ____ RGE ____ W4M TO ____ ¼ SEC ____ TWP ____ RGE ____ W4M

____ ¼ SEC ____ TWP ____ RGE ____ W4M TO ____ ¼ SEC ____ TWP ____ RGE ____ W4M

Please indicate the location(s) of the pipeline and crossings on the diagram.	NW	NE	NW	NE
	SW	SE	SW	SE
	NW	NE	NW	NE
	SW	SE	SW	SE

COMMENTS:

I, _____, hereby certify that the information given on this form is full and complete and is, to the best of my knowledge, a true statement of facts relating to this application for placement of an irrigation pipeline.

(Signed) _____ (Date) _____