

Ap	plication	#

Construction of an Agricultural Surface Water Management Channel Application

APPLICANT INFORM	MATION:				
Name of Applicant					
Permanent address _	P.O. Box	Town	Province	Postal Code	
Telephone (res.)	(bus.)	(bus.)			
Legal land description	n(s)				
Please list all landowr	ners participating	in the project:			
NAME		LEGAL LAND DESCRIPTION			

PROJECT INFORMATION:

The following information has been appended:

- approximate location of legal property boundaries;
- the area to be drained by the proposed agricultural surface water management channel;
- the alignment of the proposed agricultural surface water management channel;
- the existing ground elevations (what is the general lay of the land);
- the proposed design elevations (is ditch cut required for drainage);
- a typical cross-section of the proposed surface water management channel;
- the location, size and elevation of existing and proposed surface water management structures (i.e. culverts);
- proof of AEP and or AEF approval (provide a copy to the County); and
- A proposed plan for top soil management (how will you manage the excess topsoil).

Does the proposed agricultural surface water management channel discharge into a ditch along an existing road?	□Yes	□No				
If yes, please provide the following:						
Name of the applicable road						
Does the proposed agricultural surface water management channel require the construction of a ditch within an undeveloped road allowance?	□Yes	□No				
If yes, please provide the following:						
Legal location of road allowance						
Is the Applicant willing to enter into a Road Allowance Use Agreement?	□Yes	□No				
What is the estimated size of the contributing area?	Acr	es.				
Does this project involve a ditch already licensed?	□Yes	□No				
If yes, please attach all related documents (i.e. license number, map, etc.).						
Are the Applicants prepared to sign an easement/caveat at no cost to the County?	□Yes	□No				
Has the Applicant gained consent from all adjacent and affected landowners? (as determined by the ASB and Ag. Fieldman)	□Yes	□No				
If yes, please provide signatures and legal land descriptions be	elow.					
SIGNATURE LEGAL LAND DE	SCRIPTION					
By signing this form, I verify that this information is accurate and complete to the best of my knowledge; and,						
I hereby authorize the County to traverse the subject properties for the purpose of performing a basic review and level one assessment of the proposed project as specified on this form.						
Signature	Date					