Mackenzie County CONSTRUCTION OF AN AGRICULTURAL SURFACE WATER MANAGEMENT CHANNEL APPLICATION

Applicant Information:

Name of Applica	ant:		
Address:		Home:	
City:		Work:	
Province:	Postal Code:	Cell:	
Legal Land Loca	ation:		
Please list all la	ndowners participating in the projec	:t:	
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 (which is the general lay of the land);
- the proposed design elevation of the existing and proposed surface water management structures (i.e. culverts);
- proof of ESRD approval (provide a copy to the County); and
- A proposed plan for top soil management (how will you manage the excess topsoil).

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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?		Acres.
Is the Applicant willing to enter into a Road Allowance Use Agreement?	Yes	🛛 No
What is the estimated size of the contributing area?	 	Acres.
Does this project involve a ditch already licensed?	Yes	🛛 No
If yes, please attach all related documents (i.e. license number, map, etc.)		
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

If yes, please provide signatures and legal land descriptions below.

Signature:

Legal Land Description:

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:

Mackenzie County Box 640, 4511-46 Avenue Fort Vermilion, AB T0H 1N0



Phone: (780) 927-3718 Fax: (780) 927-4266 Email: office@mackenziecounty.com www.mackenziecounty.com

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