



Request to Cross Water Line

Application Form

Public Works

Please Note - A processing fee of \$300.00 is to be submitted with the completed application, along with a site plan of the proposed crossing. Installation MUST be done by an MD Approved Contractor.

APPLICANT: Company _____
 Mailing Address _____
 City _____ Province _____ Postal Code _____
 Contact Person _____
 Phone _____ Fax _____
 Email _____

Member of a one-call system _____ Yes _____ No (e.g. Alberta One Call)

OWNER: Company _____
 Mailing Address _____
 City _____ Province _____ Postal Code _____
 Contact Person _____
 Phone _____ Fax _____
 Email _____

CHOSEN CONTRACTOR: _____

FACILITY: Type/Product _____ File / Drawing No. _____

INSTALLATION METHOD: _____ Max. Operating Pressure (kPa) _____

CARRIER PIPE: Pipe Type _____ Outside Diameter (mm) _____

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

CONSTRUCTION LOCATION (legal locations):

Starting Point: _____ Ending Point: _____

PROPOSED FACILITY PARALLELS WATER LINE _____ 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 WATER LINE _____ FROM - TO:

_____ ¼ _____ SEC _____ TWP _____ RGE W4M TO _____ ¼ _____ SEC _____ TWP _____ RGE W4M

_____ ¼ _____ SEC _____ TWP _____ RGE W4M TO _____ ¼ _____ SEC _____ TWP _____ RGE W4M

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 to cross the water line.

(Signed) _____ (Date) _____