



Solar Watering Demonstration System Application Form

This service is provided to landowners within the TMCD to experiment with the use of a solar-powered remote watering system for a free trial period.

NAME: _____

MAILING ADDRESS: _____
(Box Number) (Town) (Postal Code)

TELEPHONE NUMBER: _____ E-MAIL: _____

LEGAL LAND DESCRIPTION OF PROJECT: _____
(Quarter) (Section) (Township) (Range) (e.g. NW 1-2-3)

General Terms and Conditions:

- Projects applied for must be within the TMCD (priority given to landowners in the Chain Lakes Sub-District);
- Landowners can use the solar watering system for up to 30 days for free; and
- Failure of a landowner to meet Landowner Responsibilities may negate him / her from other TMCD programs.

Landowner Responsibility:

- Grant access for TMCD staff to enter onto the project area to set up watering system;
- Agree to care for the solar watering system in a reasonable and prudent manner promptly reporting any damage sustained or repairs needed and be responsible for missing and or damaged parts outside normal wear and tear;
- Control livestock access around the watering system and pump; and
- Grant the TMCD the right to use any information related to the solar watering system for promotional purposes.

Conservation District Responsibility:

- TMCD staff will deliver solar watering system to and from landowners and assist with setting up;
- Provide landowners with operating instructions and assist with trouble shooting when required; and
- Retain the option to use photos taken of the project for public relations purposes.

Description of Pump System:

- 1 – floating solar powered electric pump
- 2 – 12 volt deep cycle batteries
- 1 – solar panel
- 1 – water trough
- 1 – 50 feet of discharge hose

I hereby declare that I have read the conditions above and I agree to abide by this rental agreement. I understand that I am responsible for the equipment while it is in my care, custody and control. I confirm that the insurance is current on the vehicle towing the equipment.

Date: _____ Name: _____ Signature: _____
(Renter)

Please return your **Rental Form** to:
Turtle Mountain Conservation District
Box 508, 102 Broadway Street S.
Deloraine, Manitoba ROM 0M0

For more information:
Phone: 747-2530 Fax: 747-2956
E-mail: tmcd.admin@goinet.ca
Website: www.tmcd.ca

Office Use Only

Date returned: _____

Did the equipment work well for the landowner? Yes _____ No _____

If no, what was the problem? _____

