



Water Pump Application Form

This service is provided to landowners within the TMCD to fill dugouts.

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)

DISTANCE TO BE PUMPED: _____ DATE PUMP WANTED: _____

CHECK BOX FOR WHICH RENTAL(S):

- Berkley PTO Pump
- Reels of Brown 4" Hose (1/2-3/4 mile)
- Watermaster Floating Gas Pump
- Reels of Black 4" Hose (90 ft)
- Reels of Blue/Green 3" Hose (3/4 mile)

General Terms and Conditions:

- Projects applied for must be within the TMCD; and
- Failure of a landowner to meet Landowner Responsibilities may negate him / her from other TMCD programs.

Landowner Responsibility:

- Pay **\$500 damage deposit;**
- Pay the rental rate of **\$300/day for PTO Pumps;** or **\$150/day for Gas Pumps;**
- Landowner to supply tractor (min. 50 hp) for PTO Pumps;
- Agree to care for the water pump 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; and
- Grant the TMCD the right to use any information related to the water pump for promotional purposes.

Conservation District Responsibility:

- TMCD staff will deliver water pump to and from landowners;
- 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.

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 R0M 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? _____

Damage Deposit returned: y/n _____ Date: _____