



Whitemud Watershed District

41 Main St E, Box 31 Neepawa Mb R0J 1H0

Phone: 204-476-5019 Fax: 204-476-7094

Stephanie Kryschuk

Grow Coordinator

Phone: 204-476-6209

Email: wwdgrowcr@mymts.net

Application Form

Personal Information			
Applicant Name:		Date (DD-MM-YYYY):	
Mailing Address:	City:	Province:	Postal Code:
Phone:		Cell:	
Email:			
How did you hear about us:			
Property Details			
Legal land description:		Municipality:	
How many acres or quarter sections do you own: _____			
Are you renting any land: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, is the potential project on the rented land: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Land Use (check all that apply):			
<input type="checkbox"/> Livestock/Pasture <input type="checkbox"/> Crop <input type="checkbox"/> Forest <input type="checkbox"/> Native Prairie			
<input type="checkbox"/> Tame/Hay Land <input type="checkbox"/> Idle/Undeveloped			
Are you located within the Whitemud Watershed District? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have your Environmental Farm Plan (EFP): <input type="checkbox"/> Yes <input type="checkbox"/> No			

Project Interest (Check all that apply)

Wetlands (Ex. Marsh, Ponds, Sloughs)

Protection of existing Enhancement of existing Restoration of existing

Other : _____

If known:

Class I Class II Class III Class IV Class V

Number of Wetlands: _____

Riparian Areas (Edge of Water Body)

Protection of existing Enhancement of existing Restoration of existing

Other: _____

Upland Areas (Ex. Native Prairie, Forest)

Protection of existing Enhancement of existing Restoration of existing

Other: _____

Please Specify: _____

Number of Acres: _____

Water Retention

Small Dam Construction Culvert Re-sizing Berm Construction

Other: _____

Buffer Establishment (Ex. Shelterbelt, Perennial Cover)

Protection of existing Enhancement of existing Restoration of existing

Other: _____

Number of Acres: _____

Cover Crop

Acres being seeded: _____

Are you seeding a single species or multiple species? _____

Please list the species that will be seeded for the crop: _____

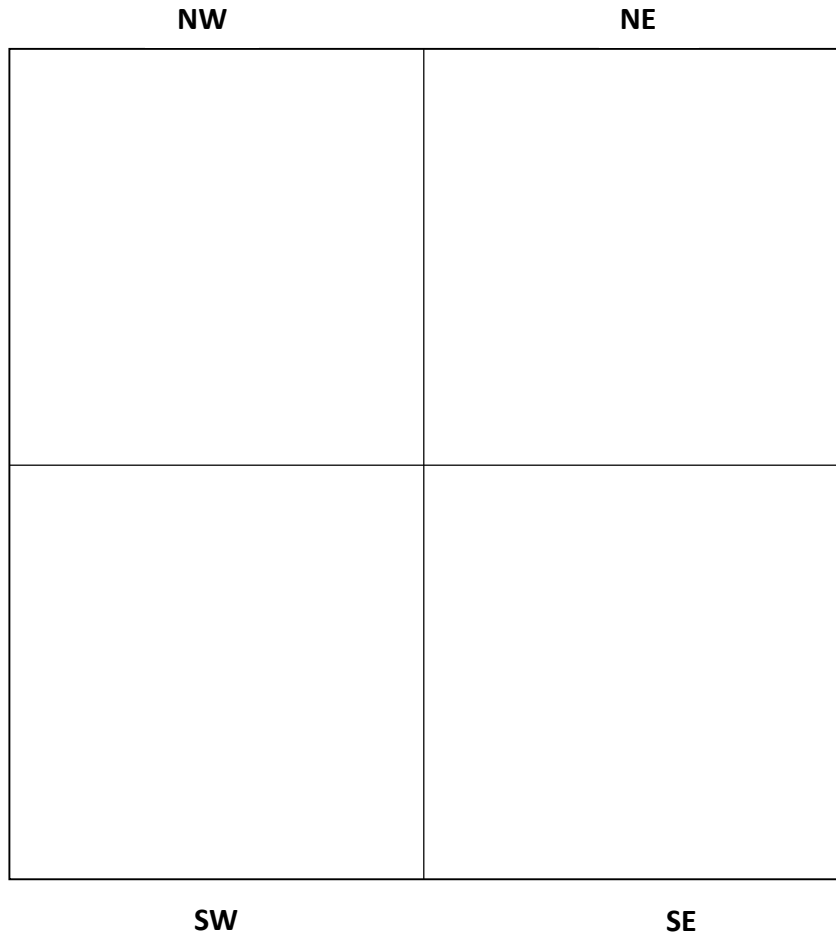
Will this crop have a minimum 60 day growing period? Yes No

Will the crop being grazed or hayed: Hayed Grazed Both Neither

Will the crop be tilled prior to winter or left for winter kill: Tilled Winter kill Other

Other, please describe: _____

DRAW DIAGRAM OF AREA TO BE SEEDED



Please use this space below if you would like to describe or provide more detail for the project you are interested:

Approximately how many acres would this project cover: _____

Incentive

Some programs may offer an incentive payment, cost sharing with the district and/or a termed agreement. Is this something you would be interested in: **Yes** **No**

Please fill out form and return via email or drop off at office location.