



ALBERTA IRRIGATION DISTRICTS & COMMISSIONS RENEWAL APPLICATION

INSTRUCTIONS:

1. Please answer all questions – we cannot process incomplete forms.
2. Attach a copy of the most recent Annual Return.
3. Sign and date the completed form.

GENERAL, CONTACT, & MUNICIPAL QUESTIONS

♦ **ORGANIZATION NAME:** _____

MUNICIPALITY: _____

MAILING ADDRESS: _____ **POSTAL CODE:** _____

WEBSITE: _____

OF EMPLOYEES: _____ **# OF VOLUNTEERS:** _____ **# OF BOARD MEMBERS:** _____

CURRENT YEAR'S BUDGET: _____ **LAST YEAR'S REVENUE:** _____

♦ **MAIN CONTACT:** _____ **PHONE #:** _____

POSITION: _____ **OTHER PHONE #:** _____

ADDRESS: _____ **EMAIL:** _____

♦ **BACKUP CONTACT:** _____ **PHONE #:** _____

POSITION: _____ **OTHER PHONE #:** _____

ADDRESS: _____ **EMAIL:** _____

1. When was your organization first established? _____
2. Is your organization registered as a not-for-profit entity? Yes No
3. Does your organization have any other groups that are separately incorporated or governed, including subsidiaries? Yes No
If yes, please describe: _____
4. Do you conduct any services / operations other than irrigation activities? Yes No
If yes, please itemize below:
1) _____ 2) _____ 3) _____ 4) _____

Please describe your organization's operations, services, and day-to-day activities.

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LIABILITY INSURANCE

DETAILS OF IRRIGATION OPERATIONS

1. Is the District / Commission required to be licensed? Yes No
2. Does your District / Commission supply, or is it required to provide, permitting? Yes No

WATER TESTING

1. Is water testing required? Yes No

If "yes", please answer questions below:

- a. How frequently is water tested for organic contaminants, bacteria, and chemicals? _____
- b. Who performs the testing? _____
- c. Are records kept? Yes No
If "yes", how far do they go back? _____

WATER SYSTEM SOURCE

What is the source(s) for your water system? Please indicate all that apply:

- | | | |
|---|---|---|
| <input type="checkbox"/> Groundwater / runoff | <input type="checkbox"/> Rivers / surface water | <input type="checkbox"/> Reservoirs |
| <input type="checkbox"/> Irrigation canals | <input type="checkbox"/> Above ground pipelines | <input type="checkbox"/> Other (please indicate): _____ |
| <input type="checkbox"/> Wells | <input type="checkbox"/> Under ground pipelines | |

STORAGE FACILITIES

Describe your storage facilities (including dams, reservoirs and tanks, and other). Please indicate location and age. If more space is needed, please attach any required separate pages.

- | | | |
|--|---|---|
| 1. Dams
Name: _____
Location: _____
Age: _____
Classification: _____
Dimensions: _____
Capacity: _____
Water Rights: _____
Branch Dam: _____ | 2. Reservoirs
Location: _____
Age: _____
Capacity: _____ | 3. Storage tanks (above and below ground)
Location: _____
Age: _____
Capacity: _____ |
|--|---|---|

AREA SERVED & CUSTOMER BASE

1. What is the total geographical area served by your organization?
 - a. Hectares: _____
 - b. Km of rivers: _____
 - c. Km of canals: _____
 - d. Km of irrigation service lines: _____

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AREA SERVED & CUSTOMER BASE (CONT'D)

2. Please indicate the number of users / customers you offer service to in each of the following categories:

- a. Municipal #: _____ d. Industrial and / or commercial #: _____
b. Residential #: _____
c. Farm #: _____

3. If applicable, what is the annual amount of water sold?

- a. _____ m³ b. Annual Receipts: \$ _____

GOVERNMENT INVOLVEMENT / REGULATION

1. Are there any facilities, canals, irrigation service lines required to be:

- a. Assessed by the Government of Alberta? Yes No

If "yes", answer the following questions:

When was the date of last assessment? _____

What were the recommendations? _____

- b. In compliance with an applicable current Act(s), Statute of Regulations governing the facility? Yes No

If "no", are you required or expected to be in compliance by a given date? Yes No Not Applicable

If "yes", please provide the date: _____

POLICIES & PROCEDURES

NOTE: For all "no" responses, please provide details on a separate page.

1. Are all procedures and policies governing the irrigation operation:

- a. In writing? Yes No
b. Clearly communicated and readily available to staff / volunteers? Yes No
c. Reviewed at all levels of the organization to ensure they are in compliance with respect to duties outlined in the applicable Provincial Acts governing irrigation systems? Yes No

INSTALLATION, SERVICE, & MAINTENANCE OF IRRIGATION SYSTEM

1. Does your organization install your own irrigation service lines? Yes No
2. Does your organization contract to install irrigation service lines owned by others? Yes No
3. Does your organization maintain your owned irrigation service lines? Yes No
4. Does your organization contract to maintain irrigation service lines owned by others? Yes No
5. Does your organization have a system of regular testing and maintenance of all components of the water system and irrigation service lines throughout the full extent of the water system and irrigation service lines? Yes No

If "yes", please provide details: _____

6. Does your organization perform any water purification or treatment work? Yes No

If "yes", answer the following questions:

- a. How frequently was it performed? _____

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INSTALLATION, SERVICE, & MAINTENANCE OF IRRIGATION SYSTEM (CONT'D)

- b. What chemicals were used? _____
- c. How is purification / treatment done? _____
7. Does your organization sub-contract work to outside contractors? Yes No
- a. Total Cost of Work Sublet: _____
- b. Nature of work: _____
- c. Do sub-contractors provide evidence of Liability Insurance? Yes - always Sometimes Don't know Never

CONTRACTUAL LIABILITIES ASSUMED FOR CUSTOMERS / OTHERS

1. Do you assume any liability under your contractual agreements with customers? Yes No
If "yes", please attach copy of the contract.
2. Do you assume any liability under contractual agreements with subcontractors, suppliers, or any other entities? Yes No
If "yes", please attach some samples of such agreements.
3. Is your organization exonerated from being liable for failure to supply water to customers? Yes No
If "yes", please provide a relevant copy of the act (incorporating the organization) that exonerates your organization.

MISCELLANEOUS OPERATIONAL ISSUES

1. Are major expansions or construction projects anticipated in the early future? Yes No
If "yes", please provide brief details: _____
2. Does your organization have an emergency plan? Yes No
If "yes", please attach one or more samples of your plan.
3. Is your water / irrigation system guarded against vandalism or malicious damage? Yes No Not Applicable
If "yes", please attach description.
4. Please complete the "Heavy Equipment Form" with details of any unlicensed mobile equipment owned or leased by your organization.

MISCELLANEOUS LIABILITY ISSUES

1. Will your organization be hosting any events involving service, sale or consumption of alcohol in the upcoming year? Yes No
2. Will you be hosting other special events where a large concentration of people is expected? Yes No
3. Do you rent or lease any space in your buildings to other groups or organizations as tenants? Yes No
4. Do you operate or perform any activities outside of Alberta? Yes No
5. Do you provide or offer any legal or financial advice? Yes No
6. Do you conduct any scientific, chemical, or similar research? Yes No
7. Do you provide or offer any sort of professional service to others that would usually require a fee being charged / paid? Yes No
8. Does anything you do involve handling materials that are environmentally sensitive or potential pollutants? Yes No

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SIGNATURE OF INDIVIDUAL COMPLETING APPLICATION

(By typing your full name into the digital signature field above, you confirm the information on this form is accurate and binding.)

PRINTED NAME

POSITION / TITLE

DATE