Application under the *Water Act* for Approvals and/or Licences



Documents or information pro (Ministerial) Regulation are pu		•	15(1)(a) of the Water			
Check one or more of the follo	owing to indicate type	of application:				
Diversion of water Ren	newal of a licence	Constructing Works				
Analianat						
Applicant:			T			
Print Name and Company Name (if applicable):		Home Telephone:	Bus. Telephone:			
		()	()			
Address (Street, PO Box, etc.):	Place, Province:	Postal Code:	Fax:			
			()			
Are you the registered landow	ner? Yes 🗌 No 🗌 If i	no, please attach a copy of th	ne consent from the landowner.			
Consultant Signing Auth	ority or Applicant'	s Ranrasantativa (if ann	licable):			
Consultant, Signing Authority, or Applicant's Rep		Home Telephone:	Bus. Telephone:			
Trint Name and Company Name (ii a	ppiloabiej.	()	()			
		,				
Address (Street, PO Box, etc.):	Place, Province:	Postal Code:	Fax:			
			()			
Contact Person if not sho	own above:					
Print Name:		Telephone:	Fax:			
		()	()			
Project Description:						
(if applicable)		Duration of Construction	ation of Construction/Development:			
		Duration of Water Diver	ation of Water Diversion/Use:			
Provide a detailed description	including location of v	vorks and activities relating	to the project and attach plans:			
			_			

Affected Water Sources (Location of Works and Activities):

Surface Water (if only constructing works, complete the first two columns):

Source (e.g. lake, stream, or name of source, if known)	Diversion/Activity Location 1/4 sec twp rge m	Annual Quantity (cubic metres)	Rate of Diversion (show units)	Is Construction or Development Required? (Yes or No)	Purpose
1.					
2.					
3.					

Groundwater:

Date Well Drilled or proposed drilling date	 oroposed) L ec twp	ocations rge m	Total Depth (metres)	Production Interval (metres)	Pumping Rate (show units)	Annual Quantity (cubic metres)	Purpose
1.							
2.							
3.							

Please attach a separate sheet if you wish to provide more information.

Statement of Confirmation:

The information given on this form is true to the best of my knowledge.

Print Name Date of Signing Signature **Company Name** (if applicable)

Return the completed form to an Alberta Environment Regional office nearest you:

Northern Region, Peace River Bag 900-5 Provincial Building 9621 - 96 Avenue Peace River, AB T8S 1T4 Telephone **(780) 624-6167** Fax: (780) 624-6335

Northern Region, Edmonton Twin Atria 111, 4999 - 98 Avenue Edmonton, AB T6B 2X3 Telephone: (780) 427-5296 (780) 427-7824 Fax:

Spruce Grove 250 Diamond Avenue Spruce Grove AB T7X 4C7 Telephone: (780) 960-8600 Fax: (780) 960-8605

Central Region, Red Deer 304, Provincial Building 4920 - 51 Street Red Deer, AB T4N 6K8 Telephone: (403) 340-7052 Fax: (403) 340-5022 Southern Region, Calgary 2938 - 11 Street, NE Calgary, AB T2E 7L7 Telephone: (403) 297-6582 Fax: (403) 297-2749

2nd Floor, Provincial Building 200 - 5 Avenue, South Lethbridge, AB T1J 4L1 Telephone: (403) 382-4254 Fax: (403) 381-5337

(call the Regional office for the location of area offices)

OFFICE USE:

File Number:	Fee Receipt Number:	Application ID: Operation ID:
Notice Information:	Application Completion Date:	Priority Number: