

**APPLICATION  
 WATER WELL RESTORATION OR REPLACEMENT PROGRAM**

No. \_\_\_\_\_

Commencement of program – April 1, 1987

Application must be made within 2 (two) years of occurrence of the alleged damages.

NAME OF APPLICANT: \_\_\_\_\_

NAME OF OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

LOCATION OF DAMAGED WELL: QTR. \_\_\_\_\_ SEC. \_\_\_\_\_ TWP. \_\_\_\_\_ RGE. \_\_\_\_\_ W. \_\_\_\_\_

DATE OF WELL FAILURE: \_\_\_\_\_

TYPE: \_\_\_\_\_ AGE: \_\_\_\_\_ DEPTH: \_\_\_\_\_

TYPE OF PUMP: \_\_\_\_\_ CASTING-SLOTTED: \_\_\_\_\_ SCREENED: \_\_\_\_\_

CYLINDER SIZE: \_\_\_\_\_ DEPTH: \_\_\_\_\_ LOG OF WELL: \_\_\_\_\_

CAPACITY OF DISRUPTED WELL. PREVIOUS: \_\_\_\_\_ PRESENT: \_\_\_\_\_

SAND OR SILT: \_\_\_\_\_ CONTAMINATION (SALT, MINERALS, ETC): \_\_\_\_\_

DISTANCE TO SHOT POINT: \_\_\_\_\_ S.P. NO: \_\_\_\_\_

LICENSEE NUMBER/NAME: \_\_\_\_\_ PERMIT NO: \_\_\_\_\_

DATE CLAIM WAS INVESTIGATED BY ALBERTA ENVIRONMENT:  
 \_\_\_\_\_

RESULT OF THE INVESTIGATION: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CLAIMANT'S STATEMENT:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Total incurred cost of replacement well, repaired well or alternate water supply facilities: - (Attach receipts and proof of payment for repair or replacement).

\$ \_\_\_\_\_,20 \_\_\_\_\_

SIGNATURE OF APPLICANT

**STATUTORY DECLARATION**

I, \_\_\_\_\_ OF \_\_\_\_\_

Do solemnly Declare:

1. THAT, my permanent address is: \_\_\_\_\_
2. THAT, I firmly believe that the problems with my water well were caused by activities with Hydro-Carbon exploration and, or, development.
3. THAT, I have not made any application for this water well either under this program or any preceding similar program.
4. AND, hereby acknowledge that any payment under the terms of this program is *ex gratia* and subject to deductions from other government programs.
5. AND, I make this solemn declaration conscientiously believing that all the above statements are true and knowing that it is of the same force and effect as if made under oath, and by virtue of the Canada Evidence Act.

Declared before me at \_\_\_\_\_ Alberta This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 A Commissioner of Oaths for Notary Public in and for the Province of Alberta

**FOR OFFICE USE ONLY**

MAIL TO: Farmers' Advocate

#305, J.G.O'Donoghue Building  
 7000 - 113 Street  
 Edmonton, Alberta T6H 5T6

DATE: \_\_\_\_\_, 20 \_\_\_\_\_