

The information collected on and with this form is for administering the Water Well Restoration or Replacement Program (WRRP). Where applicable, a copy of this form and its attachments may also be provided to the WRRP panel, and or the Alberta Environment and Park (AEP), and the Alberta Energy Regulator. The information is collected under the authority of and is subject to the *Freedom of Information and Protection of Privacy Act*. If you have any questions, regarding the collection or use your information, please contact the Farmers' Advocate Office at 310-FARM (3276) in Alberta, 403-742-7901 outside Alberta or at Farmers' Advocate Office, J.G. O'Donoghue Building, 7000-113 Street Edmonton, Alberta T6H 5T6.

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

File No. _____

Name of Owner		Address	
City	Province/Territory	Postal Code	Telephone Number

LOCATION OF DAMAGED WELL

QTR.	SEC.	TWP.	RGE.	W.
Date of Well Failure (yyyy-mm-dd)	Type of Well	Age of Well	Depth of Well	
Type of Pump	Previous Capacity of Disrupted Well	Present Capacity of Disrupted Well		

CLAIM INFORMATION

Date Formal Complaint Filed (yyyy-mm-dd)
Date Claim was Investigated by Alberta Energy Regulator (AER) (yyyy-mm-dd)
Result of the Investigation

Claimant's Statement

Total personal cost of replacement well, repaired well or alternate water supply facilities (attach receipts and proof of payment for repair or replacement) Estimates not accepted.

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 energy 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*.
- 6. I am aware that this form and its attachments may be shared with the WWRRP Panel, ERCB, SRD and/or AE as part of this application process.

DECLARED before me at _____, Alberta This _____ day of _____, 20 _____

Applicant Name (printed)

Applicant Signature

Commissioner Name (printed)

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

Mail completed signed application form with receipts to:

Farmers' Advocate
J.G. O'Donoghue Building
7000 113 Street, Edmonton, AB T6H 5T6