

Abandoned Well Declaration

	algary (September 1987)	Application #		
		for office use only		
Site	e Address:			
Leg	pal Description:			
equ	Municipal Government Act's Subdivision and Develophires developers to identify abandoned oil and gas well irrements as identified in the Energy Resources Conselelopment in Proximity to Abandoned Wells.	Is and, where present, to comply with setback		
	are responsible for the accuracy of the information pr wered to the best of your knowledge based upon dilige			
1.	Provide a map of the subject parcel showing the pre-	sence or absence of abandoned wells.		
User Guide to Finding Abandoned Wells on GeoDiscover Alberta's Map Viewer				
	Abandoned Well Locations on GeoDiscover A	Alberta's Map Viewer		
2.	NOTE: The map must show the actual well location, coordinates (available on the Abandoned Well Map Contact Centre at 1-855-297-8311) and the 5 metre relation to existing or proposed building sites. Are there abandoned Oil/Gas wells located within 5 in	Viewer or by contacting the ERCB Customer setback established in ERCB Directive 079 in		
	If you answered 'yes', please answer question 3 a plan.	and include the well location(s) on the site		
3.	Have you contacted the licensee of the well(s) to corlf you answered 'yes', you must have written con			
	Licensee Company Name	Licensee Contact		
	NOTE: Where a well is identified, the Development Authority must refer a copy of the application to the Licensee(s) of Record. The referral will include the applicant's contact information.			
4.	Who is submitting the Abandoned Well Declaration for this development?			
	☐ Applicant ☐ Owner ☐ Builder ☐ Oth	ner		
	Company NameCon	ntact Person		
	Address			
				

Phone _____ Cell Phone _____ Email_____

	ne development result in construction activity answered 'yes':	within the setback area?	O Yes O No		
•	 Provide a statement confirming that the abandoned wells will be temporarily marked with on-site identification to prevent contact during construction; and 				
•	Describe what measures will be taken to p	revent contact during construction.			
consultants I, the ow information	ner, authorized agent, authorized consult provided in this statement is accurate, compand review of all the documents and other in	Itant, state that, to the best of my kno plete and is based on diligent inquiry	owledge, the and thorough ning to the		
Applicant Signature		being collected under the authority of The Freedom of Information and Protection of Privacy (FOIP) Act, Section 33(c). It will be used to provide operating programs, account services and to process payments received for said services. I may also be used to conduct ongoing evaluations of services received from Planning & Development. Please send inquiries by mail to the FOIP Program Administrator, Planning &			
Applicant Nar	ne (Please Print)	Development, PO Box 2100, Station M, Co or contact us by phone at 311.			
Company Na	me (Please Print)				