

Appendix 7 Facility Liability Declaration Form



Facility Liability Declaration Form

Licensee name: _____

Facility location: _____

Facility name: _____

Facility ERCB licence number: F _____

Facility type: Sulphur recovery plant Straddle plant In situ oil sands central processing facility
 Historical sulphur recovery plant (currently operating as: _____ [facility type])

Date of Assessment: _____

Retained Liability: Liability retained by previous licensee through contract (describe on attached sheet).

Each cost estimate reported must be the total undiscounted current-day estimate for complete asset retirement obligations (suspension, abandonment, remediation, and reclamation).

Suspension and Abandonment (purging, dismantlement, and demolition costs):

Cost estimate: _____

Basis for estimate:

- fully meets *Directive 001*,
- based on a site-specific suspension and abandonment cost estimating model,
- based on preliminary suspension and abandonment cost estimates, or
- CICA ("accounting estimate"/Best Engineering).

Remediation (soil and groundwater):

Cost estimate: _____

Basis for estimate:

- fully meets *Directive 001*,
- based on a Phase II environmental site assessment,
- based on Phase I environmental site assessment, or
- CICA ("accounting estimate"/Best Engineering).

Surface Reclamation:

Cost estimate: _____

Basis for estimate:

- fully meets *Directive 001*,
- based on a Phase II environmental site assessment,
- based on Phase I environmental site assessment, or
- CICA ("accounting estimate"/Best Engineering).

Total facility liability estimate: _____

Note: If your company is only able to provide the total facility liability estimate and has not done a detailed assessment of suspension, abandonment, remediation, or reclamation costs, please provide the basis for your estimate:

The signature below certifies that the information contained within is complete and accurate based on the best available information.

Signature of senior corporate officer or director _____

Position and professional designation _____

Date _____