THIS IS AN AUDITABLE DOCUMENT

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| This form may only be completed by a professional or technologist registered as a member in good standing with an organization operating under an act of the British Columbia legislature. | | | | | | |
| **ADMINISTRATION** | | | | | | **A** |
| Well Authorization No**:** | | | | | | |
| Well Name: | | | Well Location: | | | |
| Permit Holder: | | | Surface Landowner: Crown/Freehold/Both | | | |
| Work Type: | Abandonment | Preliminary Site Investigation | Detailed Site Investigation | Remediation | Reclamation | |

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| **Project Performance Report** | **B** |
| Details of work completed on the Dormant Site: (*Quantitative and qualitative description of the accomplishments and successes of the project):* | |
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| Unexpected outcomes of work completed on the Dormant Site: (*Challenges faced, and solutions found, information on results that were not anticipated, lessons learned):* | |
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| If the Dormant Site has not reached level of submission of Certificate of Restoration (Part 1), please explain outstanding work to be completed to reach this milestone: | |
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| **Abandonment Outcomes (fill out this section if Work Type is Abandonment)** | | **C** |
| Was Well Abandonment completed to Cut and Capped? | Yes / No | |
| If no, please explain why: |  | |
| Was a Notice of Operations (NOO) form submission completed using the OGC eSubmission portal? | Yes / No | |
| If yes, please provide the NOO submission number: |  | |
| Was pipeline abandoned as part of the Dormant Site Abandonment process? | Yes / No | |
| If yes, please provide the length (approximate) of pipeline abandoned : | Xxx m | |
| If yes, please provide the pipeline license number (if applicable): |  | |
| Level of Reclamation achieved for the Dormant Site: | Site Abandonment Not Complete / Site Abandonment Complete | |

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| **Site Investigation Outcomes (fill out this section if Work Type is Preliminary Site Investigation OR Detailed Site Investigation)** | | **D** |
| Has a Certificate of Restoration (CoR) Part 1 or a Dormancy Site Assessment Form (DSAF) been submitted to the OGC? | Yes – CoR Part 1 submitted / Yes – DSAF submitted / No | |
| Were any concerns identified through site investigation that are specific to other interested parties (*e.g.* *landowners, municipalities, regional districts or local Indigenous nations*)? | Yes / No | |
| Level of Reclamation achieved for the Dormant Site: | Site Investigation Not Complete/ Site Investigation Complete | |

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| **Remediation Outcomes (fill out this section if Work Type is Remediation)** | | **E** |
| Was all identified contamination relating to the Dormant Site remediated to meet *Contaminated Sites Regulations* remediation standards or risk-based standards relevant to the Site? | Yes / No | |
| If no, please explain why: |  | |
| Has a Certificate of Restoration (CoR) Part 1 or a Dormancy Site Assessment Form (DSAF) been submitted to the OGC? | Yes – CoR Part 1 submitted / Yes – DSAF submitted / No | |
| Was the Dormant Site reclaimed to meet CoR (Part 1) requirements? | Yes / No | |
| If yes, please provide Certificate Number (if available): |  | |
| If no, please explain why: |  | |
| Level of Reclamation achieved for the Dormant Site: | Site Remediation Not Complete / Site Remediation Complete | |

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| **Reclamation Outcomes (fill out this section if Work Type is Reclamation)** | | **F** |
| Was the Dormant Site reclaimed to meet Certificate of Restoration (Part 2) requirements? | Yes / No | |
| If yes, please provide Certificate Number (if available): |  | |
| If no, please explain why: |  | |
| Has the surface reclamation been completed to match surrounding natural contour and revegetated with ecologically suitable species? | Yes / No | |
| If no, please explain why: |  | |
| Level of Reclamation achieved for the Dormant Site: | Site Reclamation Not Complete / Site Reclamation Complete | |

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| **DECLARATION** | | | | | **G** |
| I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(Print Name)* solemnly declare that the information provided above is true and that no relevant information has been omitted, I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same legal force and effect as if made under oath. | | | | | |
| Signature: | | Professional Affiliation: | | Date: | |
| Mailing Address: | | | | | |
| City: | Province: | | Postal Code: | | |
| Phone: | Fax: | | Email: | | |
| *All final reports submitted by the Recipient must be certified by a Qualified Professional (such as a Qualified Engineer, Professional Agrologist or Professional Biologist) attesting to the correctness and completeness of the information provided.* | | | | | |