

Application to Remove a Segment

Note: This Application Requires Construction Completion Reporting

Energy Regulation Division
1945 Hamilton Street
Regina, SK S4P 2C7

General Information

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BA ID *	_____	Industry Application Ref #	_____
Licence # *	_____	Segment ID *	_____
Intended Date of Removal *	_____ (YYYY-MM-DD)		
Reason for Removal	_____		

Disclosure Questions

Do you have a CSA Z662 Compliant Safety and Loss Management System in place, and has it been implemented? * _____

Has a professional engineer registered in Saskatchewan certified the engineering design used for this submission? * _____

Is there a plan in place to carry out the relevant field work in accordance with the the latest version of CSA Z662, Oil and Gas Pipeline Systems? * _____

Disclosure Questions for Highways

Is any portion of the proposed segment(s) within 90 meters of the right of way of a Provincial Highway? * _____

Is any portion of the proposed segment(s) within 30 meters of the right of way of a Public Highway? * _____

If YES, please provide the Highway Approval Number(s) below.

Highway Approval Number _____ Other Highway Approval Number _____

Disclosure Questions for Utilities

Does the proposed segment(s) cross or is within 30 meters of other pipelines, railways and/or utilities? * _____

Eligibility

I hereby certify that:

- This submission and any supporting documentation are complete, accurate and in accordance with *The Pipelines Act, 1998* and its rules.**
- Government of Saskatchewan has the authority to deny the submission after notifying the applicant of the deficiencies if this submission is found to be inaccurate or incomplete or does not meet the requirements of Saskatchewan legislation, regulations or directives.**
- Government of Saskatchewan has the authority to enforce non-compliance if it is found that this submission contains false, inaccurate, incomplete or misleading information.**

Agree * _____

Contact Information

Contact Name *	_____	Business Phone *	_____	Ext.	_____
Email Address *	_____	Alternate Phone	_____	Ext.	_____