CLASS II SELF-INS	File ID:							
(Financial Test &		0						
Facility / Instrument Information		Outs	tanding Issues / Fo	llow up				
Operator Name:								
Facility Name:								
Facility #:								
Corporate Guarantee:		☐ No						
Demonstrating Company:								
Type of Company:	ic	☐ Private	<u> </u>					
Instrument Number:								
		☐ Area						
Permit ID:								
Coverage Type:								
Coverage Type: Single Cost Estimate: Required								
		_						
Well Class(es):		☐ II		□ IV	□ V			
Number of Wells (# Date):	Y	ear 0	Ye	ar 1	Ye	ear 2	Yea	r 3
Cost Est. (Value Date):								
Total Liability:								
Number of wells and cost estimate should reflect to				this demonstration	. Whereas total lia	abilities should equal	the sum of the cost	estimate and all
other liabilities, including CERCLA and RCRA, curi	, ,		vide					
Financial Criteria: Financial Ratio or E To qualify for self-insurance, the				4		0	V	- 2
demonstrating company must pass part		ear 0		ar 1		ear 2	Yea _	
(A) AND part (B) or (C) below.	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
Annual Submissions - Should be submitted for	or both tests		П	П			П	
Letter from CFO:								
Audited Financial Statements: A) Coverage Criteria - Specified for both tests		Ш		Ш	Ц	Ш	Ш	
Net Working Capital ≥ \$2M:					П	П		
Good history of plugging wells:								
Remaining economic life of production								
fields/leases ≥ 5 years:								
In business ≥ 5 years:								
Operates multiple production fields:								
B) Financial Ratio Test - Meet all five ratios								
Current Debt-Equity Ratio < 1.0:								
Long Term Debt-Equity < 2.0:								
Cash Return on Liabilities Ratio > 0.1:								
Liquidity > - 0.10:								
Net Profit > 0:								
C) Bond Rating Test - Must meet minimum be	ond ratings (Mo	ody's: Aaa, Aa, A,	Baa or S&P: AAA	, AA, A, BBB)				
Bond Rating:	Ш	Ш	Ш	Ш	Ш	Ш	Ш	Ш
	Year 0		Year 1		Year 2		Year 3	
Auditor Date of Submission: Bond Rating (Value Date):								
-	www.standardan	dpoors.com	I		Moody's	: www.moodys.com	<u> </u>	
Notes:					,		-	
Recommendations for Instrument Pro	visions							
Class I self-insurance instrument langua	age can be us	ed as a template	for Class II der	nonstrations				
CFO Letter consistent with Federal recommendations (40 CFR 144.70(f)):								
Corporate guarantee consistent with Federal recommendations (40 CFR 144.70(g)):								
The owner or operator should follow the	Federal recor	mmendations spe	ecified under 40	CFR 144.63(f)):			
Annual submissions of financial inform								
criteria - 90 days after close of fiscal year; Failure to meet financial criteria, alternative demonstration - 120 days after close of fiscal year; Notice of disallowance by Program Director, alternative demonstration - 30 days after notification; Cancellation by corporate guarantee - 120 days after receipt of cancellation notice;								
Alternative demonstration - 90 days after receipt of cancellation from corporate guarantee.								
Accompanying Documentation (Does								
☐ Copy of Independent Cost Esti								
☐ Corporate Guarantee ☐								
☐ Schedule of Covered Wells (names/locations/depths) ☐								

Office of Water (4606M)

EPA 816-B-13-013

November, 2013

File Deview Information		
File Review Information		
Reviewer	Date of Review	Additional Notes
	1	