



FORM

ESF2 Rehabilitation completion and/or review of rehabilitation cost estimate and/or notification of mine or petroleum site closure

November 2019

Mining Act 1992, Petroleum (Onshore) Act 1991 and Work Health and Safety (Mines and Petroleum Sites) Act 2013

When to use this form

This form is to be used by holders of authorisations issued under the *Mining Act 1992* or titles issued under the *Petroleum (Onshore) Act 1991* and/or operators of mines or petroleum sites under the *Work Health and Safety (Mines and Petroleum Sites) Act 2013*. In this form, an authorisation or title is referred to collectively as an authority.

This form is to be used by **authority holders** to:

- **Seek formal confirmation from the department that rehabilitation has been successful** (i.e. complies with the authority conditions; has met the rehabilitation objectives and completion criteria; and that the landholder is satisfied with the standard of rehabilitation). This can include partial/progressive rehabilitation or the completion of all rehabilitation activities (regardless of whether a change to the associated security deposit is also sought).
- **Seek a review of the security deposit which is required to be provided and maintained to secure funding for the fulfilment of obligations under the authority, including obligations under the authority that may arise in the future.** This can include any increase or decrease in security (e.g. where rehabilitation has been partially or fully completed and a partial or full return of the security deposit is sought). (Note: A security deposit is required to be provided and maintained to secure funding for the fulfilment of obligations under the authority, including obligations under the authority that may arise in the future. For further information refer to the department's [Rehabilitation cost estimate guidelines](#)).

FORM

ESF2 Rehabilitation completion and/or review of rehabilitation cost estimate and/or notification of mine or petroleum site closure

This form may also be used by mine or petroleum site operators to:

- **Notify the department of the closure or the mine or petroleum site (which includes an exploration site utilising mechanical means)** (refer to Question 8 of this form for additional information).

The information requested in this form may not be specifically referenced in the *Mining Act 1992*, *Mining Regulation 2016*, *Petroleum (Onshore) Act 1991*, *Petroleum (Onshore) Regulation 2016*, *Work Health and Safety (Mines and Petroleum Sites) Act 2013* and *Workplace Health and Safety (Mines and Petroleum Sites) Regulation 2014*, however its inclusion in the approved form validates the authority of the NSW Department of Planning, Industry and Environment, NSW Resources Regulator (the department) to request it.

If there is insufficient room in the fields please provide the information as an attachment.

When not to use this form

This form **must not** be used by authority holders to:

- **Seek a review of security that is associated with an application for the renewal/part renewal or transfer/part transfer of an authority.** In such case the review of security will be sought in the Rehabilitation cost estimate section of the relevant application form. However, this form (Question 6) can be used where rehabilitation associated with an authority has been partially/fully completed and/or a partial/full return of the security deposit is sought.
- **Seek a review of security that is associated with a new Exploration Activity.** In such cases the review of security will be sought in the Rehabilitation Cost Estimate section of [ESF4: Application to conduct exploration activities](#). However, this form (**Question 6**) can be used where rehabilitation associated with an exploration activity has been partially/fully completed and/or a partial/full return of the security deposit is sought.

Further information regarding rehabilitation objectives and completion criteria

Further information regarding rehabilitation objectives and completion criteria for exploration is available in the [Exploration code of practice: Rehabilitation](#).

Further information regarding rehabilitation objectives and completion criteria for mining is available in [ESG3: Mining operations plan \(MOP\) guidelines](#).

FORM

ESF2 Rehabilitation completion and/or review of rehabilitation cost estimate and/or notification of mine or petroleum site closure

Important notes

Any information or template that is required to accompany this application should be lodged within **10 business days of the lodgement date.**

If this application is lodged by any party other than the authority holder (i.e. an agent), the department may seek confirmation of that authority and any limits of that authority given to that other party by the authority holder (*Mining Act 1992* section 163F and section 97F of the *Petroleum (Onshore) Act 1991*). The agent will need to complete the declaration at the end of this form and supply evidence of their appointment, if not already supplied to the department.

How to submit this form

- **By email:** Send an electronic copy of the form including any attachments to:
<mailto:nswresourcesregulator@service-now.com>
- **By mail:** Mail your form and attachments to: NSW Resources Regulator, Mining Act Inspectorate, PO Box 344, Hunter Region Mail Centre NSW 2310.
- **In person:** Submit your application in person at Department of Planning, Industry and Environment, NSW Resources Regulator, 516 High Street, Maitland, NSW. Office hours are 9.30am to 4.30pm.

How this application will be processed

Once your application has been registered and checked, it will be assessed by the department.

The department will use the information provided in this form to (as relevant):

- Determine whether rehabilitation is to the satisfaction of the department, and that it complies with your authority conditions; and/or
- Determine whether the associated security deposit is adequate, including whether the security deposit (or part thereof) can be returned (where relevant). This process may occur following the completion of progressive rehabilitation or at the completion of rehabilitation activities; and/or
- Receive notifications regarding the closure of mining operations (other than non-mechanical exploration) in accordance with the Work Health and Safety (Mines and Petroleum Sites) Regulation 2014.

FORM

ESF2 Rehabilitation completion and/or review of rehabilitation cost estimate and/or notification of mine or petroleum site closure

1. Authority details

Authority type and number (e.g. ML123, EL123)	
Act authority granted under	
Expiry date	

Additional authority details

If there is more than one authority, then provide the authority type and number; Act authority was granted under and expiry date of the additional authorities.

--

2. Authority holder details

Provide the full name of authority holder/s and if applicable, the ACN or ARBN (for foreign companies). Authority holders may wish to attach a separate table where there are multiple authorities.

Name	
ACN/ABN/ARBN	
Registered street address	
Postal address	<input type="checkbox"/> Same as above Enter here if different

Name	
ACN/ABN/ARBN	
Registered street address	
Postal address	<input type="checkbox"/> Same as above Enter here if different

FORM

ESF2 Rehabilitation completion and/or review of rehabilitation cost estimate and/or notification of mine or petroleum site closure

Additional authority holders

--

3. Mine operator details

Only complete this section if the operator of a mine or petroleum site (which includes an exploration site utilising mechanical means) is providing notification of closure of the mine or petroleum site in accordance with clause 129(1)(f) of the Work Health and Safety (Mines and Petroleum Sites) Regulation 2014 - see [Question 8](#)

Name of mine operator	
ACN/ABN/ARBN	
Name of mine site	
Registered street address	
Postal address	<input type="checkbox"/> Same as above Enter here if different

4. Contact for this application

Any correspondence in relation to this application will be sent to this person. Correspondence may also be issued to the authority holder as well as the authorised agent.

Contact name	
Position held	
Company	
Postal address	
Phone (including area code)	
Mobile	
Email	

Your preferred contact method

- Email (For companies – provide a generic company email address that is regularly monitored rather than an individual employee’s email address.)
- Mail

5. What is the reason for submission?

All relevant boxes must be ticked

- Application for a review of the security deposit where there is an increase or no change to the security deposit held by the department (complete **Questions 7, 9 and 10**)
- Application for a review of the security deposit where there is a decrease or full return of the security deposit **and** where surface disturbance activities have been undertaken (complete **Questions 6, 7, 9 and 10**)
- Application for a review of the security deposit where there is a decrease or full return of the security deposit **and** where no surface disturbance activities have been undertaken (complete **Questions 7.2, 7.3, 9 and 10**)
- Application for confirmation that rehabilitation (including partial/progressive rehabilitation or the completion of all rehabilitation) has been successfully completed to the satisfaction of the department / Secretary / Minister (complete Questions 6, 9 and 10)
- Notification of the closure of the mine or petroleum site (including an exploration site utilising mechanical means) in accordance with Clause 129(1)(f) of the Work Health and Safety (Mines and Petroleum Sites) Regulation 2014 (complete **Questions 8 and 11**)

6. Completion of rehabilitation

Only complete this question to seek formal confirmation from the department that rehabilitation has been successfully completed to the satisfaction of the department (i.e. complied with authority conditions; has met the rehabilitation objectives and completion criteria; and that the landholder is satisfied with the standard of rehabilitation). This can include partial/progressive rehabilitation or the completion of all rehabilitation activities on the authority (regardless of whether or not a change to the associated security deposit is also sought).

FORM

ESF2 Rehabilitation completion and/or review of rehabilitation cost estimate and/or notification of mine or petroleum site closure

6.1. What approvals/plans is the completed rehabilitation associated with?

Exploration activity approval

Exploration activity approval details (include dates/reference numbers/project name)

Indicate the type of rehabilitation

Partial/progressive rehabilitation

Completion of rehabilitation

Age of rehabilitation completed

Total area of disturbance of activity approval

Total area of completed rehabilitation

Mining operations plan/Petroleum operations plan/Rehabilitation management plan

Planning approval/development consent details (include dates/reference numbers/project name)

Mining/petroleum operations/rehabilitation management plan details (include dates/reference numbers/project name)

Indicate the type of rehabilitation

Partial/progressive rehabilitation

Completion of rehabilitation

Age of rehabilitation completed

Total area of disturbance of plan

FORM

ESF2 Rehabilitation completion and/or review of rehabilitation cost estimate and/or notification of mine or petroleum site closure

Total area of completed rehabilitation

6.2. Provide plans

Plans/maps must be provided showing location of rehabilitation activities and areas rehabilitated. As a minimum plans/maps should include authority boundaries; landholder boundaries; land use and location of each rehabilitation area.

Reference No.	Name/Title of plan	Date

6.3. Provide photographs

Photographs of all rehabilitation sites must be provided, including a plan illustrating where the photograph was taken from and its aspect. Photographs should show evidence of: condition of the receiving environment prior to disturbance; rehabilitation activities performed; and progress/completion of rehabilitation.

Plan reference No.	Name of plan illustrating where photos were taken	Date

Photo reference No.	Name/title of photo and aspect	Date

FORM

ESF2 Rehabilitation completion and/or review of rehabilitation cost estimate and/or notification of mine or petroleum site closure

6.4. What rehabilitation has been undertaken?

6.4.1. Rehabilitation of surface disturbance activity

Provide below or attach a written statement outlining the rehabilitation activities undertaken for each surface disturbing activity (for example, revegetation; sealing of boreholes; management of access tracks; water and waste management and disposal; reshaping works and soil management; weed control; erosion management; ongoing maintenance and monitoring).

6.4.2. Evidence of meeting rehabilitation objectives and completion criteria

Provide evidence describing how the rehabilitation has met each of the rehabilitation objectives and completion criteria# of the relevant exploration/mining/petroleum approvals and the rehabilitation conditions of the authority (Rehabilitation Objectives and Completion Criteria and associated verification* should be attached).

Further information regarding rehabilitation objectives and completion criteria for exploration is available in the [Exploration code of practice: Rehabilitation](#). Further information regarding rehabilitation objectives and completion criteria for mining is available in [ESG3: Mining operations plan \(MOP\) guidelines](#).

** Verification may require the attachment of specialist reports/advice confirming that specific aspects of the completion criteria have been met. Examples may include ecological, geotechnical and site remediation reports.*

FORM

ESF2 Rehabilitation completion and/or review of rehabilitation cost estimate and/or notification of mine or petroleum site closure

6.5. Has borehole/petroleum well sealing and/or backfilling been undertaken?

- Not applicable. Proceed to **Question 6.6.**
- No. Provide justification/further details below (append separate documents/reports as required).

- Yes. Complete details below and attach reports as relevant.

Provide details of contractors engaged to seal/backfill boreholes/petroleum wells.

Contractor name	
Address	
Telephone	

Provide details of sealing and/or backfilling works undertaken (append separate documents/reports as required)

6.6. Is the landholder/s satisfied with the rehabilitation?

While not mandatory, landholder satisfaction with completed rehabilitation may assist the department's assessment. The landholder rehabilitation statement provided in Appendix A can be used for this purpose. Notwithstanding, rehabilitation obligations, completion and performance must also be to the satisfaction of the department and in accordance with the conditions of the authority.

- Yes
- No

Provide any further details below:

FORM

ESF2 Rehabilitation completion and/or review of rehabilitation cost estimate and/or notification of mine or petroleum site closure

Indicate in a landholder rehabilitation statement (refer to Appendix A) is attached:

Property details	Landholder/contact	Telephone	Attached?
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

7. Rehabilitation cost estimate

Only complete this question to seek a review of the security deposit.

Do not complete Question 7 of this form in the following circumstances:

- 1. If you are seeking formal confirmation from the department that rehabilitation has been successful and no change to the security deposit is being sought.*
- 2. If you are seeking a review of security that is associated with a renewal/part renewal or transfer/part transfer of an authority. In such cases the review of security will be sought in the rehabilitation cost estimate section of the relevant application form.*
- 3. If you are seeking a review of security that is associated with a new exploration activity. In such cases the review of security will be sought in the rehabilitation cost estimate section of [ESF4: Application to conduct exploration activities](#).*

All authority holders must provide an estimate of rehabilitation costs. This estimate will be considered by the department when determining the [security deposit](#) amount.

Before answering this question, read the [Rehabilitation cost estimate guidelines](#) and note the following:

7.1. What is the total rehabilitation cost estimate?

The estimate should cover the rehabilitation for all exploration/mining/petroleum production operations.

Total rehabilitation cost estimate	\$ <input type="text"/>
------------------------------------	-------------------------

FORM

ESF2 Rehabilitation completion and/or review of rehabilitation cost estimate and/or notification of mine or petroleum site closure

7.1.1. What method have you used to calculate the rehabilitation cost estimate? Attach your cost calculation to this application.

- Department's rehabilitation cost calculation tool.
- Other – use the field below to describe the tool or cost guide you have used.

7.1.2. What approvals/plans have you based the rehabilitation cost estimate on?

(Provide date of approval letter(s) and reference where possible)

Note that multiple boxes may be ticked

- Exploration activity approvals

- Mining project approval/development consent

- Mining/petroleum operations plan/Rehabilitation management plan

7.1.3. What period is covered by the estimate?

Current disturbance at date of application; or

insert date (e.g snapshot in time)

Period covered by the estimation

insert start/end date (e.g. period of maximum disturbance)

7.2. What security is currently held by the department?

Current security held by the department

\$

7.3. Does this rehabilitation cost estimate propose a reduced rehabilitation liability for the authority?

If the rehabilitation liability has been reduced, you may claim for a reduction in the security deposit amount.

Yes. Rehabilitation liability has been reduced due to completion of rehabilitation. Ensure you have completed **Question 6**.

Yes. Rehabilitation liability has been reduced due to other reasons (e.g. expiry of authority where no surface disturbance activities have occurred). Provide further details below.

No

8. Notification of closure

Note: Complete this section only if the operator of a mine or petroleum site (including an exploration site utilising mechanical means) is making a notification of the closure of the mine or petroleum site in accordance with clause 129(1)(f) of the Work Health and Safety (Mines and Petroleum Sites) Regulation 2014. Notification must be given by the mine operator not later than one month before closure.

Notification under this part is **not required** for operations that only involve **exploration** for minerals or petroleum **by non-mechanical means**.

Non-mechanical exploration means exploring for minerals or petroleum (other than by mechanical means that disturb the ground) and includes the following:

- geological mapping
- sampling and coring using hand-held equipment
- geophysical surveying (but not seismic surveying) and borehole logging
- access by vehicle (but not if access requires the construction of an access way such as a track or road)
- shallow reconnaissance drilling involving no more than minimal site preparation (e.g. non-mechanical means such as a hand auger)
- minor excavations (but not costeaning or bulk sampling) (e.g. non-mechanical means such as using hand held equipment).

FORM

ESF2 Rehabilitation completion and/or review of rehabilitation cost estimate and/or notification of mine or petroleum site closure

8.1. Do you want to notify the Regulator of the closure of a mine or petroleum site (including an exploration site utilising mechanical means) in accordance with the clause 129(1)(f) of the Work Health and Safety (Mines and Petroleum Sites) Regulation 2014?

No. Go to **Question 9**

Yes. What date will closure of the site take place?

Notification must be given by the mine operator not later than one month before closure.

9. Checklist of items to be included with this application

List any supporting documentation attached to this application in the table below:

Item	Reference	
Evidence of rehabilitation completion as per list below:		Question 6
Plans/maps showing location of rehabilitation activities and areas rehabilitated. Plans/maps to include: <ul style="list-style-type: none">• authority boundaries• landholder boundaries• land use• location of each rehabilitation area	<input type="checkbox"/>	Question 6
Photographs of all rehabilitation sites to evidence: <ul style="list-style-type: none">• condition of the receiving environment prior to disturbance• rehabilitation activities performed• progress/completion of rehabilitation	<input type="checkbox"/>	Question 6
A written statement outlining the rehabilitation activities undertaken for each surface disturbance (for example, sealing of boreholes; management of access tracks; water and waste management and disposal; reshaping works and soil management; weed control; erosion management; ongoing maintenance and monitoring).	<input type="checkbox"/>	Question 6

FORM

ESF2 Rehabilitation completion and/or review of rehabilitation cost estimate and/or notification of mine or petroleum site closure

<p>en evidence as to how the rehabilitation has met each of the rehabilitation objectives and completion criteria of the relevant exploration/mining/production approvals and the rehabilitation conditions of authority (This may require the attachment of specialist reports/advice confirming that specific aspects of the completion criteria have been met. Examples may include ecological, geotechnical and site remediation reports).</p>	<input type="checkbox"/>	<p>Question 6</p>
<p>Landholder rehabilitation statement (where applicable)</p>	<input type="checkbox"/>	<p>Question 6 and Appendix A</p>
<p>Rehabilitation cost estimate documentation (Calculations to evidence how the rehabilitation cost estimate is derived)</p>	<input type="checkbox"/>	<p>Question 7</p>
<p>For agents only – evidence of appointment as agent by the authority holder/s</p>	<input type="checkbox"/>	<p>Question 10</p>
<p>Additional information such as specialist verification reports (provide list below)</p>	<input type="checkbox"/>	
<input type="text"/>	<input type="checkbox"/>	
<input type="text"/>	<input type="checkbox"/>	
<input type="text"/>	<input type="checkbox"/>	
<input type="text"/>	<input type="checkbox"/>	
<input type="text"/>	<input type="checkbox"/>	
<input type="text"/>	<input type="checkbox"/>	
<input type="text"/>	<input type="checkbox"/>	

FORM

ESF2 Rehabilitation completion and/or review of rehabilitation cost estimate and/or notification of mine or petroleum site closure

10. Declaration by the authority holder/s or authorised agent

Name	
Position/title	
Company name	
Date	
Signature	

Name	
Position/title	
Company name	
Date	
Signature	

Name	
Position/title	
Company name	
Date	
Signature	

OR

Agent authorised to act for this authority holder/s

Evidence of appointment is required if this has not been previously supplied to the department.

Name	
Position/title	
Company name	

FORM

ESF2 Rehabilitation completion and/or review of rehabilitation cost estimate and/or notification of mine or petroleum site closure

Date	
Signature	

11. Declaration by the mine operator

Only complete this section if the operator of a mine or petroleum site (which includes an exploration site using mechanical means) is providing notification of closure of the mine or petroleum site in accordance with Clause 129(1)(f) of the Work Health and Safety (Mines and Petroleum Sites) Regulation 2014.

I/We certify that the information provided in this application is true and correct. I/We understand that giving false or misleading information is a serious offence under section 268 of the *Work Health and Safety Act 2011* and Part 5A of the *Crimes Act 1900*.

Mine operator's name	
Position/title	
Company name	
Date	
Signature	

FORM

ESF2 Rehabilitation completion and/or review of rehabilitation cost estimate and/or notification of mine or petroleum site closure

Document control

Authorised by: Director Compliance

Amendment schedule		
Date	Version #	Amendment
1 December 2016	1.0	This new form merges two previous forms know as <i>Form ESF2: Rehabilitation Cost Estimate Submission</i> and <i>Form EDG13: Exploration Rehabilitation and Relinquishment Report</i> . Deletion of separate Statutory Declaration from Form EDG13.
February 2017	1.1	Changes to Questions 4 and 6.3 to enable applicants to select an option for the return of security deposit where no surface disturbance activities have been undertaken (e.g. upon expiry of an authority).
March 2017	1.2	Changes to the Introduction and Question 6 to confirm that Form ESF2 may be used to provide Rehabilitation Completion information, and/or, a RCE (as required) to accompany an Application for Cancellation or Part-Cancellation.
October 2017	1.3	Changes to Question 4 to clarify the reasons for submitting the form and the required section/s to be completed. Update to Question 8 – Declaration, to require Company Name.
September 2019	2.0	Update form to include notification of matters under the <i>Work Health and Safety (Mines and Petroleum Sites) Act 2013</i> ; update Department name; update division; update hyperlinks.

© State of New South Wales through Department of Planning, Industry and Environment 2019. You may copy, distribute, display, download and otherwise freely deal with this publication for any purpose, provided that you attribute the Department of Planning, Industry and Environment as the owner. However, you must obtain permission if you wish to charge others for access to the publication (other than at cost); include the publication in advertising or a product for sale; modify the publication; or republish the publication on a website. You may freely link to the publication on a departmental website.

Disclaimer: The information contained in this publication is based on knowledge and understanding at the time of writing (November 2019) and may not be accurate, current or complete. The State of New South Wales (including the NSW Department of Planning, Industry and Environment), the author and the publisher take no responsibility, and will accept no liability, for the accuracy, currency, reliability or correctness of any information included in the document (including material provided by third parties). Readers should make their own inquiries and rely on their own advice when making decisions related to material contained in this publication.

PUB17/640

Appendix A: Landholder rehabilitation statement

When signed, this statement confirms that land disturbed during the course of exploration/mining/petroleum production activities has been rehabilitated to the satisfaction of the affected landholder/occupier.

Provided that the authority holder has rehabilitated the exploration/mining/petroleum production disturbance on your property to your satisfaction, sign and return this form to the authority holder. The authority holder will attach it to the submission form required by the Department. The information will be used by the department, along with other relevant information, to determine the authority holder’s compliance with the obligations of the exploration/mining/petroleum production authority.

If rehabilitation is **not** to your satisfaction, **do not** sign this form, and discuss outstanding issues with the authority holder. If you cannot reach agreement or you have any queries, contact the department.

1. For authority holder to complete

Authority details	
Authority number (e.g. EL01, ML02, PEL03)	
Name of authority holder	<p>List all holders of the authority in full - organisation name and ACN/ABN.</p> <p>List all holders of the authority in full - individual details: Title, Given Name/s and Family Name</p>
ACN/ABN/ARBN	
Contact name	
Registered street address	
Postal address	
Site name	Insert Site Name of the exploration / mining / production area
Affected property name:	Insert affected property name(s)

FORM

ESF2 Rehabilitation completion and/or review of rehabilitation cost estimate and/or notification of mine or petroleum site closure

Affected property Address/description:	Insert property address/Lot and DP Numbers
---	--

2. For landholder to complete

I am satisfied with the state in which the authority holder has left my property and the standard of rehabilitation which has been achieved.

Additional comments:			
Landholder/occupier name:			
Property name:	Insert affected property name(s)		
Property address/description	Insert property address/Lot and DP Numbers		
Telephone:		Email:	
Signed:			
Date:			