

**Storage and Handling of
Petroleum Products and Allied
Products Regulation**



Application for Permit

(Check all that apply)

Construct

Alter (System)

A. Petroleum Contractor Information

LICENSED PETROLEUM TECHNICIAN FOR PROPOSED PROJECT:

LICENCE NUMBER:

PROPOSED START DATE:

B. Storage Tank System Owner Information

LEGAL NAME: *(Corporation or Individual's name; if Corporation-must end in 'Inc' or 'Ltd')*

MAILING ADDRESS:

CITY/TOWN/VILLAGE:

PROVINCE:

POSTAL CODE:

CONTACT PERSON:

TELEPHONE:

FAX:

C. Operation Information

OPERATION NAME: *(Common name - Name on sign or name in phone book)*

OPERATION OWNER: *(Corporation or Individual's name; if Corporation-must end in 'Inc' or 'Ltd')*

MAILING ADDRESS:

CITY/TOWN/VILLAGE:

POSTAL CODE:

CONTACT PERSON:

TELEPHONE:

FAX:

CIVIC ADDRESS: *(if different than mailing address above)*

D. Legal Land Description

LOT: _____ BLOCK: _____ PLAN: _____ RIVER LOT#: _____

SECTION: _____ TWP: _____ RANGE: _____ MERIDIAN: _____

RURAL MUNICIPALITY: _____

IF IN UNORGANIZED TERRITORY:

LONGITUDE: _____ LATITUDE: _____

E. Jurisdiction

IS THE STORAGE TANK SYSTEM ON LAND OWNED BY OR ASSOCIATED WITH GOVERNMENT?

YES NO

IF YES, WHICH DEPARTMENT/BRANCH: _____

WHAT TYPE OF GOVERNMENT FACILITY IS IT?

MUNICIPAL:

PROVINCIAL:

FEDERAL:

F. Facility Type

RETAIL:	BULK/DISTRIBUTION: (total capacity)	MISCELLANEOUS STORAGE:
<input type="checkbox"/> Gas Bar	<input type="checkbox"/> 0-50,000 litres	<input type="checkbox"/> Heating/Generator Fuel
<input type="checkbox"/> Card lock	<input type="checkbox"/> >50,000-100,000 litres	<input type="checkbox"/> Allied Product
<input type="checkbox"/> Fleet vehicles only	<input type="checkbox"/> >100,000-500,000 litres	<input type="checkbox"/> Mobile
<input type="checkbox"/> Aviation	<input type="checkbox"/> >500,000-1,000,000 litres	<input type="checkbox"/> Engine oil (new or used)
<input type="checkbox"/> Marina	<input type="checkbox"/> >1,000,000 litres	<input type="checkbox"/> Other Petroleum Oils (new or used)

G. Site Sensitivity

Distance to nearest Municipal/Private well: _____ metres	Distance to nearest surface water body: _____ metres
Distance to nearest subsurface structure: (basements, crawlspaces, utility corridors, water lines, etc.) _____ metres	Depth from the surface to the groundwater table: _____ metres
Neighbouring land use:	Underground soil conditions: (not backfill)
(1) Agricultural <input type="checkbox"/>	(1) Sand, gravel <input type="checkbox"/>
(2) Residential/Parkland <input type="checkbox"/>	(2) Clay <input type="checkbox"/>
(3) Commercial <input type="checkbox"/>	(3) Till [mix of (1) & (2)] <input type="checkbox"/>
(4) Industrial <input type="checkbox"/>	(4) Bedrock <input type="checkbox"/>

Part 2 - Underground Storage Tanks

NOTE 1: IF YOUR FACILITY CONTAINS MORE THAN FIVE UNDERGROUND TANKS, COPY THIS SECTION AND COMPLETE AS NECESSARY.

1. Tank ID. Number <i>(on drawing, e.g. Tank 1, Tank 2)</i>					
2. Nominal Tank Capacity <i>(in litres, 1 gal. = 4.5L)</i>					
3. Tank Manufacturer					
4. Serial Number:					
5. Year of Installation <i>(for alterations of existing facilities)</i>					
6. Has tank or product lines ever been suspected or identified as leaking? <i>(for alterations of existing facilities)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
7. Contents <i>(proposed or last stored)</i>					
(1) Gasoline	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
(2) Diesel	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
(3) Aviation fuel	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
(4) Alcohol blends	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
(5) Heating/furnace oil	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
(6) Used oil	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
(7) Bulk lube oil	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
(8) Allied Petroleum Products	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
(9) Other <i>(specify):</i> _____	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
8. Tank Construction					
(1) ULC 603 - Steel Single/Double Wall <i>(circle)</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
(2) ULC 603.1 - Steel Single/Double Wall <i>(circle)</i>	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
(2) ULC 615 - FRP Single/Double Wall <i>(circle)</i>	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
(4) Other <i>(specify):</i> _____	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
9. Internal Protection <i>(e.g. interior lining)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
10. External Protection					
(1) None <i>(including paint)</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
(2) Sacrificial anode cathodic protection <i>(e.g. zinc, magnesium)</i>	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
(3) Impressed current cathodic protection	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
(4) External coating <i>(e.g. tar, epoxy)</i>	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
11. Piping					
(1) Single wall	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
(2) Double wall	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2

12. Piping Material (1) Bare or painted steel (2) Galvanized steel (3) Plastic covered steel (<i>e.g. yellow jacketed</i>) (4) Cathodic protection by sacrificial anode or impressed current (5) Fiberglass Reinforced Plastic (<i>FRP</i>) (6) Flexible plastic (7) Other (<i>specify</i>):_____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
13. Pumping System (1) Suction - with vertical in-line check valve at product dispenser (2) Suction - with vertical in-line check valve at tank (3) Submersible, with leak detector (4) Submersible, without leak detector	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
14. Leak Detection (1) Groundwater monitoring well(s) (2) Monitoring well(s) (<i>within tank bed</i>) (3) Continuous vapour detection (4) Automatic tank gauging (5) Interstitial monitoring (6) Electronic leak detection	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N				
15. Suction Pipe (<i>used oil storage</i>)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
16. Spill Prevention (1) Spill containment device at fill pipe (2) Overfill protection device (3) Dispenser sumps (4) Audible/visible alarm system	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N
17. Corrosion Monitoring Terminals	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

<p>18. Manifolded (connected) Tanks</p> <p>Will any of the tanks be connected together?</p> <p>Indicate which tanks are to be connected together</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Tank # _____ to Tank # _____ Tank # _____ to Tank # _____</p> <p>Tank # _____ to Tank # _____ Tank # _____ to Tank # _____</p>										
<p>19. Previous Spills and/or Leaks at this location</p> <p>If yes, what is the estimated quantity of product lost?</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>_____ litres</p>										
<p>20. Tanks to be used seasonally</p>	<table border="0"> <tr> <td><input type="checkbox"/> Y</td> <td><input type="checkbox"/> Y</td> <td><input type="checkbox"/> Y</td> <td><input type="checkbox"/> Y</td> <td><input type="checkbox"/> Y</td> </tr> <tr> <td><input type="checkbox"/> N</td> <td><input type="checkbox"/> N</td> <td><input type="checkbox"/> N</td> <td><input type="checkbox"/> N</td> <td><input type="checkbox"/> N</td> </tr> </table>	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N	<input type="checkbox"/> N	<input type="checkbox"/> N	<input type="checkbox"/> N
<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y							
<input type="checkbox"/> N	<input type="checkbox"/> N	<input type="checkbox"/> N	<input type="checkbox"/> N	<input type="checkbox"/> N							

Part 3 - Aboveground Storage Tanks

NOTE 1: IF YOUR FACILITY CONTAINS MORE THAN FIVE ABOVEGROUND TANKS, COPY THIS SECTION AND COMPLETE AS NECESSARY.

1. Tank ID. Number <i>(on drawing, e.g. Tank 1, Tank 2)</i>					
2. Nominal Tank Capacity <i>(in litres, 1 gal. = 4.545 L)</i>					
3. Tank Manufacturer					
4. Serial Number:					
5. Contents					
(1) Gasoline	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
(2) Diesel	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
(3) Aviation fuel	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
(4) Alcohol blends (<i>gasohol</i>)	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
(5) Heating/furnace Oil	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
(6) Used engine oil	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
(7) New engine oil	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
(8) Allied Petroleum Products	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
(9) Other (<i>specify</i>): _____	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
6. Construction Specification					
(1) ULC 601 - Steel Single/Double Wall (<i>circle</i>)	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
(2) ULC 630 - Steel Single/Double Wall (<i>circle</i>)	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
(3) ULC 643 - Steel Single/Double Wall (<i>circle</i>)	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
(4) ULC 653 - Steel (Self contained double wall)	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
(5) API 650 - Steel (Single wall only)	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
(6) Other (<i>specify</i>): _____	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
7. Internal Protection (<i>e.g. interior lining</i>)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
8. Piping					
(1) Single wall	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
(2) Double wall	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
9. Piping Material					
(1) Bare or painted steel	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
(2) Galvanized steel	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
(3) Cathodic protection by sacrificial anode or impressed current	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
(4) Fiberglass Reinforced Plastic (<i>FRP</i>)	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
10. Piping Location					
(1) Above grade	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
(2) Below grade	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
(3) Above and below grade	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3

11. If piping is both above and below grade; is there a transition sump?	<input type="checkbox"/> Y <input type="checkbox"/> N				
12. Spill Containment Systems (1) High level alarm (2) Overfill prevention system (3) Overfill prevention device (4) Dispenser sump(s)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N
13. Spill Containment (1) None (1) Dyke (<i>entirely concrete</i>) (2) Earthen dyke with liner (3) Concrete wall dyke with liner (4) Other: _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5				
14. Product Transfers into Tank Direct top fill with automatic shut off nozzle	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
15. Product Off Loading from Tank Offloading line equipped with a transfer spill collector	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
16. Pumping System (1) Suction (2) Submersible	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
17. Spill Prevention Valves Anti-siphon valve (<i>top draw system</i>) Solenoid valve (<i>bottom draw system</i>) Gate valve (<i>bottom draw system</i>)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N
18. Leak Detection Groundwater monitoring well(s)	<input type="checkbox"/> Y <input type="checkbox"/> N				
19. Prepared Base (1) None (2) Concrete pad (3) Compacted gravel (4) Other (<i>specify</i>): _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4				

<p>20. Collision Protection</p> <p>(1) None</p> <p>(2) Concrete filled bollards</p> <p>(3) Steel highway guard rails</p> <p>(4) Concrete highway collision barriers (i.e. New Jersey turnpike barriers)</p> <p>(5) Other (specify): _____</p>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p>
<p>21. Previous Spills and/or Leaks at this location</p> <p>If yes, what is the estimated quantity of product lost?</p>	<p><input type="checkbox"/> Y</p> <p><input type="checkbox"/> N</p> <p>_____ litres</p>
<p>22. Tanks to be used seasonally?</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y</p> <p><input type="checkbox"/> N <input type="checkbox"/> N <input type="checkbox"/> N <input type="checkbox"/> N <input type="checkbox"/> N</p>

Part 4 - Certification

I certify that the information contained on this form is complete and accurate

Signature of Licensed Petroleum Technician

Date

Presently employed with

Return completed application form for Construction or Alterations to:

MANITOBA CONSERVATION
Environmental Services
Petroleum Storage Tank Program
Box 46-200 Saulteaux Crescent
Winnipeg MB R3J 3W3
(204) 945-2458

Return completed application form for Removals to:

Your Local Environment Officer

Personal information is collected under the authority of *The Dangerous Goods Handling and Transportation Act*, the *Storage and Handling of Petroleum Products and Allied Products Regulation* and is used to issue permits and for enforcement purposes. Information collected is protected by the privacy provisions of *The Freedom of Information and Protection of Privacy Act*. If you have any questions, contact the Access & Privacy Coordinator, Box 85, 200 Saulteaux Crescent, Winnipeg MB R3J 3W3; 1-204-945-4170.

For Department use only:

Operation ID _____