

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



Application for Permit to Remove

A. Petroleum Technician Information

LICENSED PETROLEUM TECHNICIAN FOR PROPOSED PROJECT:	
LICENCE NUMBER:	PROPOSED START DATE:

B. Environmental Consultant

ENVIRONMENTAL CONSULTANT FOR PROPOSED PROJECT:	
TELEPHONE:	FAX:
IF NOT HIRING AN ENVIRONMENTAL CONSULTANT, WHO WILL BE TAKING SOIL VAPOUR SAMPLES AND THE PHYSICAL SOIL SAMPLES?	

C. Storage Tank System Owner Information

LEGAL NAME: <i>(Corporation or Individual's name; if Corporation-must end in 'Inc' or 'Ltd')</i>		
MAILING ADDRESS:		
CITY/TOWN/VILLAGE:	PROVINCE:	POSTAL CODE:
CONTACT PERSON:		
TELEPHONE:	FAX:	

D. Operation (Facility) Information

OPERATION NAME: <i>(Common name - Name on sign or name in phone book)</i>	
MAILING ADDRESS:	
CITY/TOWN/VILLAGE:	POSTAL CODE:
CONTACT PERSON:	
TELEPHONE:	FAX:

E. Legal Land Description (Complete at least 1 of the 4 Sections).

1. LOT: _____ BLOCK: _____ PLAN: _____ RIVER LOT#: _____
MUNICIPALITY: _____
2. Q/S _____ SECTION: _____ TWP: _____ RANGE: _____ MERIDIAN: _____
RURAL MUNICIPALITY: _____
3. CIVIC ADDRESS: _____
City/Town/Village _____
4. IF IN UNORGANIZED TERRITORY: _____
LONGITUDE: _____ LATTITUDE: _____

F. Facility Type

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

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

Part 2 - Storage Tank System Information

NOTE: IF THE FACILITY HAS MORE THAN FIVE UNDERGROUND AND/OR ABOVEGROUND TANKS, COPY THIS SECTION AND COMPLETE AS NECESSARY.

1. Designated Tank ID. Number (how the owner numbers the tanks, e.g. Tank 1, Tank 2)					
2. Nominal Tank Capacity (in litres, 1 gal. = 4.5L)					
3. Tank Manufacturer (if known):					
4. Serial Number (if known):					
5. Year of Installation (if known):					
6. Has tank or product lines ever been suspected or identified as leaking?	<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 (presently or last stored)					
(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 (specify): _____	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
8. Wells					
Groundwater monitoring well/(s) [outside of tank bed]/potable water well(s) on site?	<input type="checkbox"/> Y <input type="checkbox"/> N				
9. Previous Spills and/or Leaks at this location?					
If yes, what is the estimated quantity of product lost?	<input type="checkbox"/> Y <input type="checkbox"/> N				
	_____ litres				

Part 3 - Certification

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

Signature of Licensed Petroleum Technician

Date

Return completed application form to:

REGIONAL OFFICES

Winnipeg Office 123 Main Street, Suite 160 Winnipeg MB R3C 1A5 F 204-948-2338 T 204-945-7100	The Pas Office P.O. Box 2550 The Pas MB R9A 1M4 F 204-623-1773 T 204-627-8248	Thompson Office P.O. Box 32 Thompson MB R8N 1X4 F 204-677-6704 T 204-677-6472
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Brandon Office 1129 Queens Avenue Brandon MB R7A 1L9 F 204-726-6567 T 204-726-6064	Dauphin Office 27-2 nd Ave. S.W. Dauphin MB R7N 3E5 F 204-638-8626 T 204-622-2030	Winkler Office Main Plaza, 555 Main Street Winkler MB R6W 1C4 F 204-325-1758 T 204-325-1750
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Lac du Bonnet Office Box 4000 Lac du Bonnet R0E 1A0 F 204-345-1440 T 204-345-1444	Steinbach Office Unit 5, 284 Reimer Ave. Steinbach MB R3G 0R5 F 204-326-2472 T 204-346-6060	Selkirk Office Lower Level, 446 Main Street Selkirk MB R1A 1V7 F 204-785-5024 T 204-785-5022
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Portage la Prairie Office 25 Tupper Street N. Portage la Prairie MB R1N 3K1 F 204-239-3215 T 204-239-3188	Gimli Office 75 – 7 th Ave. Gimli MB R0C 1B9 F 204-642-6108 T 204-642-6095	
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