

# Application for Permit to Alter a Petroleum Storage Tank System by Removal

Storage and Handling of Petroleum Products and Allied Products Regulation, M.R. 188/2001

**Manitoba**   
**Conservation and Climate**  
Environmental Compliance and Enforcement  
1007 Century St, Winnipeg, MB R3H 0W4  
Fax: 204-948-2338  
Email: [petstor@gov.mb.ca](mailto:petstor@gov.mb.ca)

PSF\_APP\_001\_04\_2016

**Instructions:** In accordance with Part 4 of the Storage and Handling of Petroleum Products and Allied Products Regulation, submit completed application and all associated documents, listed in Part I, to the Petroleum Storage Program, c/o Environmental Compliance and Enforcement. Incomplete applications will be returned to the applicant unprocessed.

## Part A: Licensed Petroleum Technician (LPT) Information

Name: _____		LPT Number: _____	
Employer of LPT: _____ <i>(Corporation or individual's name)</i>			
Mailing address: _____			
City: _____ <i>(Town or village)</i>	Province: _____	Postal code: _____	
Telephone: _____	Fax: _____		
Email: _____			

## Part B: Environmental Consultant Information

Will an environmental consultant conduct soil and/or groundwater sampling for this removal?

Select One:  Yes *(if yes, complete the section below)*  No

Environmental consultant: _____ <i>(Company name)</i>			
Mailing Address: _____			
City: _____ <i>(Town or village)</i>	Province: _____	Postal code: _____	
Telephone: _____	Fax: _____		
Email/Website: _____			

**Part C: Storage Tank System Owner Information**

**Legal name:** \_\_\_\_\_  
*(Corporation or individual's name)*

**Mailing address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal code:** \_\_\_\_\_  
*(Town or village)*

**Contact person:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Part D: Tank System/Operation Information**

**Operation name:** \_\_\_\_\_

**Permit number:** \_\_\_\_\_ **Permit expiry:** \_\_\_\_\_  
*(If applicable)* *(If applicable)*

**Operation owner:** \_\_\_\_\_  
*(Corporation or individual's name)*

**Tank location (required):** \_\_\_\_\_  
*Legal land description [e.g.: civic address; section-township-range; River Lot/ parish.]*

**GPS (optional):** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal code:** \_\_\_\_\_  
*(Town or village)*

**Contact person:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Part E: Facility Type Information**

<b>Facility Type</b>	<b>Total System Capacity</b>	<b>Product Stored</b>
<input type="checkbox"/> bulk storage	<input type="checkbox"/> 0 – 50,000 litres	<input type="checkbox"/> heating/generator fuel
<input type="checkbox"/> gas bar	<input type="checkbox"/> >50,000 – 100,000 litres	<input type="checkbox"/> allied petroleum products
<input type="checkbox"/> card lock	<input type="checkbox"/> >100,000 – 500,000 litres	<input type="checkbox"/> engine oil
<input type="checkbox"/> fleet vehicles	<input type="checkbox"/> >500,000 – 1,000,000 litres	<input type="checkbox"/> petroleum
<input type="checkbox"/> aviation	<input type="checkbox"/> >1,000,000 litres	<input type="checkbox"/> other petroleum oils (new or used)
<input type="checkbox"/> marina		

**Part F: Site Sensitivity**

Distance to nearest groundwater well: \_\_\_\_\_

(In metres)

Depth to groundwater table: \_\_\_\_\_

(In metres)

Distance to nearest surface water body: \_\_\_\_\_

(In metres)

Distance to nearest subsurface structure: \_\_\_\_\_

(In metres)

**Neighbouring Land Use**

- agricultural
- residential/parkland
- commercial
- industrial

**Underlying Soil Conditions**

- sand/gravel
- clay
- till (mix of sand, gravel and clay)
- bedrock

**Part G: Sampling Plan\***

Field testing parameters: \_\_\_\_\_

Lab analysis/analyses to be performed: \_\_\_\_\_

Lab(s) to perform analysis/analyses: \_\_\_\_\_

Is it anticipated that impacted soil and/or groundwater will be removed from the site?\*

- Yes                       No

\*Note that the removal and disposal of any impacted soil or water/groundwater must be done with an approved Remediation Plan as per applicable Guidelines.

**Part H: Underground or Aboveground Storage Tank System Information**

**Instructions:**

- Part H must be completed in full.
- Where more than five (5) tanks are involved with the project, copy the applicable section and add to the Application.
- Measurements and volumes must be noted in metric (ex: litres and metres).

<b>Storage Tank Information</b>					
Tank ID No. (as per attached site plan)					
Location					
(1) aboveground	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
(2) underground	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Nominal Tank Capacity ( <i>in litres</i> )					
Tank Manufacturer					
Serial No.					
Year of Installation					
Tank Construction					
(1) steel	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
(2) fibreglass reinforced plastic	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
(3) other, please specify: _____	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
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	<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, please specify: _____	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
Groundwater monitoring well(s):		If Yes, please indicate number of wells:			
(1) outside of tank bed	<input type="checkbox"/> Y <input type="checkbox"/> N				
(2) potable water well(s) on site/property	<input type="checkbox"/> Y <input type="checkbox"/> N				
Previous Spills or Leaks	<input type="checkbox"/> Y <input type="checkbox"/> N				
	If Yes, indicate: Tank #(s): Date: Volume Spilled ( <i>litres</i> ):				

## Part I: Required Supporting Documentation

### **Site Plan** – Include a diagram of the site.

Please identify the diagram orientation (ex: north arrow). It shall be proportional (use graph paper), however exact scale is not necessary. The site plan will provide a bird's eye view of the site and must include, but is not limited to, the following:

- Tank location
- Tank ID number(s), as applicable
- Site Dimensions
- Buildings
- Storage tank system features (i.e. tank nest, pump islands, vent pipes, fill holes, tank monitoring wells, etc.)
- Location of groundwater monitoring wells and potable water wells
- Utilities
- Nearby streets
- Distances of the tank location to any buildings, property lines, groundwater wells, etc.
- Property use surrounding the site (to the North, South, East, West)

### **Scope of Work** – A written scope of work must accompany this permit application.

The scope of work must include, but is not limited to, the following:

- Proposed construction commencement date
- Project description
- List of work to be undertaken at the site
- Project manager: name and contact information
- Name and contact information of the LPT responsible for the site
- Company hauling hazardous waste off site
  - Hazardous waste disposal site
- Name of facility where impacted soil/groundwater will be disposed
- Description of what will happen to removed tank(s)
  - Location of waste disposal ground or scrap metal facility, or
  - Proposal for reuse of removed tank(s)

**Part J: Certification**

I, \_\_\_\_\_, employed by \_\_\_\_\_  
*Print name* *Name of individual or company*

certify that the information contained on this form is complete and correct.

\_\_\_\_\_  
*Signature of Licensed Petroleum Technician*

\_\_\_\_\_  
*Date*

**Submit the completed application and all associated documents to the Petroleum Storage Program at [Petstor@gov.mb.ca](mailto:Petstor@gov.mb.ca)**

Please contact the Petroleum Storage Program with questions about this application. Incomplete applications will be returned to the applicant unprocessed.

For a listing of Regional offices and Environment Officers, click here:  
<https://www.gov.mb.ca/sd/about/environmental-stewardship/environmental-compliance-and-enforcement/contacts.html>

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**For Internal Use Only**

Date Received: \_\_\_\_\_

EMS OP ID: \_\_\_\_\_

Application Complete:  Yes  No

Approval ID: \_\_\_\_\_