

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

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/Town/Village: _____	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/Town/Village: _____	Province: _____	Postal Code: _____
Telephone: _____	Fax: _____	
Email/Website: _____		

Part C: Storage Tank System Owner Information

Legal Name: _____
(Corporation or individual's name)

Mailing Address: _____

City/Town/Village: _____ **Province:** _____ **Postal Code:** _____

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/Town/Village: _____ **Province:** _____ **Postal Code:** _____

Contact Person: _____ **Title:** _____

Telephone: _____ **Fax:** _____

Email: _____

Part E: Facility Type Information

<u>Facility Type</u>	<u>Total System Capacity</u>	<u>Product Stored</u>
<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

* Refer to the Guideline: Dismantling and Removal of Petroleum Product and Allied Product Storage Tank Systems for soil and water sampling requirements.

**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).

Storage Tank Information					
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, please specify:	<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 detailed 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(s)
- Tank ID number(s), as applicable
- Site Dimensions
- Storage tank system features (i.e. tank nest, pump islands, vent pipes, fill holes, tank monitoring wells, etc.)
- Buildings
- Distances of the tank(s) to any buildings, property lines, groundwater wells, etc.
- Location of groundwater monitoring wells and potable water wells
- Utilities
- Adjacent street names
- 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
 - Name of 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:

Petroleum Storage Program

Environmental Compliance and Enforcement
Manitoba Environment and Climate Change
Box 36, 14 Fultz Blvd
Winnipeg, MB R3Y 0L6
Email: Petstor@gov.mb.ca
Fax: (204) 948-2338

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For Internal Use Only

Date Received: _____

Application Complete: Yes No

Reviewed By: _____

EMS OP ID: _____

Approval ID: _____