

# Application for Permit to Construct/ Alter Petroleum Storage Facility

PSF\_APP\_001\_01\_2016

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



Sustainable Development

Environmental Approvals  
1007 Century St, Winnipeg, MB R3H 0W4  
Fax: 204-948-2420  
Email: [petstor@gov.mb.ca](mailto:petstor@gov.mb.ca)

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

Select all  
that Apply:

Construction Permit

Alteration Permit

Aboveground

Underground

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

Name: \_\_\_\_\_ LPT number: \_\_\_\_\_

Employer of LPT: \_\_\_\_\_  
(Corporation or individual's name)

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

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

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

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

## Part B: 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 C: Storage Tank System Information**

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

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

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

**Tank location (required):** \_\_\_\_\_  
*Legal land description [ex.: 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 D: Facility Type Information**

Facility Type	Total System Capacity	Miscellaneous Storage
<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		
<input type="checkbox"/> job site storage		

**Part E: 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)

**Part E: Site Sensitivity, continued**

Neighbouring Land Use	Underground Native Soil Conditions
<input type="checkbox"/> agricultural	<input type="checkbox"/> sand/gravel
<input type="checkbox"/> residential/parkland	<input type="checkbox"/> clay
<input type="checkbox"/> commercial	<input type="checkbox"/> till ( <i>mix of sand, gravel and clay</i> )
<input type="checkbox"/> industrial	<input type="checkbox"/> bedrock

**Part F: Tank Removal Activity**

Will existing tanks be removed at the time of construction / alteration?  
 Yes       No

If NO, please move on to Part G of the application.  
If YES, please complete the rest of this section.

Are you the contracted LPT to remove the tanks? \_\_\_\_\_

Removal Permit number: \_\_\_\_\_

Removal Permit issue date: \_\_\_\_\_

**Part G(a) and G(b): Underground or Aboveground Storage Tank System Information**

**Instructions:** Complete either Part F(a) (underground storage tanks) or F(b) (aboveground storage tanks).

Should more than five (5) tanks be involved with the project, copy the applicable section and add to the Construction or Alteration Permit Application.

If used tanks are being installed, the location and operation name of the previous owner must be provided on a separate piece of paper. Copies of the test results, as required in Section 3.7 of the Code of Practice must be submitted with work completion certificate at completion of construction.

Part F(a) and F(b) must be completed in full. Incomplete applications will be returned, unprocessed, to the applicant.

Any measurements or volumes must be noted in metric (ex: litres and metres).

**Part G(a): Underground Storage Tank System Information**

<b>Storage Tank Information</b>					
Tank ID No. (as per attached site plan)					
Status					
(1) existing	<input type="checkbox"/> 1				
(2) new	<input type="checkbox"/> 2				
Nominal Tank Capacity (in litres)					
Tank Manufacturer					
Year Tank Was Manufactured					
Serial No.					
Year of Installation (existing tanks)					
Contents					
(1) gasoline	<input type="checkbox"/> 1				
(2) diesel	<input type="checkbox"/> 2				
(3) aviation fuel	<input type="checkbox"/> 3				
(4) alcohol blends	<input type="checkbox"/> 4				
(5) heating/furnace oil	<input type="checkbox"/> 5				
(6) used oil	<input type="checkbox"/> 6				
(7) lube oil	<input type="checkbox"/> 7				
(8) allied petroleum products name: _____	<input type="checkbox"/> 8				
(9) other: _____	<input type="checkbox"/> 9				
Tank Construction					
(1) ULC 603 – Steel Single/Double Wall (circle one)	<input type="checkbox"/> 1				
(2) ULC 603.1 – Steel Single/Double Wall (circle one)	<input type="checkbox"/> 2				
(3) ULC 615 – FRP Single/Double Wall (circle one)	<input type="checkbox"/> 3				
(4) Other: _____	<input type="checkbox"/> 4				
Internal Protection	<input type="checkbox"/> Y <input type="checkbox"/> N				
External Protection					
(1) none (including paint)	<input type="checkbox"/> 1				
(2) sacrificial anode cathodic protection	<input type="checkbox"/> 2 <input type="checkbox"/> 3				
(3) impressed current cathodic protection	<input type="checkbox"/> 4				
(4) external coating					
<b>Piping Information</b>					
Piping					
(1) single wall	<input type="checkbox"/> 1				
(2) double wall	<input type="checkbox"/> 2				
Piping Material					
(1) bare or painted steel	<input type="checkbox"/> 1				
(2) galvanized steel	<input type="checkbox"/> 2				
(3) plastic covered steel	<input type="checkbox"/> 3				
(4) cathodic protection	<input type="checkbox"/> 4				
(5) fibreglass reinforced plastic	<input type="checkbox"/> 5				
(6) flexible plastic	<input type="checkbox"/> 6				
(7) other: _____	<input type="checkbox"/> 7				

**Part G(a): Underground Storage Tank System Information (continued)**

<b>Pump Information</b>					
<b>Pumping System</b>					
(1) Suction – with vertical in-line check valve at product dispenser	<input type="checkbox"/> 1				
(2) Suction – with vertical in-line check valve at tank	<input type="checkbox"/> 2				
(3) Submersible, with leak detection	<input type="checkbox"/> 3				
(4) Submersible, without leak detection	<input type="checkbox"/> 4				
<b>Leak Detection and Spill Prevention Information</b>					
<b>Leak Detection</b>					
(1) groundwater monitoring well(s)	<input type="checkbox"/> 1				
(2) tank bed monitoring well(s)	<input type="checkbox"/> 2				
(3) continuous vapour detection	<input type="checkbox"/> 3				
(4) automatic tank gauging	<input type="checkbox"/> 4				
(5) interstitial monitoring	<input type="checkbox"/> 5				
(6) electronic leak detection manufacturer: _____	<input type="checkbox"/> 6				
(7) high technology secondary containment monitoring	<input type="checkbox"/> 7				
<b>Suction Pipe</b>					
	<input type="checkbox"/> Y <input type="checkbox"/> N				
<b>Spill Prevention</b>					
(1) spill containment device at fill pipe	<input type="checkbox"/> 1				
(2) overfill protection device	<input type="checkbox"/> 2				
(3) dispenser sumps	<input type="checkbox"/> 3				
(4) audible/visible alarm system	<input type="checkbox"/> 4				
<b>Corrosion Monitoring Terminals</b>					
	<input type="checkbox"/> Y <input type="checkbox"/> N				
<b>Site History and Information</b>					
<b>Inter-connected Tanks</b>					
	<input type="checkbox"/> Y <input type="checkbox"/> N				
	If yes, indicate:				
	Tank #      to Tank #		Tank #      to Tank #		
	Tank #      to Tank #		Tank #      to Tank #		
<b>Previous Spills or Leaks</b>					
	<input type="checkbox"/> Y <input type="checkbox"/> N				
	If yes, indicate:				
	Tank #(s):				
	Date:				
	Volume lost (litres):				
<b>Tanks to be Used Seasonally</b>					
	<input type="checkbox"/> Y <input type="checkbox"/> N				

**Application for Permit to Construct/Alter**

**Part G(b): Aboveground Storage Tank System Information**

<b>Storage Tank Information</b>					
Tank ID No. (as per attached site plan)					
Status					
(1) existing	<input type="checkbox"/> 1				
(2) new	<input type="checkbox"/> 2				
(3) used*	<input type="checkbox"/> 3				
Nominal Tank Capacity ( <i>in litres</i> )					
Tank Manufacturer					
Serial No.					
Year of Installation (existing tanks)					
Contents					
(1) gasoline	<input type="checkbox"/> 1				
(2) diesel	<input type="checkbox"/> 2				
(3) aviation fuel	<input type="checkbox"/> 3				
(4) alcohol blends	<input type="checkbox"/> 4				
(5) heating/furnace oil	<input type="checkbox"/> 5				
(6) used oil	<input type="checkbox"/> 6				
(7) lube oil	<input type="checkbox"/> 7				
(8) allied petroleum products name: _____	<input type="checkbox"/> 8				
(9) other: _____	<input type="checkbox"/> 9				
Tank Construction					
(1) ULC 601 – Steel Single/Double Wall ( <i>circle one</i> )	<input type="checkbox"/> 1				
(2) ULC 630 – Steel Single/Double Wall ( <i>circle one</i> )	<input type="checkbox"/> 2				
(3) ULC 643 – Steel Single/Double Wall ( <i>circle one</i> )	<input type="checkbox"/> 3				
(4) ULC 653 – Steel	<input type="checkbox"/> 4				
(5) API 650 – Steel	<input type="checkbox"/> 5				
(6) other: _____	<input type="checkbox"/> 6				
Internal Protection	<input type="checkbox"/> Y <input type="checkbox"/> N				
<b>Piping Information</b>					
Piping					
(1) single wall	<input type="checkbox"/> 1				
(2) double wall	<input type="checkbox"/> 2				
Piping Material					
(1) bare or painted steel	<input type="checkbox"/> 1				
(2) galvanized steel	<input type="checkbox"/> 2				
(3) plastic covered steel	<input type="checkbox"/> 3				
(4) cathodic protection	<input type="checkbox"/> 4				
(5) fibreglass reinforced plastic	<input type="checkbox"/> 5				
Piping Location					
(1) above grade	<input type="checkbox"/> 1				
(2) below grade	<input type="checkbox"/> 2				
(3) above and below grade	<input type="checkbox"/> 3				
If (3), is there a transition sump	<input type="checkbox"/> Y <input type="checkbox"/> N				
(4) Top mounted pump – no piping	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

\* Used tanks must be tested in accordance with Section 3.7 of the Code of Practice

**Part G(b): Aboveground Storage Tank System Information (continued)**

<b>Spill Prevention, Spill Containment and Product Transfer</b>					
<b>Spill Prevention Systems</b>					
(1) high level alarm	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
(2) overflow protection system	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
(3) overflow protection device	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
(4) dispenser sump(s)	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<b>Spill Containment Systems</b>					
(1) double-walled tank	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
(2) none	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
(3) dike ( <i>entirely concrete</i> )	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
(4) earthen dike with liner	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
(5) other: _____	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<b>Product Transfer Area</b>					
(1) portable spill containment	<input type="checkbox"/> 1				
(2) impermeable transfer area	<input type="checkbox"/> 2				
<b>Product transfers into tank:</b>					
(1) direct top fill	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
(2) remote fill	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<b>Product offloading from tank:</b>					
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
<b>Pumping System</b>					
<b>Type of Pumping System</b>					
(1) suction	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
(2) submersible	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<b>Leak Detection and Spill Prevention Information</b>					
<b>Spill Prevention Valves</b>					
(1) anti-siphon valve ( <i>top draw</i> )	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
(2) solenoid valve ( <i>bottom draw</i> )	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
(3) gate valve ( <i>bottom draw</i> )	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Groundwater Monitoring Well(s)	<input type="checkbox"/> Y <input type="checkbox"/> N	If Yes, indicate number of wells:			
<b>Site History and Other Information</b>					
<b>Prepared Base</b>					
(1) none	<input type="checkbox"/> 1				
(2) concrete pad	<input type="checkbox"/> 2				
(3) compacted gravel	<input type="checkbox"/> 3				
(4) other:	<input type="checkbox"/> 4				
<b>Collision Protection</b>					
(1) none	<input type="checkbox"/> 1				
(2) concrete filled bollards	<input type="checkbox"/> 2				
(3) concrete blocks	<input type="checkbox"/> 3				
(4) concrete highway Jersey barriers	<input type="checkbox"/> 4				
(5) other:	<input type="checkbox"/> 5				
<b>Previous spills or leaks</b>					
	<input type="checkbox"/> Y <input type="checkbox"/> N				
	If Yes, indicate: Tank #(s): Date: Volume lost ( <i>litres</i> ):				
<b>Tanks to be used seasonally</b>					
	<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

## Part H: Required Supporting Documentation

**Site Plan** – A site plan must accompany this permit application. The site plan must be to scale and must be oriented (ex: North arrow). The site plan must provide a bird's eye view of the site, including, but not limited to, the following:

- tank locations
- tank numbers as they associate to this application
- site footprint
- location of groundwater monitoring wells, and tank monitoring wells
- description of surrounding property use
- distances of the tank location to any buildings, property lines, groundwater wells, etc.

**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
- name of the project manager
  - contact information of the project manager
- name of the LPT responsible for the site
  - contact information for the LPT

**Part I: Certification**

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

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

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

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

Return completed application form to:

**Manitoba Sustainable Development**  
Environmental Approvals  
Petroleum Storage Program  
1007 Century St  
Winnipeg MB R3H 0W4

Email: [petstor@gov.mb.ca](mailto:petstor@gov.mb.ca)  
Fax: 204-948-2338

Personal information is collected under the authority of *The Dangerous Good 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 Internal Use Only**

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

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

Application Complete:  Yes  No

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

File No.: \_\_\_\_\_

MCCR: \_\_\_\_\_