

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

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: _____
(If applicable)

Permit expiry: _____
(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

Storage Tank Information					
Tank ID No. (as per attached site plan)					
Status					
(1) existing	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
(2) new	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<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	<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) 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 name: _____	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
(9) other: _____	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
Tank Construction					
(1) ULC 603 – Steel Single/Double Wall (<i>circle one</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 one</i>)	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
(3) ULC 615 – FRP Single/Double Wall (<i>circle one</i>)	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
(4) Other: _____	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Internal Protection	<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
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	<input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 2 <input type="checkbox"/> 3
(3) impressed current cathodic protection	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
(4) external coating					
Piping Information					
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
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) plastic covered steel	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
(4) cathodic protection	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
(5) fibreglass reinforced plastic	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
(6) flexible plastic	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
(7) other: _____	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7

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

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

Storage Tank Information					
Tank ID No. (as per attached site plan)					
Status					
(1) existing	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
(2) new	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
(3) used*	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<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	<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) 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 name: _____	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
(9) other: _____	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
Tank Construction					
(1) ULC 601 – Steel Single/Double Wall (<i>circle one</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 one</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 one</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	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
(5) API 650 – Steel	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
(6) other: _____	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Internal Protection	<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
Piping Information					
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
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) plastic covered steel	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
(4) cathodic protection	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
(5) fibreglass reinforced plastic	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
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
If (3), is there a transition sump	<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
(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)

Spill Prevention, Spill Containment and Product Transfer					
Spill Prevention Systems					
(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) overfill protection system	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
(3) overfill 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
Spill Containment Systems					
(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
Product Transfer Area					
(1) portable spill containment	<input type="checkbox"/> 1				
(2) impermeable transfer area	<input type="checkbox"/> 2				
Product transfers into tank:					
(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
Product offloading 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
Pumping System					
Type of Pumping System					
(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
Leak Detection and Spill Prevention Information					
Spill Prevention Valves					
(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:			
Site History and Other Information					
Prepared Base					
(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				
Collision Protection					
(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				
Previous spills or leaks					
	<input type="checkbox"/> Y <input type="checkbox"/> N				
	If Yes, indicate: Tank #(s): Date: Volume lost (<i>litres</i>):				
Tanks to be used seasonally					
	<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
Fax: 204-948-2338

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 Internal Use Only

Date Received: _____

EMS OP ID: _____

Application Complete: ☐ Yes ☐ No

Approval ID: _____

File No.: _____

MCCR: _____