

**APPENDIX B**  
**Environmental Canada Storage Tank System Identification Form**

NMS Specifications, Sandy Bay Fuel Dispensing System  
Sandy Bay Saskatchewan

<b>Environment Canada (EC)</b> <b>Storage Tank System</b> <b>Identification Form</b>  <b>Identification of storage tank systems for the purpose of the <i>Storage Tank Systems for Petroleum Products and Allied Petroleum Products Regulations</i></b>	<b>ENVIRONMENT CANADA USE ONLY</b>
	ID number
	Date received
	Date entered
	Entered by
	Comments

  

<b>Instructions</b>
<ul style="list-style-type: none"> <li>• COMPLETE <u>ONE FORM</u> FOR EACH STORAGE TANK <u>SYSTEM</u>. A system can be a single independent tank or several tanks that are interconnected.</li> <li>• All sections <u>must</u> be complete before an identification number can be issued.</li> <li>• Optional information is marked with an asterisk (*).</li> <li>• When identifying newly installed storage tank systems do not select "Unknown" in any section of the form.</li> <li>• Part VI <u>must</u> be signed by the storage tank system owner or the owner contact.</li> <li>• Form submission information is provided on the last page.</li> </ul>

  

<b>PART I: PURPOSE OF NOTIFICATION</b>
<b>✓ Check all that apply:</b>
<input type="checkbox"/> This is a newly installed system <input type="checkbox"/> Change in owner or operator address (Part II & III) <input type="checkbox"/> Other (specify)
<input type="checkbox"/> This system is not newly installed but has not been identified previously <input type="checkbox"/> New owner or operator (Part II & III)
<input type="checkbox"/> Change to information that was previously provided to EC (e.g. months of service, tank contents, technical information). (Part IV) <input type="checkbox"/> This system has been permanently withdrawn from service and/or removed (Part V)

  

<b>PART II: STORAGE TANK SYSTEM OWNER AND OPERATOR INFORMATION</b>			
Name of owner		Name of operating company or individual (if different from owner)	
Address of owner (Civic address or post box, City, Province/Territory, Postal code)		Address of operator company or individual (if different from owner)	
Name of owner contact		Name of operator contact (if different from owner contact)	
*Title of owner contact		* Title of operator contact (if different from owner contact)	
*Phone number (      )	*Fax number (      )	*Phone number (if different from owner) (      )	*Fax number (if different from owner) (      )
*E-mail address of owner contact		*E-mail address of operator contact (if different from owner)	
*Name of previous owner (if applicable)			

### PART III: LOCATION OF STORAGE TANK SYSTEM AND DOCUMENTS

Facility name	Location of tank system records (If no street address, provide latitude & longitude or legal land description)
Location of tank system (If no street address, provide latitude & longitude or legal land description)	*Location(s) of emergency plan(s) (If no street address, provide latitude & longitude or legal land descriptions or other descriptions. Attach additional pages if necessary)

### PART IV: STORAGE TANK SYSTEM DESCRIPTION

	Tank 1	Tank 2	Tank 3	Tank 4	Tank 5
*Owner's Tank Identification Number					
EC Tank System Identification Number (one ID number per storage tank system)					
Year of Installation of Tank System (If unknown, write "unknown")					
Date of Changes to the System (MM/DD/YYYY)					
Is System in Service All Year?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Please identify the month(s) during which the system is in service)				
Type of Tank	<input type="checkbox"/> ABOVEGROUND <input type="checkbox"/> UNDERGROUND	<input type="checkbox"/> ABOVEGROUND <input type="checkbox"/> UNDERGROUND	<input type="checkbox"/> ABOVEGROUND <input type="checkbox"/> UNDERGROUND	<input type="checkbox"/> ABOVEGROUND <input type="checkbox"/> UNDERGROUND	<input type="checkbox"/> ABOVEGROUND <input type="checkbox"/> UNDERGROUND
Type of Piping (Check all that apply)	<input type="checkbox"/> ABOVEGROUND <input type="checkbox"/> UNDERGROUND <input type="checkbox"/> NO PIPING	<input type="checkbox"/> ABOVEGROUND <input type="checkbox"/> UNDERGROUND <input type="checkbox"/> NO PIPING	<input type="checkbox"/> ABOVEGROUND <input type="checkbox"/> UNDERGROUND <input type="checkbox"/> NO PIPING	<input type="checkbox"/> ABOVEGROUND <input type="checkbox"/> UNDERGROUND <input type="checkbox"/> NO PIPING	<input type="checkbox"/> ABOVEGROUND <input type="checkbox"/> UNDERGROUND <input type="checkbox"/> NO PIPING
Diameter of Piping (Specify units: millimeters or inches)					
Nominal Tank Capacity (litres)					
Product stored					
Describe how the transfer area <sup>1</sup> is designed to contain spills. Specify if the transfer area is not yet designed to contain spills.					

<sup>1</sup> "transfer area" means the area around the connection point between a delivery truck, railcar, aircraft or vessel and a storage tank system in which the tanks have an aggregate capacity of more than 2 500 L.

ULC or API Standard Number	Tank 1		Tank 2		Tank 3		Tank 4		Tank 5	
API Specification 12B	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
API Specification 12D	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
API Specification 12F	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
API Std 650	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
ULC-C142.14	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
ULC-C142.15	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
ULC-C142.17	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
ORD-C142.18	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
ULC-C142.20	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
ORD-C142.21	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
ORD-C142.22	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
ORD-C142.23	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
ORD-C142.5	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
ORD-C58.10	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
ULC-C80-1	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
ULC-S601	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
ULC-S602	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
ULC-S603	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
ULC-S615	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
ULC-S630	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
ULC-S643	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
ULC-S652	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
ULC-S653	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
ULC-S655	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Collapsible fabric storage tank ("bladder")	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Unknown – underground tank	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Unknown – field erected vertical aboveground tank	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Unknown – shop-fabricated vertical aboveground tank	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Unknown – horizontal aboveground tank	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Other (specify)										
Material of Construction (Check all that apply)	Tank 1	Piping 1	Tank 2	Piping 2	Tank 3	Piping 3	Tank 4	Piping 4	Tank 5	Piping 5
Concrete encased steel	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Fiberglass Reinforced Plastic (FRP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jacketed steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polymer fabric [for bladder]	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Black Iron		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Copper		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Galvanized Steel		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Flexible Metallic		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

More...

Ducted Flexible		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Enviroflex/Bufflex		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Geoflex		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Nonmetallic Thermoplastic (flexible)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Polyethylene		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
PVC		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Theroset (rigid)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Other (specify)										
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has tank/piping been repaired?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Secondary Containment</b> (Check all that apply)	<b>Tank 1</b>	<b>Piping 1</b>	<b>Tank 2</b>	<b>Piping 2</b>	<b>Tank 3</b>	<b>Piping 3</b>	<b>Tank 4</b>	<b>Piping 4</b>	<b>Tank 5</b>	<b>Piping 5</b>
Double Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Contained Tank Assembly	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Concrete Encased Steel Assembly	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Synthetic Membrane Liner	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Excavation Liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dike with Impermeable Liner	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Impermeable Liner with Double Bottom Tank	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Frame-supported polymer fabric dike (for bladder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)										
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Corrosion Protection</b> (Check all that apply)	<b>Tank 1</b>	<b>Piping 1</b>	<b>Tank 2</b>	<b>Piping 2</b>	<b>Tank 3</b>	<b>Piping 3</b>	<b>Tank 4</b>	<b>Piping 4</b>	<b>Tank 5</b>	<b>Piping 5</b>
Sacrificial Anode - Factory Attached	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Sacrificial Anode - Field Attached	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Impressed Current System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-corroding Material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Painted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bonded Plastic or Resin Coated		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Epoxy or Polyurethane Coated		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Type of Pump to Oil-Water Separator</b> (Complete only if system has an oil-water separator)	<b>Tank 1</b>	<b>Tank 2</b>		<b>Tank 3</b>		<b>Tank 4</b>		<b>Tank 5</b>		
Centrifugal	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
Not centrifugal	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
No pump	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		

Leak Detection	Tank 1	Piping 1	Tank 2	Piping 2	Tank 3	Piping 3	Tank 4	Piping 4	Tank 5	Piping 5
Tank precision leak detection test	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Automatic tank gauging (ULC/ORD-C58.12 or ULC/ORD-C58.14) <sup>2</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuous in-tank leak detection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual inspection of walls	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Visual inspection		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Inventory reconciliation	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Continuous external tank leak monitoring (sensor cable system)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Tank (API Standard 653) or tank floor inspection	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Interstitial monitoring – double walled tank	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Electronic line leak detection		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Piping precision leak detection test		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Continuous external pipe leak monitoring (sensor cable system)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Corrosion analysis program		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Other (specify)										
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Sump</b>		<b>Sump</b>		<b>Sump</b>		<b>Sump</b>		<b>Sump</b>	
Visual inspection	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Continuous sump leak monitoring (petroleum product probe)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Static liquid media leak detection test	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Other (specify)										
None	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
No sumps for this storage tank system	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<b>Spill Containment</b>	<b>Tank 1</b>		<b>Tank 2</b>		<b>Tank 3</b>		<b>Tank 4</b>		<b>Tank 5</b>	
Spill Containment Devices for Aboveground Tanks (ORD-C142.19)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Spill box at fill point (aboveground tank)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Spill Containment Devices for Underground Tanks (ORD-C58.19)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Spill box at fill point (underground tank)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Other (specify)										
None	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<b>Overfill Prevention</b>	<b>Tank 1</b>		<b>Tank 2</b>		<b>Tank 3</b>		<b>Tank 4</b>		<b>Tank 5</b>	
Overfill Protection for Storage Tanks In Petroleum Facilities (API RP 2350) [Field erected tanks]	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Overfill Protection Devices For Flammable Liquid Storage Tanks (ORD-C58.15)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Overfill Ball Float Valve	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Overfill Alarm	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Overfill Automatic Shutoff	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

More...

<sup>2</sup> ULC/ORD 58.12 - Leak Detection Devices (Volumetric Type) for Underground Flammable Liquid Storage Tanks  
 ULC/ORD 58.14 - Nonvolumetric Leak Detection Devices for Underground Flammable Liquid Storage Tanks

Method – trained personnel in attendance at all times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)					
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PART V: PERMANENT WITHDRAWAL FROM SERVICE AND REMOVAL**  
(Refer to Sections 42-45 of Regulations)

Owner's Tank Identification Number										
EC Tank System Identification Number (One ID number per system)										
<b>Tank and Piping Status</b>	<b>Tank 1</b>	<b>Piping 1</b>	<b>Tank 2</b>	<b>Piping 2</b>	<b>Tank 3</b>	<b>Piping 3</b>	<b>Tank 4</b>	<b>Piping 4</b>	<b>Tank 5</b>	<b>Piping 5</b>
Permanently Withdrawn From Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Permanently Withdrawn From Service (MM/DD/YYYY)										

Permanent Withdrawal Completed in Accordance with Sections 42-44 of Regulations:

<i>Withdrawn by approved person</i>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
<i>Withdrawal records kept</i>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
<i>Liquids/sludge removed and disposed of</i>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
<i>Vapours purged</i>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
<i>No long-term harmful effects</i>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
<i>Fill pipe labelled</i>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
Removed (must notify EC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Removed (MM/DD/YYYY)										

Removal Completed in Accordance with Section 45 of Regulations:

<i>Removed by approved person</i>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
<i>Removal records kept</i>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>

**PART VI: OWNER'S CERTIFICATION**

This section must be signed by the storage tank system owner or the owner contact

I hereby certify that the information provided with respect to the identification of tank system(s) under section 28 of the *Storage Tank Systems for Petroleum Products and Allied Petroleum Products Regulations* is accurate and complete.

Name and Title (Type or Print)	Signature	Date

Enter form electronically  
at [www.ec.gc.ca/rs-st](http://www.ec.gc.ca/rs-st)  
(FIRSTS database)

OR

**Send form to Environment Canada**  
 Environment Canada – Storage Tanks Program  
 Public and Resources Sectors Directorate  
 Aboriginal and Public Sector Division  
 351 St. Joseph Boulevard, Place Vincent Massey  
 Gatineau, Quebec, K1A 0H3  
 Fax 819-938-4454