



Application to Decommission a Storage Facility

May 2015 | CSB | CSB13002

A. Application Requirements

This application is used when applying for Approval to Decommission a Storage Facility or when applying to decommission a portion of a storage facility which may include a warehouse, yard, storage tank, container, stockpile or equipment used for the storage and handling of hazardous substances and waste dangerous goods at an existing site.

An Approval to Decommission a Storage Facility must be issued by the ministry prior to undertaking any decommissioning activities at a storage facility. A completed application with the information outlined herein shall be submitted to the ministry 30 days prior to undertaking the work. To ensure a timely response, it is important that applications include all necessary information.

To complete this application you will need the following information:

- Proponent's complete contact information
- Site information including latitude and longitude for the center of the site
- Decommissioning information
- Sampling information
- Proof of Qualification to complete this work
- Site drawings

This application will provide approval to remove the tanks and associated infrastructure. The limited soil excavation must be done by a Qualified Person and the sampling methodology must be stated. If contamination is found, the owner shall report it to the ministry, further assessment and corrective action may be necessary.

Before decommissioning a storage site or any portion of a storage site that was used for storage and handling of hazardous substances or waste dangerous goods, an applicant shall submit an **Application to Decommission a Storage Facility**. If the application is satisfactory, the ministry will grant an Approval to Decommission a Storage Facility to the facility owner.

How do I submit the application? You can submit this application to the Ministry of Environment using our online services, by email or by mailing a hard copy.

- **Web:** the preferred method is to sign in to our Online Services and submit it through your company's business portal. In the portal you can apply for and receive permission, fill out forms and submit documents online, review documents, and track your interactions with the ministry. Please visit the website: <http://www.environment.gov.sk.ca/online-services>.
- **Mail:** you can complete the report, save and print it, and mail the hard copy to:
Environmental Protection Branch
Hazmat and Impacted Sites Unit
102 - 112 Research Drive
Saskatoon, SK S7N 3R3

What if I have questions? For assistance completing this application or for more information, please contact our Client Service Office:

Email: centre.inquiry@gov.sk.ca
Tel (toll free in North America): 1-800-567-4224
Tel (Regina): 306-787-2584

B. Person Applying

Company Name

Last Name

First Name Middle Name

Address

Address

City Province Postal Code

Country

Mailing Address

Same as above Different from above:

Address

Address

City Province Postal Code

Country

B. Person Applying *(continued)*

Contact Details

Phone (main) Phone (work)

Phone (mobile) Email

Preferred Method of Contact Phone Email Mail

C. Facility Owner Information

Company Legal Name

Business Name

Address

Address

City Province Postal Code

Country

Mailing Address Same as above Different from above:

Address

Address

City Province Postal Code

Country

Primary Contact

Last Name First Name

Phone (main) Phone (work)

Phone (mobile) Email

Preferred Method of Contact Phone Email Mail

D. Facility Operation Information *(if known)*

Facility Code

Operation Identification Number

E. Facility Location Information

Enter the Latitude/Longitude for center of the site in degrees, minutes, seconds.

Latitude:

Longitude:

Deg: Min: Sec: Deg: Min: Sec:

Company Legal Name

Business Name

Address

Address

City Province Postal Code

Country

Mailing Address Same as above Different from above:

Address

Address

City Province Postal Code

Country

Phone (Business) Phone (emergency)

F. Kind and Type of Work

Kind of work being applied for

Petroleum and Allied

Other Hazardous Substance

Type of work being applied for

Above Ground Storage (AST)

Underground Storage Tanks (UST)

Warehouse & Outdoor Storage Yard

Brief summary of the work being applied for:

Please attach any additional information as a separate document. Also, attach the site drawing.

G. Tank Information

Enter the information below for all storage tanks (including pressure vessels) that are to be decommissioned at the site.

If more are required, please copy this section and enter the required information until all tanks to be decommissioned have been added.

Type of Tank (above ground / under ground)

Tank Name or Number	<input type="text"/>				
Pressure Vessel	<input type="text"/> Yes <input type="text"/> No				
Substance in Tank	<input type="text"/>				
Volume of Tank (litres)	<input type="text"/>				

H. Warehouse/Storage Yard Information

Enter the information below for the warehouses and/or storage yards that are to be decommissioned at the site. If more areas are being decommissioned, please copy this section and enter the required information until all warehouses/storage yards have been identified.

Storage Area Name	Storage Type	Storage Area Size (in m²)
<input type="text"/>		<input type="text"/>
Storage Area Name	Storage Type	Storage Area Size (in m²)
<input type="text"/>		<input type="text"/>
Storage Area Name	Storage Type	Storage Area Size (in m²)
<input type="text"/>		<input type="text"/>
Storage Area Name	Storage Type	Storage Area Size (in m²)
<input type="text"/>		<input type="text"/>
Storage Area Name	Storage Type	Storage Area Size (in m²)
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Storage Area Name	Storage Type	Storage Area Size (in m²)
<input type="text"/>		<input type="text"/>
Storage Area Name	Storage Type	Storage Area Size (in m²)
<input type="text"/>		<input type="text"/>
Storage Area Name	Storage Type	Storage Area Size (in m²)
<input type="text"/>		<input type="text"/>

I. Qualified Persons

Company Name	<input type="text"/>		
Last Name	<input type="text"/>		
First Name	<input type="text"/>	Middle Name	<input type="text"/>
Address	<input type="text"/>		
Address	<input type="text"/>		
City	<input type="text"/>	Province	<input type="text"/>
		Postal Code	<input type="text"/>
Country	<input type="text"/>		

What is your qualification to perform this kind of work? (attach scanned copy of qualification document)

Will confirmation samples be done upon completion? Yes No

Who will be performing the sampling?

Name	<input type="text"/>
Company Name	<input type="text"/>

J. Legal Questions

Have you ever had any permissions revoked, suspended or deficiencies within the last 12 months? Yes No

Have you had any orders, notices of violation or prosecutions within the last 12 months? Yes No

I hereby acknowledge that I am qualified to perform the work described herein and the work shall be directly supervised by a certified/qualified person, and acknowledge it is an offence to make a false or misleading statement in this application. Yes No

K. Certification

I, _____ certify that the information provided on this form is correct to the best of my knowledge.

Signature of Applicant

Date of Application