



PWGSC's Storage Tank System Withdrawal and Removal (2013 Version)

Instructions <ul style="list-style-type: none"> - Complete one form for each Storage Tank System. - Sign the last page of the form to confirm information accuracy - Return completed form to John.J. White@tpsgc-pwgsc.gc.ca 	For use by ESD - HQ <table border="1"> <tr><td>Date received:</td></tr> <tr><td>Date entered:</td></tr> <tr><td>Entered by:</td></tr> <tr><td>Comments:</td></tr> </table>	Date received:	Date entered:	Entered by:	Comments:
Date received:					
Date entered:					
Entered by:					
Comments:					
PURPOSE OF NOTIFICATION (Check all that apply)					
<input type="checkbox"/> Component(s) temporary withdrawal <input type="checkbox"/> Component(s) permanent withdrawal <input type="checkbox"/> Storage tank system temporary withdrawal <input type="checkbox"/> Storage tank system permanent withdrawal	<input type="checkbox"/> Component(s) removal <input type="checkbox"/> Storage tank system removal <input type="checkbox"/> Return to service <p style="text-align: center;"><u>Do not forget to sign the form</u></p>				
LOCATION OF STORAGE TANK SYSTEM AND DOCUMENTS					
Environment Canada Tank Identification Number: EC- _____ (if applicable)	Location of storage tank system records:				

PART I: STORAGE TANK SYSTEM or COMPONENT WITHDRAWAL FROM SERVICE										
Tank or Component Description <i>(main, day, #)</i>	Tank 1:	Tank 2:	Tank 3:	Tank 4:	Tank 5:					
PART IA: TEMPORARY WITHDRAWAL FROM SERVICE										
Date Withdrawn from Service (YYYY/MM/DD) <i>SOR/2008-197 Section 43</i>	_____	_____	_____	_____	_____					
Date Returned to Service (YYYY/MM/DD) <i>SOR/2008-197 Section 42</i>	_____	_____	_____	_____	_____					
PART IB: PERMANENT WITHDRAWAL FROM SERVICE										
Name of person withdrawing component or storage tank system:			Accreditation #:							
<i>(must be withdrawn by a person approved to do so in the province in which the system or component is located, or withdrawal is supervised by a professional engineer) SOR/2008-197 Section 44.(1)</i>										
Tank Identification	Tank 1	Piping 1	Tank 2	Piping 2	Tank 3	Piping 3	Tank 4	Piping 4	Tank 5	Piping 5
Date Withdrawn from Service (YYYY/MM/DD) <i>SOR/2008-197 Section 44.(2)</i>	_____	_____	_____	_____	_____					



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All Liquids and Sludge Removed and Disposed of <i>SOR/2008-197 Section 44.(3(a))</i> <i>Keep records of waste manifests</i>	<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						
Vapours Purged to Less than 10% of Lower Flammability Limit <i>SOR/2008-197 Section 44.(3(b))</i> <i>Keep records of readings</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No Reading: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Reading: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Reading: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Reading: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Reading: _____						
Combustible Gas Meter: _____ Make/model _____ Serial Number _____ Last calibration date _____											
Evidence of Contamination Detected <i>SOR/2008-197 Section 44.(3(c))</i> <i>Keep determination report</i>	<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						
*If yes, please describe action taken below and provide PWGSC project number											
Description of Action Taken on Contamination (please provide summary only or attach reports)											
Label attached to fill pipe <i>SOR/2008-197 Section 44.(4)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No										
PART II: STORAGE TANK SYSTEM or COMPONENT REMOVAL											
Tank Identification	Tank 1	Piping 1	Tank 2	Piping 2	Tank 3	Piping 3	Tank 4	Piping 4	Tank 5	Piping 5	
Date Removed (YYYY/MM/DD) in Accordance with Section 45 of Regulations											
Name of person withdrawing component or storage tank system:						Accreditation #:					
<p>_____</p> <p>(must be removed by a person approved to do so in the province in which the system or component is located, or removal is supervised by a professional engineer) <i>SOR/2008-197 Section 45.</i></p>											

Records must be kept at the owner's or operator's place of work nearest to the system for five (5) years after the day on which the withdrawal and/or removal record was made.

I hereby certify that the information provided with respect to the withdrawal and/or removal of the tank system or component(s) under Sections 42 to 45 of the CEPA 1999 *SOR 2008-197 Storage Tank Systems for Petroleum and Allied Petroleum Products Regulations* is accurate and complete.

Name and Title: _____

Signature: _____ **Date:** _____