



Application for Approval to Construct or Upgrade a Storage Facility

Facility Code _____

In accordance with **The Hazardous Substances and Waste Dangerous Goods Regulations**, I hereby apply for approval to construct a new or upgrade an existing storage facility.

A. General Information

1. Date of Application: _____
Year Month Day

2. Business Name: _____

(business name or individual)

3. Address of Storage Facility: _____

Mailing Address

City, Town, Village/Province Postal code Telephone (office)

Physical Location (if different from above)

4. Owner or Corporate Owner Name or Company Affiliation: _____

Mailing Address (if different from 3. above)

City, Town, Village/Province Postal code Telephone

5. Storage Facility Operator or Manager Name (if different from 4. above):

Street Address (home)

City, Town, Village/Province Postal code Telephone

Product Supplier(s): _____

6. Name of person completing form: _____

7. If this storage facility is located within a Rural Municipality, please state: R.M. of _____ # _____

Legal Land Description: LSD/QRT _____ Sec. _____ Twp. _____ Rge. _____ W _____
Mer.

8. Type of Business (check most appropriate area(s)):

- | | | | |
|-------------------|---------------------------------|--------------------------|----------------------------|
| ~ Service Station | ~ Agricultural Industry | ~ Distributing | ~ Waste Recycling |
| ~ Bulk Plant | ~ Mining Industry | ~ Manufacturing Industry | ~ Waste Disposal/Treatment |
| ~ Cardlock | ~ Transportation | ~ Chemical Industry | ~ Waste Transfer Station |
| ~ Warehousing | ~ Other (please specify): _____ | | |

C. Underground Storage Tank Information

NOTE: If the storage facility is equipped with more than 5 underground tanks, please copy and complete additional pages as necessary. Assign an identification number (ID) to each tank whether currently in use or not.

22. Assigned Tank ID Number					
23. Manufacture Name					
24. Date of Manufacture (yy-mm-dd)					
25. Serial Number					
26. Contents (present or last stored) Hazardous Substances					
Diesel	~ 1	~ 1	~ 1	~ 1	~ 1
Gasoline (motor)	~ 2	~ 2	~ 2	~ 2	~ 2
Aviation gasoline	~ 3	~ 3	~ 3	~ 3	~ 3
Jet fuel	~ 4	~ 4	~ 4	~ 4	~ 4
Heating oil/furnace fuel	~ 5	~ 5	~ 5	~ 5	~ 5
Waste Oil	~ 6	~ 6	~ 6	~ 6	~ 6
Alcohol blends (gasohol)	~ 7	~ 7	~ 7	~ 7	~ 7
Unknown	~ 8	~ 8	~ 8	~ 8	~ 8
Chemical/Other	~ 9	~ 9	~ 9	~ 9	~ 9
- specify type	_____ 10	_____ 10	_____ 10	_____ 10	_____ 10
Waste Dangerous Goods					
Shipping Name (according to TDGA List II of SCH II)					
Product Identification #					
Chemical Class					
Packing Group					
27. Product Grade or Type (eg: unleaded gas) - if applicable	_____	_____	_____	_____	_____
28. Status of tank					
Currently in use	~ 1	~ 1	~ 1	~ 1	~ 1
Temporarily out of use	~ 2	~ 2	~ 2	~ 2	~ 2
Permanently out of use	~ 3	~ 3	~ 3	~ 3	~ 3
If tank(s) are not currently in use then: Date last used (yy-mm-dd)	_____	_____	_____	_____	_____
Was tank emptied					
Yes	~ 1	~ 1	~ 1	~ 1	~ 1
No	~ 2	~ 2	~ 2	~ 2	~ 2
Unknown	~ 3	~ 3	~ 3	~ 3	~ 3
29. Tank used seasonally					
Yes	~ 1	~ 1	~ 1	~ 1	~ 1
No	~ 2	~ 2	~ 2	~ 2	~ 2
30. Year of installation					
Year	_____	_____	_____	_____	_____
Known	~ 1	~ 1	~ 1	~ 1	~ 1
Estimated	~ 2	~ 2	~ 2	~ 2	~ 2
31. Nominal tank capacity (in litres, 1 gal. = 4.5 L)	_____	_____	_____	_____	_____

Underground Storage Tank Information (continued)

32. Tank material					
Steel	~ 1	~ 1	~ 1	~ 1	~ 1
Fiberglass reinforced plastic (FRP)	~ 2	~ 2	~ 2	~ 2	~ 2
Unknown	~ 3	~ 3	~ 3	~ 3	~ 3
Other, please specify	_____ 4	_____ 4	_____ 4	_____ 4	_____ 4
33. Internal protection					
Yes (eg. interior lining)	~ 1	~ 1	~ 1	~ 1	~ 1
No (includes paint)	~ 2	~ 2	~ 2	~ 2	~ 2
Unknown	~ 3	~ 3	~ 3	~ 3	~ 3
34. External protection					
None (includes paint)	~ 1	~ 1	~ 1	~ 1	~ 1
Cathodic protection:					
Sacrificial anode (eg. zinc, magnesium)	~ 2	~ 2	~ 2	~ 2	~ 2
Impressed current	~ 3	~ 3	~ 3	~ 3	~ 3
External coating (eg. tar, epoxy - excluding paint)	~ 4	~ 4	~ 4	~ 4	~ 4
Secondary containment (eg. double wall, plastic liner)	~ 5	~ 5	~ 5	~ 5	~ 5
Unknown	~ 6	~ 6	~ 6	~ 6	~ 6
35. Piping					
Bare or painted steel	~ 1	~ 1	~ 1	~ 1	~ 1
Galvanized steel	~ 2	~ 2	~ 2	~ 2	~ 2
Plastic covered steel (eg. yellow jacket)	~ 3	~ 3	~ 3	~ 3	~ 3
Cathodically protected by anode/impressed current	~ 4	~ 4	~ 4	~ 4	~ 4
Fiberglass reinforced plastic (FRP)	~ 5	~ 5	~ 5	~ 5	~ 5
Copper	~ 6	~ 6	~ 6	~ 6	~ 6
Double Wall	~ 7	~ 7	~ 7	~ 7	~ 7
Unknown	~ 8	~ 8	~ 8	~ 8	~ 8
Other, please specify	_____ 9	_____ 9	_____ 9	_____ 9	_____ 9
36. Pumping System					
Suction	~ 1	~ 1	~ 1	~ 1	~ 1
Submersible, with leak detector	~ 2	~ 2	~ 2	~ 2	~ 2
Submersible, without leak detector	~ 3	~ 3	~ 3	~ 3	~ 3
Unknown	~ 4	~ 4	~ 4	~ 4	~ 4
37. Is output measured by a meter	Yes				
No	~ 1	~ 1	~ 1	~ 1	~ 1
	~ 2	~ 2	~ 2	~ 2	~ 2
38. Can the product level be checked with a dipstick					
Yes	~ 1	~ 1	~ 1	~ 1	~ 1
No (eg. fill tube not straight)	~ 2	~ 2	~ 2	~ 2	~ 2
Frequency of dipping (never, daily, weekly, monthly, occasionally)	_____	_____	_____	_____	_____
Or is the tankage equipped with electronic tank gauging systems	Yes				
No	~ 1	~ 1	~ 1	~ 1	~ 1
	~ 2	~ 2	~ 2	~ 2	~ 2
39. Inventory reconciliation					
Frequency (never, daily, weekly, monthly, occasionally)	_____	_____	_____	_____	_____

Underground Storage Tank Information (continued)

40. Date of last leak test yy-mm-dd Method Result: leak no leak inconclusive		_____	_____	_____	_____	_____
		~ 1	~ 1	~ 1	~ 1	~ 1
		~ 2	~ 2	~ 2	~ 2	~ 2
		~ 3	~ 3	~ 3	~ 3	~ 3
41. Are underground tank(s) equipped with a leak detection system?	Yes No	~ 1 ~ 2	~ 1 ~ 2	~ 1 ~ 2	~ 1 ~ 2	~ 1 ~ 2
42. Are underground tank(s) equipped with a transfer spill prevention system?	Yes No	~ 1 ~ 2	~ 1 ~ 2	~ 1 ~ 2	~ 1 ~ 2	~ 1 ~ 2
43. Are underground tank(s) equipped with an overflow protection system?	Yes No	~ 1 ~ 2	~ 1 ~ 2	~ 1 ~ 2	~ 1 ~ 2	~ 1 ~ 2
44. Are underground tank(s) equipped with corrosion monitoring terminals?	Yes No	~ 1 ~ 2	~ 1 ~ 2	~ 1 ~ 2	~ 1 ~ 2	~ 1 ~ 2
45. Are product dispenser(s) equipped with vertical in-line check valves?	Yes No	~ 1 ~ 2	~ 1 ~ 2	~ 1 ~ 2	~ 1 ~ 2	~ 1 ~ 2
46. Are product dispenser(s) equipped with drip collection trays?	Yes No	~ 1 ~ 2	~ 1 ~ 2	~ 1 ~ 2	~ 1 ~ 2	~ 1 ~ 2
47. By whom will the tank system be installed - contractors company name?		_____	_____	_____	_____	_____
48. Are any tanks commonly connected: If yes, specify tank ID numbers:	Yes ~ 1 No ~ 2 Unknown ~ 3	_____ and _____ are connected _____ and _____ are connected				
49. Has there ever been a tank or line leak at this address? Yes ~ 1 No ~ 2 Unknown ~ 3 Estimated quantity of product lost (litres) _____						

D. Above Ground Storage Tank Information

NOTE: If the storage facility is equipped with more than 5 above ground tanks, please copy and complete additional pages as necessary. Assign an identification number (ID) to each tank whether currently in use or not.

50. Assigned Tank ID Number					
51. Manufacturer Name					
52. Date of Manufacture (yy-mm-dd)					
53. Serial Number					
54. Contents (present or last stored) Hazardous Substances					
Diesel	~ 1	~ 1	~ 1	~ 1	~ 1
Gasoline (motor)	~ 2	~ 2	~ 2	~ 2	~ 2
Aviation gasoline	~ 3	~ 3	~ 3	~ 3	~ 3
Jet fuel	~ 4	~ 4	~ 4	~ 4	~ 4
Heating oil/furnace fuel	~ 5	~ 5	~ 5	~ 5	~ 5
Waste Oil	~ 6	~ 6	~ 6	~ 6	~ 6
Alcohol blends (gasohol)	~ 7	~ 7	~ 7	~ 7	~ 7
Unknown	~ 8	~ 8	~ 8	~ 8	~ 8
Chemical/Other	~ 9	~ 9	~ 9	~ 9	~ 9
- specify type	_____ 10	_____ 10	_____ 10	_____ 10	_____ 10
Waste Dangerous Goods					
Shipping Name (according to TDGA List II of SCH II)					
Product Identification #					
Chemical Class					
Packing Group					
55. Product Grade or Type (eg: unleaded gas) - if applicable	_____	_____	_____	_____	_____
56. Status of tank					
Currently in use	~ 1	~ 1	~ 1	~ 1	~ 1
Temporarily out of use	~ 2	~ 2	~ 2	~ 2	~ 2
Permanently out of use	~ 3	~ 3	~ 3	~ 3	~ 3
If tank(s) are not currently in use then: Date last used (yy-mm-dd)	_____	_____	_____	_____	_____
Was tank emptied					
Yes	~ 1	~ 1	~ 1	~ 1	~ 1
No	~ 2	~ 2	~ 2	~ 2	~ 2
Unknown	~ 3	~ 3	~ 3	~ 3	~ 3
57. Tank used seasonally					
Yes	~ 1	~ 1	~ 1	~ 1	~ 1
No	~ 2	~ 2	~ 2	~ 2	~ 2
58. Tank Configuration					
Horizontal	~ 1	~ 1	~ 1	~ 1	~ 1
Vertical	~ 2	~ 2	~ 2	~ 2	~ 2
Fixed Roof	~ 3	~ 3	~ 3	~ 3	~ 3
Floating Roof	~ 4	~ 4	~ 4	~ 4	~ 4
Hemispherical Roof	~ 5	~ 5	~ 5	~ 5	~ 5
Spherical	~ 6	~ 6	~ 6	~ 6	~ 6
Riveted	~ 7	~ 7	~ 7	~ 7	~ 7
Bolted	~ 8	~ 8	~ 8	~ 8	~ 8
Pressure Vessel	~ 9	~ 9	~ 9	~ 9	~ 9
Other	~ 10	~ 10	~ 10	~ 10	~ 10
- please specify	_____ 11	_____ 11	_____ 11	_____ 11	_____ 11

Above Ground Storage Tank Information (continued)

59. Year of installation					
Year	_____	_____	_____	_____	_____
Known	~ 1	~ 1	~ 1	~ 1	~ 1
Estimated	~ 2	~ 2	~ 2	~ 2	~ 2
60. Nominal tank capacity (in litres, 1 gal. = 4.5 L)	_____	_____	_____	_____	_____
61. Tank material					
Steel	~ 1	~ 1	~ 1	~ 1	~ 1
Fiberglass reinforced plastic (FRP)	~ 2	~ 2	~ 2	~ 2	~ 2
Unknown	~ 3	~ 3	~ 3	~ 3	~ 3
Other, please specify	_____ 4	_____ 4	_____ 4	_____ 4	_____ 4
62. Internal protection					
Yes (eg. interior lining)	~ 1	~ 1	~ 1	~ 1	~ 1
No (includes paint)	~ 2	~ 2	~ 2	~ 2	~ 2
Unknown	~ 3	~ 3	~ 3	~ 3	~ 3
63. External protection					
None (includes paint)	~ 1	~ 1	~ 1	~ 1	~ 1
Cathodic protection					
Sacrificial anode (eg. zinc, magnesium)	~ 2	~ 2	~ 2	~ 2	~ 2
Impressed current	~ 3	~ 3	~ 3	~ 3	~ 3
Other	_____ 4	_____ 4	_____ 4	_____ 4	_____ 4
Not applicable (tank mounted on rack or stand)	~ 5	~ 5	~ 5	~ 5	~ 5
Secondary containment (eg. double wall, plastic liner)	~ 6	~ 6	~ 6	~ 6	~ 6
64. Piping					
Bare or painted steel	~ 1	~ 1	~ 1	~ 1	~ 1
Galvanized steel	~ 2	~ 2	~ 2	~ 2	~ 2
Cathodically protected					
by anode/impressed current	~ 3	~ 3	~ 3	~ 3	~ 3
Fiberglass reinforced plastic (FRP)	~ 4	~ 4	~ 4	~ 4	~ 4
Unknown	~ 5	~ 5	~ 5	~ 5	~ 5
Other, please specify	_____ 6	_____ 6	_____ 6	_____ 6	_____ 6
Is piping above ground or underground?	~ 7	~ 7	~ 7	~ 7	~ 7
	~ 8	~ 8	~ 8	~ 8	~ 8
65. Is output measured by a meter?					
Yes	~ 1	~ 1	~ 1	~ 1	~ 1
No	~ 2	~ 2	~ 2	~ 2	~ 2
66. Inventory reconciliation Frequency (never, daily, weekly, monthly, occasionally)	_____	_____	_____	_____	_____
67. Date of last plate thickness test (yy-mm-dd or never)	_____	_____	_____	_____	_____
Method - please specify	_____	_____	_____	_____	_____
Remaining tank life (years)	_____	_____	_____	_____	_____
68. Is the above ground tank(s) equipped with a high level alarm or overflow prevention system?					
Yes	~ 1	~ 1	~ 1	~ 1	~ 1
No	~ 2	~ 2	~ 2	~ 2	~ 2

Above Ground Storage Tank Information (continued)

<p>69. Is the above ground tank or tank system equipped with a spill containment system? Yes _____ No _____ If yes, please specify type dyke _____ 3 dyke and liner _____ 4 other (specify) _____ 5</p>	<p>~ 1 ~ 2</p>	<p>~ 1 ~ 2</p>	<p>~ 1 ~ 2</p>	<p>~ 1 ~ 2</p>	<p>~ 1 ~ 2</p>
<p>70. Is the above ground tank(s) filled by means of a direct top fill using an automatic shut off nozzle? Yes _____ No _____</p>	<p>~ 1 ~ 2</p>	<p>~ 1 ~ 2</p>	<p>~ 1 ~ 2</p>	<p>~ 1 ~ 2</p>	<p>~ 1 ~ 2</p>
<p>71. Is the product off loading line equipped with a transfer spill collector? Yes _____ No _____</p>	<p>~ 1 ~ 2</p>	<p>~ 1 ~ 2</p>	<p>~ 1 ~ 2</p>	<p>~ 1 ~ 2</p>	<p>~ 1 ~ 2</p>
<p>72. Are product dispenser(s) equipped with drip collection trays? Yes _____ No _____</p>	<p>~ 1 ~ 2</p>	<p>~ 1 ~ 2</p>	<p>~ 1 ~ 2</p>	<p>~ 1 ~ 2</p>	<p>~ 1 ~ 2</p>
<p>73. Are remote product dispenser(s) equipped with in-line vertical check valves? Yes _____ No _____</p>	<p>~ 1 ~ 2</p>	<p>~ 1 ~ 2</p>	<p>~ 1 ~ 2</p>	<p>~ 1 ~ 2</p>	<p>~ 1 ~ 2</p>
<p>74. Is the above ground tank(s) system equipped with a: anti-siphon valve (top draw system)? _____ ~ 1 solenoid valve (bottom draw system)? _____ ~ 2 not applicable _____ ~ 3</p>	<p>~ 1 ~ 2 ~ 3</p>	<p>~ 1 ~ 2 ~ 3</p>	<p>~ 1 ~ 2 ~ 3</p>	<p>~ 1 ~ 2 ~ 3</p>	<p>~ 1 ~ 2 ~ 3</p>
<p>75. Is the storage area equipped with piezometers? Yes _____ No _____</p>	<p>~ 1 ~ 2</p>	<p>~ 1 ~ 2</p>	<p>~ 1 ~ 2</p>	<p>~ 1 ~ 2</p>	<p>~ 1 ~ 2</p>
<p>76. By whom will the tank system be installed - contractor's company name? _____</p>	<p>_____</p>	<p>_____</p>	<p>_____</p>	<p>_____</p>	<p>_____</p>
<p>77. Has there ever been a tank or line leak at this address? Yes ~ 1 No ~ 2 Unknown ~ 3 Estimated quantity of product lost (litres) _____</p>					

E. Warehouse, Yard and Stockpile Storage Information

Warehouse Storage (If more than one warehouse, please provide this information for each warehouse.)

78. Storage Area (metre²): _____
79. Year Constructed: _____
80. Heated: Yes ~ No ~
81. Ventilation: Yes ~ No ~
82. Containment: Yes ~ No ~
83. Number of Stories: _____
84. Structure Construction:
- Non-combustible ~
 - Combustible ~
 - Both ~
85. Fire Resistance Rating(s)
- Floor assembly(ies) _____
 - Mezzanine(s) _____
 - Roof assembly _____
 - Load bearing walls,
columns and arches _____
86. Fire Suppression System: Yes ~ No ~
(type: eg. water, foam) _____
87. Fire Alarm System: Yes ~ No ~
- Single Stage ~
 - 2 Stage ~
 - Connected to
 - Fire Department Yes ~ No ~
88. Food, Feed or Ingredient Stored: Yes ~ No ~
89. Are substances and wastes segregated according to chemical compatibility: Yes ~ No ~
90. Are containers labeled: Yes ~ No ~

Outdoor Yard Storage (If more than one outdoor storage yard, please provide this information for each yard.)

91. Storage Area (metre²): _____
92. Year Constructed: _____
93. Fenced: Yes ~ No ~
94. Containment: Yes ~ No ~
95. Are substances and wastes segregated according to chemical compatibility: Yes ~ No ~
96. Are containers labeled: Yes ~ No ~

Stockpile Storage (If more than one stockpile storage yard, please provide this information for each yard.)

97. Fenced: Yes ~ No ~
98. Containment: Yes ~ No ~
99. Are stockpiles posted: Yes ~ No ~
100. Number of stockpiles: _____

Warehouse, Yard and Stockpile Storage Information (continued)

101. Physical State (solid,liquid, gas)	102. Product Name (for Hazardous Substances) Shipping Name (for Waste Dangerous Goods) (According to TDGA List II Schedule II)	103. Product Identification Number of Waste Items	104. Chemical Class for Waste Items	105. Packing Group for Waste Items	106. Quantity Handled/Year L or Kg for Waste Items	107. Container Type & Size	108. Maximum # of Containers	109. Location Stored (warehouse, outdoor yard, stockpile)

Note: If above space is insufficient, copy and complete additional listings as necessary

handling waste dangerous goods.

7. List any other companies involved in the recycling or disposal of waste dangerous goods handled by your company. This may include landfills, transfer stations, incineration plants, recycling facilities, etc.

Company Name and Address	Contact Person & Phone #	I.D. Number

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

Signature _____

Date _____

I hereby certify that the information provided on this application is complete and accurate.

Signature

Forward completed application and documents to:
Hazardous Materials Impacted Sites
Industrial Branch
Ministry Of Environment
112 Research Drive
Saskatoon SK
S7N 3R3