



Service NL

# Application for Registration

as required in Section 13 of the Storage and Handling of Gasoline and Associated Products Regulations, 2003 under the Environmental Protection Act

### Regional Offices

St. John's	(709) 729-2550
Clareville	(709) 466-4060
Gander	(709) 256-1420
Grand Falls-Windsor	(709) 292-4206
Corner Brook	(709) 637-2680
Happy Valley-Goose Bay	(709) 896-5428

## Owner's Information

1 Owner's Name (also provide a contact name if the owner is a company)		Telephone
Company Owner's Name:		Registration # of Owner's Company:
Company Owner's Address:	Community	Postal Code

## Operator's Information

2 Operator's Name (if Different Than Owner)		Telephone
Operator's Company Name:		Registration # Of Operator's Company:
Operator's Company Address:	Community	Postal Code

## Tank Information

3 Storage Tank Site Address:		GPS Coordinates	Community	Postal Code
Supplier of Gasoline or Associated Products				
Type of Facility (Check all that apply)				
Commercial/Industrial <input type="checkbox"/>		Marina <input type="checkbox"/>	Provincial <input type="checkbox"/>	Personal Use <input type="checkbox"/>
Institutional <input type="checkbox"/>		Bulk Plant <input type="checkbox"/>	Municipal <input type="checkbox"/>	Gas Bar <input type="checkbox"/>
				Service Station <input type="checkbox"/>
				Other <input type="checkbox"/>
Gap Approval # (if applicable)		N/A <input type="checkbox"/>	Tank Id # N/A <input type="checkbox"/>	
Label (eg. ULC, API, Etc) Attached To Tank		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
Tank Serial #		Unknown <input type="checkbox"/>		
Tank Location		Tank Orientation		
Aboveground <input type="checkbox"/>		Underground <input type="checkbox"/>		
		Vertical <input type="checkbox"/>		
		Horizontal <input type="checkbox"/>		
Date or Projected Date of Installation (at current location)		Known <input type="checkbox"/>		
		Estimated <input type="checkbox"/>		
		Unknown <input type="checkbox"/>		
Condition of Tank at Time of Installation		New <input type="checkbox"/>		
		Used <input type="checkbox"/>		
		Unknown <input type="checkbox"/>		
Name of Installer or Installation Company		Unknown <input type="checkbox"/>		
Status of Tank		New <input type="checkbox"/>		
		Currently In Service <input type="checkbox"/>		
		Temporarily Out-of-Service <input type="checkbox"/>		
		Since: M M Y Y		

### An engineering drawing or neat sketch, including actual measurements/distances, is required to process application

Distance of Tank to the Nearest Features (if less than 200m)		House _____ m	Owner(s) Name _____
		Building _____ m	Name _____
		Water Body _____ m	Name _____
		Well _____ m	Owner(s) Name _____
Tank Material			
Steel <input type="checkbox"/>		Fibreglass <input type="checkbox"/>	Other (specify): <input type="checkbox"/>
Tank Contents or Product to be Stored			
Gasoline <input type="checkbox"/>		Kerosene <input type="checkbox"/>	Other (specify): <input type="checkbox"/>
Diesel <input type="checkbox"/>		Heating Oil <input type="checkbox"/>	
Tank Capacity _____ litres			
Tank Type			
<input type="checkbox"/> ULC S601		<input type="checkbox"/> ULC S603	<input type="checkbox"/> ULC S603.1
<input type="checkbox"/> ULC S615		<input type="checkbox"/> ULC S630	<input type="checkbox"/> ULC S653
<input type="checkbox"/> API 650		<input type="checkbox"/> Oil/water Separator	<input type="checkbox"/> Oil Interceptor
<input type="checkbox"/> Unknown		<input type="checkbox"/> Other (specify): _____	
Tank Corrosion Protection			
Sacrificial Anodes <input type="checkbox"/>		Impressed Current <input type="checkbox"/>	Jacketed <input type="checkbox"/>
None <input type="checkbox"/>		Unknown <input type="checkbox"/>	N/a <input type="checkbox"/>
Other (specify): <input type="checkbox"/>		_____	
Secondary Containment of Tank			
Double Wall <input type="checkbox"/>		Earthen Dyke <input type="checkbox"/>	Concrete Dyke <input type="checkbox"/>
Steel Dyke <input type="checkbox"/>		None <input type="checkbox"/>	Unknown <input type="checkbox"/>
Other (specify): <input type="checkbox"/>		_____	

### Tank Information (continued)

**4** Dyke  N/A  Length \_\_\_\_\_ m Width \_\_\_\_\_ m Last Permeability Test (if applicable)  
 Effective Height \_\_\_\_\_ m Effective Capacity \_\_\_\_\_ l  
 Describe Method for Disposal of Rainwater/Snow Accumulations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Lock on Drain Pipe Yes  No  N/A  Date 

D	D	M	M	Y	Y

 Result \_\_\_\_\_ litres/m<sup>2</sup>/day or cm/s  
 Unknown  N/A

Spill Containment Liquid-tight Fill Box  None   
 Liquid/Vapour Tight Couplings on Fill Pipe  Unknown   
 Other (specify): \_\_\_\_\_

Tank Venting Normal Yes  No  Unknown   
 Emergency Yes  No  Unknown

Overfill Prevention Yes - Specify Brand And Model  \_\_\_\_\_  
 Unknown  None

Tank Leak Test To Be Completed  Yes  No  Unknown

Last Leak Test Date 

D	D	M	M	Y	Y

 Method \_\_\_\_\_ Result \_\_\_\_\_

Tank Leak Detection (check all that apply) Monitoring of Secondary Containment  Reconciliation  None   
 Continuous In-tank Monitoring  Vacuum Gauge   
 Monitoring Wells (# of: \_\_\_\_\_)  Other (specify)  \_\_\_\_\_

Contingency Plan (Mandatory for Bulk Plants and Marinas) Attached  Previously Submitted  N/A

### Pipeline(s) Information

**5** Piping Material Galvanized Steel  Bare Steel  Fibreglass   
 Flexible Plastic  None  Unknown   
 Other (specify): \_\_\_\_\_

Date or Projected Date of Installation (at Current Location) 

D	D	M	M	Y	Y

 Known  Estimated  Unknown

Condition of Pipeline At Time of Installation New  Used  Unknown  Name Of Installer Or Installation Company \_\_\_\_\_  
 Unknown

Aboveground Piping Yes  No  Underground Piping Yes  No

Piping Secondary Containment Double Wall  None   
 Other (specify): \_\_\_\_\_ Unknown

Steel Piping Corrosion Protection Galvanized  Sacrificial Anodes  Impressed Current   
 Jacketed  None  Unknown   
 N/A  Other (specify): \_\_\_\_\_

Type of Pumping System Suction  Pressure  None   
 Unknown  Other (specify): \_\_\_\_\_

Piping Leak Test To Be Completed  Yes  No  Unknown

Last Leak Test Date 

D	D	M	M	Y	Y

 Method \_\_\_\_\_ Result \_\_\_\_\_

Piping Leak Detection Monitoring of Secondary Containment  Reconciliation   
 Continuous in-line Monitoring  Monitoring Wells (# of: \_\_\_\_\_)   
 Other (specify): \_\_\_\_\_ None

Pump Island or Dispenser(s) New  Existing  (if "new", provide details on required drawing or sketch)

**6** Owner's Name (please print)  
 \_\_\_\_\_

**7** Signature Of Owner  
 \_\_\_\_\_

**8** Date  

D	D	M	M	Y	Y

**9** Please ensure that you have a copy of the "registration brochure". It contains important information and requirements for you as a storage tank system owner.

### For Office Use Only

Required Test Results Submitted  
 Leak Test (Tank/Line)  File # \_\_\_\_\_  
 Corrosion Protection (Tank/Line)  Registration # \_\_\_\_\_  
 Dyke Permeability