

USED OIL STORAGE TANK SYSTEM APPLICATION FORM

Regional Offices
 St. John's (709) 729-2550
 Clarenville (709) 466-4061
 Gander (709) 256-1430
 Grand Falls-Windsor (709) 292-4206
 Corner Brook (709) 637-2204
 Happy Valley-Goose Bay (709) 896-5428

Under **The Used Oil Control Regulations, Section 19**, any new or altered storage tank system requires a Certificate of Approval prior to the installation of tanks and associated piping. The information supplied on this form plus engineering drawings showing the installation and construction details will suffice as an application for Approval.

1. PLEASE TYPE OR PRINT IN INK THIS APPLICATION MUST BE SIGNED BY THE STORAGE TANK SYSTEM OWNER

OWNER'S NAME		TELEPHONE
ADDRESS		POSTAL CODE
REGISTRATION NUMBER OF COMPANY OR BUSINESS	MANAGER'S (or Chief Operator's) NAME	
SUPPLIER/WHOLESALE FOR LUBRICATING OIL		
COMPANY OR BUSINESS NAME		TELEPHONE
ADDRESS		POSTAL CODE
TANK INSTALLATION COMPANY NAME	STORAGE TANK SYSTEM OWNER	
STORAGE TANK SYSTEM OPERATOR	PROPERTY OWNER	

2. TYPE OF INSTALLATION (please check)

<input type="checkbox"/> BULK PLANT <input type="checkbox"/> SERVICE STATION <input type="checkbox"/> GAS BAR <input type="checkbox"/> PIPING <input type="checkbox"/> MARINA <input type="checkbox"/> NEW <input type="checkbox"/> EXPANDED <input type="checkbox"/> OTHER <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> PRIVATE <input type="checkbox"/> DYKING _____	3. CONTINGENCY PLAN IS REQUIRED IS CONTINGENCY PLAN ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> TO FOLLOW IF YES, PLEASE ATTACH TO APPLICATION
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4. DISTANCE OF TANK(S) TO THE NEAREST FEATURES (if less than 200m)

HOUSE _____	OWNER(S) _____
COMMERCIAL BUILDING _____	NAME _____
WATER BODY _____ <small>(river, stream, pond, lake, ocean)</small>	NAME _____
WELL _____	OWNER(S) _____

5. LOCATION OF TANK(S)

ATTACH AN ENGINEERING DRAWING OR A NEAT SKETCH OF THE PROPOSED INSTALLATION, SHOWING TANK(S) AND PIPING LOCATION, ADJACENT ROADS, BUILDINGS AND WATER BODIES, AND CORROSION PROTECTION EQUIPMENT OR DYKES, WHERE APPLICABLE. NUMBER EACH TANK AND IDENTIFY USING THESE NUMBERS THROUGHOUT THE FORM.

6. TANK INFORMATION

TANK NUMBER	1	2	3	4
TANK MANUFACTURER				
TANK MATERIAL (ex. fiberglass or steel)				
TANK CAPACITY (litres)				
PROJECTED DATE OF INSTALLATION				
TANK SERIAL NUMBER				

7. TANK CONSTRUCTION SPECIFICATION (please check)

<input type="checkbox"/> CAN4-S603	<input type="checkbox"/> CAN4-S603.1	<input type="checkbox"/> ULC - S655	<input type="checkbox"/> ULC/ORD - C142.23	<input type="checkbox"/> API 650
<input type="checkbox"/> CAN4-S615	<input type="checkbox"/> ULC S601	<input type="checkbox"/> ULC/ORD - C142.16	<input type="checkbox"/> ULC/ORD - C142.5	<input type="checkbox"/> OTHER (Please Indicate)
<input type="checkbox"/> CAN/ULC - S602M	<input type="checkbox"/> ULC - S652	<input type="checkbox"/> ULC/ORD - C142.18	<input type="checkbox"/> CAN4-S630-M84	_____
<input type="checkbox"/> CAN/ULC - S643M	<input type="checkbox"/> ULC - S653	<input type="checkbox"/> ULC/ORD - C142.22	<input type="checkbox"/> VARIANCE APPROVED	

8. SOURCES OF USED OIL

DESCRIBE METHOD OF COLLECTION			
IS USED OIL TO BE STORED IN: (indicate "YES" by writing total capacity in litres)	ABOVEGROUND TANKS?	YES <input type="text"/>	NO <input type="checkbox"/>
	UNDERGROUND TANKS?	YES <input type="text"/>	NO <input type="checkbox"/>
DESCRIBE METHOD OF DISPOSAL			

9. IF ABOVEGROUND TANKS

1. DESCRIBE THE DYKING SYSTEM (Attach additional sheet(s) if necessary).			
(a) MATERIAL OF CONSTRUCTION <input type="checkbox"/> CONCRETE <input type="checkbox"/> STEEL <input type="checkbox"/> LINER			
(b) LENGTH _____ m		(c) WIDTH _____ m	
(d) EFFECTIVE HEIGHT _____ m		(e) EFFECTIVE CAPACITY _____ m ³	
(f) METHOD OF DISPOSAL OF RAINWATER/SNOW ACCUMULATIONS _____			

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED ON THIS APPLICATION FORM IS COMPLETE AND ACCURATE.	
Installer _____	Owner _____
Company _____	Company _____
Date _____	Date _____

2006-03

This form does not supersede the requirements of any other Government Acts, Regulations or Standards.

FORWARD COMPLETED FORM TO THE NEAREST REGIONAL OFFICE OF THE GOVERNMENT SERVICE CENTRE