

**Petroleum Tank Management
Association of Alberta**
Suite 980, 10303 Jasper Avenue
Edmonton, AB T5J 3N6
PH: 780-425-8265 or 1-866-222-8265
FAX: 780-425-4722
WEBSITE: *www.ptmaa.ab.ca*

Petroleum Storage Tank Registration Form

INSTRUCTIONS: If registering tank(s) for the first time at this location, please respond to all applicable sections in pen. If you have difficulty completing the application do not hesitate to contact the PTMAA office.

Site Code # _____
(For PTMAA Use Only)

Owner, Municipal Code # _____
(For PTMAA Use Only)

SECTION A: GENERAL INFORMATION

1. Business Name of Facility: _____

2. Owner's Reference Identifier: (optional) _____

3. Facility Location:

a) If this facility is located in an urban area, please provide street address of facility:

_____ (Street Address) _____ (City/Town/Village)

b) If this facility is located in a rural area, please state:

_____ of _____, # _____
(County/MD/SA) (Name)

c) Where available, indicate the legal land description and the lot, block, and plan number on which the tanks are located:

Legal Land Description: LSD _____ ¼ of Sec. _____ / Twp. _____ / Rge. _____ / W. of _____
Mer. (eg. NW of Sec. 12 / Twp. 19 / Rge. 15 / W. of 4 Mer.)

Lot _____ Block _____ Plan _____

4. Tank System Owner: _____
(Corporation, Business or Individual)

_____ (Mailing Address) _____ (City/Town/Village) _____ (Province)

_____ (Postal Code) _____ (Contact Person)(Title) _____ (Bus. Phone #) _____

5. Operator of Facility _____
(if different from #4 above): (Corporation, Business or Individual)

_____ (Mailing Address) _____ (City/Town/Village) _____ (Province)

_____ (Postal Code) _____ (Contact Person)(Title) _____ (Bus. Phone #) _____

6. Type of Facility:

- a) Petroleum Sales check all that apply
- | | | |
|--|--|---|
| <input type="checkbox"/> ₁ Retail | <input type="checkbox"/> ₂ Bulk Plant | <input type="checkbox"/> ₃ Cardlock or Keylock |
|--|--|---|
- b) Facility
- | |
|--|
| <input type="checkbox"/> ₄ Commercial/ Industrial |
| <input type="checkbox"/> ₅ Personal Usage |
| <input type="checkbox"/> ₆ Municipal Government |
| <input type="checkbox"/> ₇ Provincial Government |
| <input type="checkbox"/> ₈ Federal Government |

7. Supplier of petroleum products:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> ₁ Esso | <input type="checkbox"/> ₂ Fas Gas | <input type="checkbox"/> ₃ Federated Co-op | <input type="checkbox"/> ₄ Husky |
| <input type="checkbox"/> ₅ Petro Canada | <input type="checkbox"/> ₆ Shell | <input type="checkbox"/> ₇ Turbo | <input type="checkbox"/> ₈ UFA |
| <input type="checkbox"/> ₉ Mohawk | | <input type="checkbox"/> ₁₀ Bulk Agency: _____ | |
| <input type="checkbox"/> _y Other: _____ | | | |

8. For used oil tanks:
(a) The Company that removes used oil from this site: _____

9. Number of Underground Petroleum Storage Tanks: _____

10. Number of Aboveground Petroleum Storage Tanks: _____

Note: Each compartment of multi-compartment tanks is defined in the Alberta Fire Code as an individual storage tank.

SECTION B: PETROLEUM TANK INFORMATION

Note: If your facility contains seven or more tanks, please duplicate Section B and complete as necessary. Complete the questionnaire for each underground and aboveground tank whether currently in use or not.

	#1	#2	#3	#4	#5	#6
1. Tank I.D. Number						
2. Tank Type:						
(1) Underground	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
(2) Aboveground	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂
3. Tank Serial #:						
(if available)						
If a previously registered tank has been removed or you are registering a tank which has replaced a previously registered tank, complete question 4.						
4. Tank Removal:						
a) State year & month of removal:						
b) Reason for Removal						
(1) No Longer Required	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
(2) Leaking Tank	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂
(3) Tank Replacement	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃
c) Who removed the tank?						
i) Company Name						
ii) Foreman's Name						
iii) Foreman's Certification						
5. Is this tank a:						
(1) New Installation?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
(2) Replacement Tank?	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂
(check one)						

All underground and aboveground installations installed after August 31, 1992 must be designed by a professional engineer.

(3) Facility Design Engineer's:

 a) Name

 b) Firm

 c) Professional Registration #

The Fire Code requires that petroleum storage systems must be installed by an approved individual.

(4) Tank Installer:

 a) CompanyName

 b) Foreman's Name

 c) Foreman's Certification #

	#1	#2	#3	#4	#5	#6
6. Year and Month of Installation: (state Year and Month of installation)						
(1) Known	<input type="checkbox"/> _1	<input type="checkbox"/> _1	<input type="checkbox"/> _1	<input type="checkbox"/> _1	<input type="checkbox"/> _1	<input type="checkbox"/> _1
(2) Estimated	<input type="checkbox"/> _2	<input type="checkbox"/> _2	<input type="checkbox"/> _2	<input type="checkbox"/> _2	<input type="checkbox"/> _2	<input type="checkbox"/> _2
(x) Unknown	<input type="checkbox"/> _x	<input type="checkbox"/> _x	<input type="checkbox"/> _x	<input type="checkbox"/> _x	<input type="checkbox"/> _x	<input type="checkbox"/> _x
7. Condition of Tank at Time of Installation:						
(1) New	<input type="checkbox"/> _1	<input type="checkbox"/> _1	<input type="checkbox"/> _1	<input type="checkbox"/> _1	<input type="checkbox"/> _1	<input type="checkbox"/> _1
(2) Used	<input type="checkbox"/> _2	<input type="checkbox"/> _2	<input type="checkbox"/> _2	<input type="checkbox"/> _2	<input type="checkbox"/> _2	<input type="checkbox"/> _2
- years of previous service:						
(x) Unknown	<input type="checkbox"/> _x	<input type="checkbox"/> _x	<input type="checkbox"/> _x	<input type="checkbox"/> _x	<input type="checkbox"/> _x	<input type="checkbox"/> _x
8. Status of Tank:						
(1) Currently in service	<input type="checkbox"/> _1	<input type="checkbox"/> _1	<input type="checkbox"/> _1	<input type="checkbox"/> _1	<input type="checkbox"/> _1	<input type="checkbox"/> _1
(2) Temporarily out of service	<input type="checkbox"/> _2	<input type="checkbox"/> _2	<input type="checkbox"/> _2	<input type="checkbox"/> _2	<input type="checkbox"/> _2	<input type="checkbox"/> _2
If tank is out of service, state year and month of last use						
(3) Permanently abandoned in place	<input type="checkbox"/> _3	<input type="checkbox"/> _3	<input type="checkbox"/> _3	<input type="checkbox"/> _3	<input type="checkbox"/> _3	<input type="checkbox"/> _3
9. Tank Material:						
(1) Steel	<input type="checkbox"/> _1	<input type="checkbox"/> _1	<input type="checkbox"/> _1	<input type="checkbox"/> _1	<input type="checkbox"/> _1	<input type="checkbox"/> _1
(2) Fiberglass	<input type="checkbox"/> _2	<input type="checkbox"/> _2	<input type="checkbox"/> _2	<input type="checkbox"/> _2	<input type="checkbox"/> _2	<input type="checkbox"/> _2
(3) Concrete	<input type="checkbox"/> _3	<input type="checkbox"/> _3	<input type="checkbox"/> _3	<input type="checkbox"/> _3	<input type="checkbox"/> _3	<input type="checkbox"/> _3
(4) Steel/Concrete	<input type="checkbox"/> _4	<input type="checkbox"/> _4	<input type="checkbox"/> _4	<input type="checkbox"/> _4	<input type="checkbox"/> _4	<input type="checkbox"/> _4
(5) Steel/Fiberglass	<input type="checkbox"/> _5	<input type="checkbox"/> _5	<input type="checkbox"/> _5	<input type="checkbox"/> _5	<input type="checkbox"/> _5	<input type="checkbox"/> _5
(x) Unknown	<input type="checkbox"/> _x	<input type="checkbox"/> _x	<input type="checkbox"/> _x	<input type="checkbox"/> _x	<input type="checkbox"/> _x	<input type="checkbox"/> _x
(y) Other	<input type="checkbox"/> _y	<input type="checkbox"/> _y	<input type="checkbox"/> _y	<input type="checkbox"/> _y	<input type="checkbox"/> _y	<input type="checkbox"/> _y
. please specify:						
10. Contents:						
(1) Gasoline	<input type="checkbox"/> _1	<input type="checkbox"/> _1	<input type="checkbox"/> _1	<input type="checkbox"/> _1	<input type="checkbox"/> _1	<input type="checkbox"/> _1
(2) Diesel	<input type="checkbox"/> _2	<input type="checkbox"/> _2	<input type="checkbox"/> _2	<input type="checkbox"/> _2	<input type="checkbox"/> _2	<input type="checkbox"/> _2
(3) Aviation Fuel	<input type="checkbox"/> _3	<input type="checkbox"/> _3	<input type="checkbox"/> _3	<input type="checkbox"/> _3	<input type="checkbox"/> _3	<input type="checkbox"/> _3
(4) Alcohol Blends	<input type="checkbox"/> _4	<input type="checkbox"/> _4	<input type="checkbox"/> _4	<input type="checkbox"/> _4	<input type="checkbox"/> _4	<input type="checkbox"/> _4
(5) Heating/Furnace Oil	<input type="checkbox"/> _5	<input type="checkbox"/> _5	<input type="checkbox"/> _5	<input type="checkbox"/> _5	<input type="checkbox"/> _5	<input type="checkbox"/> _5
(6) Used Oil	<input type="checkbox"/> _6	<input type="checkbox"/> _6	<input type="checkbox"/> _6	<input type="checkbox"/> _6	<input type="checkbox"/> _6	<input type="checkbox"/> _6
(7) Bulk Lube Oil	<input type="checkbox"/> _7	<input type="checkbox"/> _7	<input type="checkbox"/> _7	<input type="checkbox"/> _7	<input type="checkbox"/> _7	<input type="checkbox"/> _7
(8) Allied Petroleum Products	<input type="checkbox"/> _8	<input type="checkbox"/> _8	<input type="checkbox"/> _8	<input type="checkbox"/> _8	<input type="checkbox"/> _8	<input type="checkbox"/> _8
. please specify:						
11. Tank Capacity:						
(1) 2,500 litres (550 gal.)	<input type="checkbox"/> _1	<input type="checkbox"/> _1	<input type="checkbox"/> _1	<input type="checkbox"/> _1	<input type="checkbox"/> _1	<input type="checkbox"/> _1
(2) 4,550 litres (1,000 gal.)	<input type="checkbox"/> _2	<input type="checkbox"/> _2	<input type="checkbox"/> _2	<input type="checkbox"/> _2	<input type="checkbox"/> _2	<input type="checkbox"/> _2
(3) 13,600 litres (3,000 gal.)	<input type="checkbox"/> _3	<input type="checkbox"/> _3	<input type="checkbox"/> _3	<input type="checkbox"/> _3	<input type="checkbox"/> _3	<input type="checkbox"/> _3
(4) 15,000 litres	<input type="checkbox"/> _4	<input type="checkbox"/> _4	<input type="checkbox"/> _4	<input type="checkbox"/> _4	<input type="checkbox"/> _4	<input type="checkbox"/> _4
(5) 22,700 litres (5,000 gal.)	<input type="checkbox"/> _5	<input type="checkbox"/> _5	<input type="checkbox"/> _5	<input type="checkbox"/> _5	<input type="checkbox"/> _5	<input type="checkbox"/> _5
(6) 25,000 litres	<input type="checkbox"/> _6	<input type="checkbox"/> _6	<input type="checkbox"/> _6	<input type="checkbox"/> _6	<input type="checkbox"/> _6	<input type="checkbox"/> _6
(7) 35,000 litres	<input type="checkbox"/> _7	<input type="checkbox"/> _7	<input type="checkbox"/> _7	<input type="checkbox"/> _7	<input type="checkbox"/> _7	<input type="checkbox"/> _7
(8) 36,400 litres (8,000 gal.)	<input type="checkbox"/> _8	<input type="checkbox"/> _8	<input type="checkbox"/> _8	<input type="checkbox"/> _8	<input type="checkbox"/> _8	<input type="checkbox"/> _8
(9) 45,500 litres (10,000 gal.)	<input type="checkbox"/> _9	<input type="checkbox"/> _9	<input type="checkbox"/> _9	<input type="checkbox"/> _9	<input type="checkbox"/> _9	<input type="checkbox"/> _9
(10) 60,000 litres (13,000 gal.)	<input type="checkbox"/> _10	<input type="checkbox"/> _10	<input type="checkbox"/> _10	<input type="checkbox"/> _10	<input type="checkbox"/> _10	<input type="checkbox"/> _10
(11) 68,250 litres (15,000 gal.)	<input type="checkbox"/> _11	<input type="checkbox"/> _11	<input type="checkbox"/> _11	<input type="checkbox"/> _11	<input type="checkbox"/> _11	<input type="checkbox"/> _11
(12) 90,000 litres (20,000 gal.)	<input type="checkbox"/> _12	<input type="checkbox"/> _12	<input type="checkbox"/> _12	<input type="checkbox"/> _12	<input type="checkbox"/> _12	<input type="checkbox"/> _12
(x) Unknown	<input type="checkbox"/> _x	<input type="checkbox"/> _x	<input type="checkbox"/> _x	<input type="checkbox"/> _x	<input type="checkbox"/> _x	<input type="checkbox"/> _x
(y) Other	<input type="checkbox"/> _y	<input type="checkbox"/> _y	<input type="checkbox"/> _y	<input type="checkbox"/> _y	<input type="checkbox"/> _y	<input type="checkbox"/> _y
- specify in litres (1 gal. = 4.55L,(1 barrell = 163 L)						

#1 #2 #3 #4 #5 #6

12. Tank Construction Specifications:

- | | | | | | | |
|----------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| (1) ULC 601 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 |
| (2) ULC 603 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 |
| (3) ULC 603.1 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 |
| (4) ULC 615 | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| (5) ULC 630 | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| (6) ULC 643 | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |
| (7) API 650 | <input type="checkbox"/> 7 | <input type="checkbox"/> 7 | <input type="checkbox"/> 7 | <input type="checkbox"/> 7 | <input type="checkbox"/> 7 | <input type="checkbox"/> 7 |
| (8) ULC/ORD C58.10 | <input type="checkbox"/> 8 | <input type="checkbox"/> 8 | <input type="checkbox"/> 8 | <input type="checkbox"/> 8 | <input type="checkbox"/> 8 | <input type="checkbox"/> 8 |
| (9) ULC/ORD C142.16 | <input type="checkbox"/> 9 | <input type="checkbox"/> 9 | <input type="checkbox"/> 9 | <input type="checkbox"/> 9 | <input type="checkbox"/> 9 | <input type="checkbox"/> 9 |
| (10) ULC/ORD C142.23 | <input type="checkbox"/> 10 | <input type="checkbox"/> 10 | <input type="checkbox"/> 10 | <input type="checkbox"/> 10 | <input type="checkbox"/> 10 | <input type="checkbox"/> 10 |
| (11) ULC/ORD C142.3 | <input type="checkbox"/> 11 | <input type="checkbox"/> 11 | <input type="checkbox"/> 11 | <input type="checkbox"/> 11 | <input type="checkbox"/> 11 | <input type="checkbox"/> 11 |
| (12) ULC/ORD C142.5 | <input type="checkbox"/> 12 | <input type="checkbox"/> 12 | <input type="checkbox"/> 12 | <input type="checkbox"/> 12 | <input type="checkbox"/> 12 | <input type="checkbox"/> 12 |
| (13) ULC 652 | <input type="checkbox"/> 13 | <input type="checkbox"/> 13 | <input type="checkbox"/> 13 | <input type="checkbox"/> 13 | <input type="checkbox"/> 13 | <input type="checkbox"/> 13 |
| (14) ULC 653 | <input type="checkbox"/> 14 | <input type="checkbox"/> 14 | <input type="checkbox"/> 14 | <input type="checkbox"/> 14 | <input type="checkbox"/> 14 | <input type="checkbox"/> 14 |
| (x) Unknown | <input type="checkbox"/> x | <input type="checkbox"/> x | <input type="checkbox"/> x | <input type="checkbox"/> x | <input type="checkbox"/> x | <input type="checkbox"/> x |
| (y) Other | <input type="checkbox"/> y | <input type="checkbox"/> y | <input type="checkbox"/> y | <input type="checkbox"/> y | <input type="checkbox"/> y | <input type="checkbox"/> y |

- please specify

13. Cathodic Corrosion Protection: (underground steel tanks only, check all that apply)

- | | | | | | | |
|------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| (1) Sacrificial Anodes | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 |
| (2) Impressed Current | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 |
| (3) None | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 |
| (x) Unknown | <input type="checkbox"/> x | <input type="checkbox"/> x | <input type="checkbox"/> x | <input type="checkbox"/> x | <input type="checkbox"/> x | <input type="checkbox"/> x |

14. Underground Tank Secondary Containment System: (check all that apply)

- | | | | | | | |
|------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| (1) Double Walled Tank | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 |
| (2) Excavation Liner | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 |
| (3) Vault | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 |
| (4) None | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| (x) Unknown | <input type="checkbox"/> x | <input type="checkbox"/> x | <input type="checkbox"/> x | <input type="checkbox"/> x | <input type="checkbox"/> x | <input type="checkbox"/> x |

15. Aboveground Tank Secondary Containment System: (check all that apply)

- | | | | | | | |
|-----------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| (1) Earthen Dike | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 |
| (2) Containment Liner | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 |
| (3) Concrete | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 |
| (4) Steel | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| (5) None | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| (x) Unknown | <input type="checkbox"/> x | <input type="checkbox"/> x | <input type="checkbox"/> x | <input type="checkbox"/> x | <input type="checkbox"/> x | <input type="checkbox"/> x |
| (y) Other | <input type="checkbox"/> y | <input type="checkbox"/> y | <input type="checkbox"/> y | <input type="checkbox"/> y | <input type="checkbox"/> y | <input type="checkbox"/> y |

- please specify

16. Spill Containment For Underground Tanks: (check all that apply)

- | | | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| (1) Liquid-Tight Fill Box | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 |
| (2) Liquid/Vapour Tight Couplings on Fill Pipes | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 |
| (3) Fixed Suction Tube on Used Oil Tanks | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 |
| (4) None | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| (x) Unknown | <input type="checkbox"/> x | <input type="checkbox"/> x | <input type="checkbox"/> x | <input type="checkbox"/> x | <input type="checkbox"/> x | <input type="checkbox"/> x |

#1 #2 #3 #4 #5 #6

17. Overfill Prevention: (check all that apply)

- | | | | | | | |
|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| (1) Shut Off Valve in Fill Pipe | <input type="checkbox"/> _1 | <input type="checkbox"/> _1 | <input type="checkbox"/> _1 | <input type="checkbox"/> _1 | <input type="checkbox"/> _1 | <input type="checkbox"/> _1 |
| (2) Shut Off Valve in Vent Line | <input type="checkbox"/> _2 | <input type="checkbox"/> _2 | <input type="checkbox"/> _2 | <input type="checkbox"/> _2 | <input type="checkbox"/> _2 | <input type="checkbox"/> _2 |
| (3) Tank Gauging at Frequent Levels During Product Transfer | <input type="checkbox"/> _3 | <input type="checkbox"/> _3 | <input type="checkbox"/> _3 | <input type="checkbox"/> _3 | <input type="checkbox"/> _3 | <input type="checkbox"/> _3 |
| (4) High Level Detection Device with Audible or Visual Warning | <input type="checkbox"/> _4 | <input type="checkbox"/> _4 | <input type="checkbox"/> _4 | <input type="checkbox"/> _4 | <input type="checkbox"/> _4 | <input type="checkbox"/> _4 |
| (5) High Level Detection Device with Automatic Shut Off | <input type="checkbox"/> _5 | <input type="checkbox"/> _5 | <input type="checkbox"/> _5 | <input type="checkbox"/> _5 | <input type="checkbox"/> _5 | <input type="checkbox"/> _5 |
| (6) None | <input type="checkbox"/> _6 | <input type="checkbox"/> _6 | <input type="checkbox"/> _6 | <input type="checkbox"/> _6 | <input type="checkbox"/> _6 | <input type="checkbox"/> _6 |
| (x) Unknown | <input type="checkbox"/> _x | <input type="checkbox"/> _x | <input type="checkbox"/> _x | <input type="checkbox"/> _x | <input type="checkbox"/> _x | <input type="checkbox"/> _x |
| (y) Other | <input type="checkbox"/> _y | <input type="checkbox"/> _y | <input type="checkbox"/> _y | <input type="checkbox"/> _y | <input type="checkbox"/> _y | <input type="checkbox"/> _y |

- please specify _____

Underground tanks and/or pipe installed after August 31, 1992 must be precision tested before commissioning for the first time.

18. Tank Leak Test:

- | | | | | | | |
|---------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| (1) Yes | <input type="checkbox"/> _1 | <input type="checkbox"/> _1 | <input type="checkbox"/> _1 | <input type="checkbox"/> _1 | <input type="checkbox"/> _1 | <input type="checkbox"/> _1 |
| (2) No | <input type="checkbox"/> _2 | <input type="checkbox"/> _2 | <input type="checkbox"/> _2 | <input type="checkbox"/> _2 | <input type="checkbox"/> _2 | <input type="checkbox"/> _2 |
- Date of last test: _____

Method:

- | | | | | | | |
|-------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| (1) Precision Tank Test | <input type="checkbox"/> _1 | <input type="checkbox"/> _1 | <input type="checkbox"/> _1 | <input type="checkbox"/> _1 | <input type="checkbox"/> _1 | <input type="checkbox"/> _1 |
|-------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

Testing Company Name: _____

- | | | | | | | |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| (2) Non-Precision Tank Test | <input type="checkbox"/> _2 | <input type="checkbox"/> _2 | <input type="checkbox"/> _2 | <input type="checkbox"/> _2 | <input type="checkbox"/> _2 | <input type="checkbox"/> _2 |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

Result:

- | | | | | | | |
|------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| (1) No Leak | <input type="checkbox"/> _1 | <input type="checkbox"/> _1 | <input type="checkbox"/> _1 | <input type="checkbox"/> _1 | <input type="checkbox"/> _1 | <input type="checkbox"/> _1 |
| (2) Leak | <input type="checkbox"/> _2 | <input type="checkbox"/> _2 | <input type="checkbox"/> _2 | <input type="checkbox"/> _2 | <input type="checkbox"/> _2 | <input type="checkbox"/> _2 |
| (3) Inconclusive | <input type="checkbox"/> _3 | <input type="checkbox"/> _3 | <input type="checkbox"/> _3 | <input type="checkbox"/> _3 | <input type="checkbox"/> _3 | <input type="checkbox"/> _3 |

19. Indicate which tanks have underground piping attached:

(not including vertical fill pipes & vent lines)

- | | | | | | | |
|---------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| (1) Yes | <input type="checkbox"/> _1 | <input type="checkbox"/> _1 | <input type="checkbox"/> _1 | <input type="checkbox"/> _1 | <input type="checkbox"/> _1 | <input type="checkbox"/> _1 |
| (2) No | <input type="checkbox"/> _2 | <input type="checkbox"/> _2 | <input type="checkbox"/> _2 | <input type="checkbox"/> _2 | <input type="checkbox"/> _2 | <input type="checkbox"/> _2 |

20. Leak Detection Employed At This Site: (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> _1 Monitoring Wells | <input type="checkbox"/> _5 Daily Inventory Reconciliation |
| <input type="checkbox"/> _2 Statistical Inventory Reconciliation (SIR)* | <input type="checkbox"/> _6 None |
| <input type="checkbox"/> _3 Automatic Tank Gauging | <input type="checkbox"/> _x Unknown |
| <input type="checkbox"/> _4 Monitoring of Secondary Containment | <input type="checkbox"/> _y Other (specify): _____ |

* SIR (option 2) is **not** manual or electronic inventory control done by the owner. It is provided by an approved third party vendor and is a computerized evaluation of reconciliation records as a method of leak detection.

SECTION C: PIPING SYSTEM INFORMATION

This section applies to all underground piping only.

1. Piping Material: (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> ₁ Bare Steel | <input type="checkbox"/> _x Unknown |
| <input type="checkbox"/> ₂ Galvanized Steel | <input type="checkbox"/> _y Other (specify): _____ |
| <input type="checkbox"/> ₃ Fibreglass | |
| <input type="checkbox"/> ₄ Flexible Plastic | |

2. Piping Secondary Containment: (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> ₁ Double Walled Pipe | <input type="checkbox"/> _x Unknown |
| <input type="checkbox"/> ₂ Pipe Trench Liner | <input type="checkbox"/> _y Other (specify): _____ |
| <input type="checkbox"/> ₃ None | |

3. Steel Piping Cathodic Corrosion Protection: (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> ₁ Sacrificial Anodes | <input type="checkbox"/> _x None |
| <input type="checkbox"/> ₂ Impressed Current | <input type="checkbox"/> _y Unknown |

4. Type of Pumping System: (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> ₁ Suction | <input type="checkbox"/> _x Unknown |
| <input type="checkbox"/> ₂ Submersible Turbine (Pressure) | |

5. Line Leak Detection Installed: (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> ₁ Single, Vertical Check Valve (Suction) | <input type="checkbox"/> ₅ None |
| <input type="checkbox"/> ₂ Line Leak Detector (Pressure Systems) | <input type="checkbox"/> _x Unknown |
| <input type="checkbox"/> ₃ Monitoring Wells | <input type="checkbox"/> _y Other (specify): _____ |
| <input type="checkbox"/> ₄ Interstitial Monitoring of Double Walled Pipe | |

SECTION D: SITE SENSITIVITY

1. Tanks located within 500 metres of a groundwater well. ₁ Yes ₂ No

2. Tanks located within 200 metres of a surface water body. ₁ Yes ₂ No

Type of surface water
(check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> ₁ River | <input type="checkbox"/> ₅ Pond/Slough |
| <input type="checkbox"/> ₂ Creek | <input type="checkbox"/> ₆ Dugout |
| <input type="checkbox"/> ₃ Stream | <input type="checkbox"/> ₇ Reservoir |
| <input type="checkbox"/> ₄ Lake | <input type="checkbox"/> _y Other (specify): _____ |

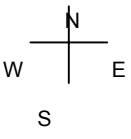
3. Tanks located within 150 metres of a major underground structure. ₁ Yes ₂ No
(A major underground structure must have subsurface depth of greater than five meters and be accessible to people.)

Type of underground structure:
(check all that apply):

- | |
|--|
| <input type="checkbox"/> ₁ Parkade |
| <input type="checkbox"/> ₂ Subway Station |
| <input type="checkbox"/> _y Other (specify): _____ |

**SECTION E:
OTHER INFORMATION**

1. Site Diagram: (Please number tanks in accordance with information provided and illustrate in relation to streets and buildings.)



2. Comments:

3. Questionnaire Completed By: _____ (Name, Please Print) _____ (Bus. Phone #)

4. I hereby confirm that the information provided on this questionnaire is complete and accurate to the best of my knowledge.

(YY/MM/DD)

Signature (Owner of Tanks(s) or
Authorized Representative)

Under the authority of the Safety Codes Act, this information is being collected by the Petroleum Tank Management Association of Alberta (PTMAA) and will be released to the public upon request in compliance with the Freedom of Information and Protection of Privacy (FOIP) Act. If you have any questions, please contact the PTMAA at the address noted on this form or call (780)425-8265.