



Petroleum Tank Management Association of Alberta

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Underground Piping Replacement Form

This form is intended for using at facilities where an underground piping system has been replaced. Upon completion please mail or return by fax to the PTMAA office.

SECTION 1: FACILITY INFORMATION

Facility Name:		Site #:
Address:		
City:	Postal Code:	Telephone:
Legal Land Descr.: LSD __ ¼ of Sec. __ /Twp. __ /Rge. __ /W of __ Mer. or Lot __ Block __ Plan		

SECTION 2: PETROLEUM STORAGE TANK OWNER INFORMATION

Name:		
Address:		City:
Postal Code:	Contact Person:	Telephone:

SECTION 3: PIPING SYSTEM INFORMATION

1. Tank Contractor: _____
 a) Company Name _____
 b) Foreman's Name _____

2. Date Work Completed: _____

3. Piping Material: (check all that apply)

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

4. Piping Secondary Containment: (Check all that apply)

<input type="checkbox"/> ₁ Double Walled Pipe	<input type="checkbox"/> ₃ None
<input type="checkbox"/> ₂ Pipe Trench Liner	<input type="checkbox"/> _x Other (Specify): _____

5. Steel Piping Cathodic Corrosion Protection: (Check all that apply)

<input type="checkbox"/> ₁ Sacrificial Anodes	<input type="checkbox"/> ₂ Impressed Current
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6. Type of Pumping System: (Check all that apply)

<input type="checkbox"/> ₁ Suction	<input type="checkbox"/> ₂ Submersible Turbine (Pressure)
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7. Line Leak Detection Installed: (Check all that apply)

<input type="checkbox"/> ₁ Single, Vertical Check Valve (Suction)
<input type="checkbox"/> ₂ Line Leak Detector (Pressure Systems)
<input type="checkbox"/> ₃ Monitoring Wells
<input type="checkbox"/> ₄ Interstitial Monitoring of Double Walled Pipe
<input type="checkbox"/> _x Other (Specify): _____

SECTION 4

1. Comments:

2. Information Completed By: _____
(Name, Please Print) (Bus. Phone #)

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

(YY/MM/DD)

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