



Petroleum Tank Management

Association of Alberta

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**UNDERGROUND PETROLEUM
TANK SYSTEM
UPGRADING FORM**

Underground storage tank systems must meet the requirements identified in Section 4.3.8 of the Alberta Fire Code 2006. If adding equipment to meet those requirements please complete this form and mail or fax same to the PTMAA. The replacement of tanks or piping requires a Permit Application to be submitted. If upgrading more than six tanks please duplicate the front page of this form.

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: PETROLEUM STORAGE TANK UPGRADING INFORMATION

1. Tank I.D. Number: _____

2. Tank Capacity: _____

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

4. Date Upgrade Completed: _____

5. Cathodic Corrosion Protection:
 (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

6. 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) 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

7. Overfill Prevention:

(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

8. Leak Detection Employed at this Site: (check all that apply)

<input type="checkbox"/> ₁ Monitoring Wells	<input type="checkbox"/> ₃ Automatic Tank Gauging
<input type="checkbox"/> ₂ Statistical Inventory Reconciliation (SIRs Computer System)	<input type="checkbox"/> ₄ Interstitial Monitoring

SECTION 4: PIPING SYSTEM UPGRADING INFORMATION

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

- ₁ Sacrificial Anodes
₂ Impressed Current

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

- ₁ Single, Vertical Check Valve (Suction)
₂ Line Leak Detector (Pressure Systems)
₃ Monitoring Wells in Pipe Trench
₄ Interstitial Monitoring of Double Walled Pipe

SECTION 5

1. Comments:

2. Upgrading 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