

**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 complete all applicable sections. Please scan and email the form to ptmaa@ptmaa.ab.ca or fax to 1-780-425-4722. If you have difficulty completing the application please 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) _____ (Postal Code)

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)

 (Phone #) (Fax #) (Email)

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

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

 (Postal Code) (Contact Person) (Title)

 (Phone #) (Fax #) (Email)

6. Type of Facility:

- | | | | | | | | | | |
|---|--|--|--|---|--|--|--|---|--|
| a) If used for petroleum sales, what type? (Check all that apply) | <input type="checkbox"/> ₁ Retail | <input type="checkbox"/> ₂ Bulk Plant | <input type="checkbox"/> ₃ Cardlock | b) Other type of facility: (check one only) | <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. Company that supplies petroleum products: (check one only for responses 1-7)

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> ₁ Esso | <input type="checkbox"/> ₂ Fas Gas | <input type="checkbox"/> ₃ Federated Co-op | <input type="checkbox"/> ₄ Husky/Mohawk |
| <input type="checkbox"/> ₅ Petro Canada (Suncor) | <input type="checkbox"/> ₆ Shell | <input type="checkbox"/> ₇ UFA | |
| <input type="checkbox"/> ₈ 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 to be Registered: _____

10. Number of Aboveground Petroleum Storage Tanks to be Registered: _____

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

SECTION B: PETROLEUM TANK INFORMATION

Some tanks have more than one compartment. If all of your tanks have just a single compartment just use a number to identify that tank. If you have multi-compartment tanks, identify each compartment with a letter. For example, if the facility has two tanks and the first tank has a single compartment and the second tank has two compartments, in Section B, Question 1, the tank numbers will be 1, 2 and 2. The compartment will be left blank under the number 1, be identified as A under the first 2 and B under the second 2.

Note: If your facility contains seven or more tank compartments, please duplicate Section B and complete as necessary.

1. **Tank Number** (use a number) _____
Compartment (if applicable, use a letter) _____

2. **Tank Type:**
 (1) Underground 1 1 1 1 1 1
 (2) Aboveground 2 2 2 2 2 2

3. **Tank Serial #:** _____
 (if available, max. 8 characters)

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 1 1 1 1 1 1
 (2) Leaking Tank 2 2 2 2 2 2
 (3) Tank Replacement 3 3 3 3 3 3

c) If the tank is an underground tank:
 Who removed the tank?
 i) Company Name _____

ii) Foreman's Name _____

iii) Foreman's PTMAA Certification # _____

5. **Is this tank a:**
 (1) New Installation, or 1 1 1 1 1 1
 (2) Replacement Tank? 2 2 2 2 2 2
 (check one)

Tank installations must be designed by a professional engineer unless, individually, less than 8,000 litres in capacity, located outdoors and 20,000 litres or less in aggregate capacity.

(3) Facility Design Engineer's:
 a) Name _____

b) Firm _____

c) Professional Registration # _____

Tank Number _____

Compartment _____

With few exceptions, the Fire Code requires that petroleum storage systems must be installed by an approved individual.

- (4) Tank Installer:
- a) Company Name _____
 - b) Foreman's Name _____
 - c) Foreman's Certification # _____

6. Year and Month of Installation:
(state Year and Month of installation)

- (1) Known 1 1 1 1 1 1
- (2) Estimated 2 2 2 2 2 2

7. Condition of Tank at Time of Installation:

- (1) New 1 1 1 1 1 1
- (2) Used 2 2 2 2 2 2
- years of previous service: _____

8. Status of Tank:

- (1) Proposed or Under Construction 1 1 1 1 1 1
- (2) Currently in Service 2 2 2 2 2 2
- (3) Temporarily Out of Service 3 3 3 3 3 3
- If tank is out of service, state year and month of last use _____
- (4) Permanently Abandoned in Place, state year and month of last use 4 4 4 4 4 4

9. Tank Material:

- (1) Steel 1 1 1 1 1 1
- (2) Fibreglass 2 2 2 2 2 2
- (3) Concrete 3 3 3 3 3 3
- (4) Steel/Concrete 4 4 4 4 4 4
- (5) Steel/Fiberglass 5 5 5 5 5 5
- (x) Other x x x x x x
- please specify: _____

10. Contents:

- (1) Gasoline 1 1 1 1 1 1
- (2) Diesel 2 2 2 2 2 2
- (3) Aviation Fuel 3 3 3 3 3 3
- (4) Methanol 4 4 4 4 4 4
- (5) Heating/Furnace Oil 5 5 5 5 5 5
- (6) Used Oil 6 6 6 6 6 6
- (7) Biodiesel 7 7 7 7 7 7
- (8) Other Petroleum Product 8 8 8 8 8 8
- please specify: _____

11. Tank Capacity:

Provide capacity for each individual tank compartment
Specify in litres (1 gal = 4.55L, 1 barrel = 159L) _____

Tank Number _____

Compartment _____

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 602 | <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 | <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 603.1 | <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 615 | <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 652 | <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) ULC 655 | <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 653 | <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) API 650 | <input type="checkbox"/> 9 | <input type="checkbox"/> 9 | <input type="checkbox"/> 9 | <input type="checkbox"/> 9 | <input type="checkbox"/> 9 | <input type="checkbox"/> 9 |
| (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. 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 |

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 |

15. Aboveground 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) Earthen Dike | <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) Containment Liner | <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) 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 | <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 |

16. Aboveground Tank Collision Protection: (for double-walled tanks not inside a dike)

- | | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| (1) Vertical Posts (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) Concrete Curbs | <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 |

17. Spill Containment for 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 |

18. 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) High Level Detection Device with Audible or Visual Warning | <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 |

Tank Number _____

Compartment _____

19. Tank Leak Detection: (check all that apply)

- | | | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| (1) Monitoring Wells | <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) Statistical Inventory Reconciliation (SIR)* | <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) Automatic Tank Gauging** | <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) Monitoring of Secondary Containment | <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) Daily Inventory Reconciliation | <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 |

* 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.

** ATG's use sensitive product level and temperature measuring devices to account for changes in liquid volume.

20. Sumps Installed: (check all that apply)

- | | | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| (1) Transition Sump (where aboveground pipe connects to underground piping) | <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) Tank Sump (at top of the underground tank for access to submersible turbine pump) | <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) Under-Dispenser Sump (beneath dispenser cabinets) | <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) None | <input type="checkbox"/> x | <input type="checkbox"/> x | <input type="checkbox"/> x | <input type="checkbox"/> x | <input type="checkbox"/> x | <input type="checkbox"/> x |

21. Leak Detection Sensors are Installed In: (check all that apply)

- | | | | | | | |
|--------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| (1) Transition Sump | <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) Tank Sump | <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) Under-Dispenser Sump | <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) None | <input type="checkbox"/> x | <input type="checkbox"/> x | <input type="checkbox"/> x | <input type="checkbox"/> x | <input type="checkbox"/> x | <input type="checkbox"/> x |

Newly installed underground tanks and/or pipe must be precision tested after all concrete and asphalt work and before commissioning for the first time. Test reports must be submitted to the PTMAA. Single-walled underground tanks and piping require testing at least every five years and more frequently if leak detection is not performed to Code.

22. 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 |
| (3) Year/Month of Last Test: | _____ | | | | | |
| (4) Company that Performed Test | _____ | | | | | |

23. Piping 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 |
| (3) Year/Month of Last Test: | _____ | | | | | |
| (4) Company that Performed Test | _____ | | | | | |

SECTION C: PIPING SYSTEM INFORMATION

This section applies to all product piping (not vent piping).

Tank Number	_____	_____	_____	_____	_____	_____
Compartment	_____	_____	_____	_____	_____	_____
1. Piping Installed: (check all that apply)						
(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) No Piping (go to Section D)	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
2. Piping Material: (check all that apply)						
(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) Fibreglass	<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) Thermoplastic (flexible)	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
3. Steel Piping Corrosion Protection (underground only)						
(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
4. Piping Secondary Containment (underground only)						
(1) Double-Walled Piping	<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) Pipe Trench 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) 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) Other	<input type="checkbox"/> x	<input type="checkbox"/> x	<input type="checkbox"/> x	<input type="checkbox"/> x	<input type="checkbox"/> x	<input type="checkbox"/> x
5. Type of Product Delivery System						
(1) Suction	<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) Pressurized (includes gravity)	<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. Piping Leak Detection (underground only), (check all that apply)						
(1) Single, Vertical Check Valves (suction)	<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 Detector (pressure), (mechanical or electronic)	<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) Monitoring Wells	<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) Monitoring of Double-Walled Piping (sensors)	<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) Other	<input type="checkbox"/> x	<input type="checkbox"/> x	<input type="checkbox"/> x	<input type="checkbox"/> x	<input type="checkbox"/> x	<input type="checkbox"/> x

- please specify _____

SECTION D: 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 or 1(866) 222-8265 toll free.