

**Deadline October 1, 2015**

# **Petroleum Storage Program**

**Permit to Operate a Petroleum Storage Facility**

## **RENEWAL APPLICATION FORM**

PSF\_APP\_005\_12\_2014

**IMPORTANT: PLEASE READ THESE INSTRUCTIONS BEFORE FILLING OUT FORM**

1. Submissions will be accepted January 1, 2015 – October 1, 2015.
  - a. Early submission is encouraged, as applications will be reviewed in the order they are received.
  - b. Late applications may result in a facility not receiving a valid permit to operate by January 1, 2016.
2. Submit completed application and all associated documents to:

**Manitoba Conservation and Water Stewardship**

Environmental Programs and Strategies

Petroleum Storage Program

1007 Century St

Winnipeg MB R3H 0W4

or

[petroleumstorageprog@gov.mb.ca](mailto:petroleumstorageprog@gov.mb.ca)

3. Incomplete Applications will be returned, unprocessed, to the applicant.

For additional information, please visit:

[www.gov.mb.ca/conservation/envprograms/psp/](http://www.gov.mb.ca/conservation/envprograms/psp/)

**Part A: Storage Tank System Owner Information**

**Legal name:** \_\_\_\_\_  
*(Corporation or individual's name)*

**Mailing address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal code:** \_\_\_\_\_  
*(Town or village)*

**Contact person:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Part B: Tank System Operation Information**

**Operation name:** \_\_\_\_\_

**Permit number:** \_\_\_\_\_ **Permit expiry:** \_\_\_\_\_

**Operation owner:** \_\_\_\_\_  
*(Corporation or individual's name)*

**Tank location:** \_\_\_\_\_  
*(Legal land description [e.g.: civic address; section-township-range; GPS])*

**Municipality:** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal code:** \_\_\_\_\_  
*(Town or village)*

**Contact person:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Part C(a) and C(b): Underground or Aboveground Storage Tank System Information**

**Instructions:** Complete either Part C(a) (underground storage tanks) or C(b) (aboveground storage tanks).

If there are more than five (5) tanks on the same Permit to Operate, copy the applicable section and add it to the Application.

Attach a site plan of your facility.

All measurements or volumes must be noted in metric (e.g.: litres and metres).

**Part C(a): Underground Storage Tank System Information**

<b>Storage Tank Information</b>					
Tank ID No. (as per attached site plan)					
Nominal Tank Capacity ( <i>in litres</i> )					
Serial No.					
Tank Manufacturer					
Year of Installation					
Double walled (D) or single walled (S)					
<b>In-Service Monitoring as Required by the CCME Code of Practice, Part 6/Technical Bulletin PSF-002</b> <b>**Select ALL That Apply**</b>					
(1) Statistical Inventory Reconciliation	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
(2) Inventory Reconciliation	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
(3) Visual Leak Detection	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
(4) Automatic Tank Gauge	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
(5) High Technology Secondary Containment Monitoring	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
(6) Continuous In-tank Leak Detection System	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
(7) Continuous In-Tank Leak Detection	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
(8) Observation Well Monitoring	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
(9) Electronic Line Leak Detection Device	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
(10) Sensor	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10
(11) Single Vertical Check Valve	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11
Are you conducting the in-service monitoring at the frequency required by the CCME Code of Practice? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Periodic Leak Detection as Required by the CCME Code of Practice, Part 6/Technical Bulletin PSF-002</b> <b>**Select ALL That Apply**</b>					
(1) Precision Leak Detection Test Date of Last Test: _____ Name of Service Provider: _____	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
(2) Pressure Liquid Media Leak Detection Test Date of Last Test: _____ Name of Service Provider: _____	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
(3) High-pressure Inert Gas or Vacuum Leak Detection Test Date of Last Test: _____ Name of Service Provider: _____	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
(4) Visual Leak Detection	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4

Part C(a): Underground Storage Tank System Information (cont'd)

Annual Inspection and Performance Testing as Required by the CCME Code of Practice, Section 8.4.1(4)

**\*\*Select ALL That Apply\*\***

<p>(1) Automatic Tank Gauges and Monitoring Systems                      Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No                      Date Tested: _____                      Name of Service Provider: _____</p>	<p><input type="checkbox"/> 1</p>	<p><input type="checkbox"/> 1</p>	<p><input type="checkbox"/> 1</p>	<p><input type="checkbox"/> 1</p>	<p><input type="checkbox"/> 1</p>
<p>(2) High-technology Sensors                      Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No                      Date Tested: _____                      Name of Service Provider: _____</p>	<p><input type="checkbox"/> 2</p>	<p><input type="checkbox"/> 2</p>	<p><input type="checkbox"/> 2</p>	<p><input type="checkbox"/> 2</p>	<p><input type="checkbox"/> 2</p>
<p>(3) Electronic or Mechanical Leak Detection Equipment                      Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No                      Date Tested: _____                      Name of Service Provider: _____</p>	<p><input type="checkbox"/> 3</p>	<p><input type="checkbox"/> 3</p>	<p><input type="checkbox"/> 3</p>	<p><input type="checkbox"/> 3</p>	<p><input type="checkbox"/> 3</p>
<p>(4) Corrosion Protection Equipment                      Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No                      Date Tested: _____                      Name of Service Provider: _____</p>	<p><input type="checkbox"/> 4</p>	<p><input type="checkbox"/> 4</p>	<p><input type="checkbox"/> 4</p>	<p><input type="checkbox"/> 4</p>	<p><input type="checkbox"/> 4</p>
<p>(5) Pressurized Piping Emergency Valves                      Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No                      Date Tested: _____                      Name of Service Provider: _____</p>	<p><input type="checkbox"/> 5</p>	<p><input type="checkbox"/> 5</p>	<p><input type="checkbox"/> 5</p>	<p><input type="checkbox"/> 5</p>	<p><input type="checkbox"/> 5</p>
<p>(6) Emergency Shut-down Devices                      Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No                      Date Tested: _____                      Name of Service Provide: _____</p>	<p><input type="checkbox"/> 6</p>	<p><input type="checkbox"/> 6</p>	<p><input type="checkbox"/> 6</p>	<p><input type="checkbox"/> 6</p>	<p><input type="checkbox"/> 6</p>
<p>(7) Containment Sumps Including Dispenser, Turbine and Transition Containment Devices                      Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No                      Date Tested: _____                      Name of Service Provider: _____</p>	<p><input type="checkbox"/> 7</p>	<p><input type="checkbox"/> 7</p>	<p><input type="checkbox"/> 7</p>	<p><input type="checkbox"/> 7</p>	<p><input type="checkbox"/> 7</p>
<p>(8) Overfill Protection Devices                      Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No                      Date Tested: _____                      Name of Service Provider: _____</p>	<p><input type="checkbox"/> 8</p>	<p><input type="checkbox"/> 8</p>	<p><input type="checkbox"/> 8</p>	<p><input type="checkbox"/> 8</p>	<p><input type="checkbox"/> 8</p>

**Part C(b): Aboveground Storage Tank System Information**

<b>Storage Tank Information</b>					
Tank ID No. (as per attached site plan)					
Nominal Tank Capacity ( <i>in litres</i> )					
Serial No.					
Tank Manufacturer					
Year of Installation					
Double walled (D) or single walled in secondary containment (S)					
<b>In-Service Monitoring as Required by the CCME Code of Practice, Part 6/Technical Bulletin PSF-002</b>					
<b>**Select ALL That Apply**</b>					
(1) Statistical Inventory Reconciliation	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
(2) Inventory Reconciliation	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
(3) Visual Leak Detection	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
(4) Automatic Tank Gauge	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
(5) High Technology Secondary Containment Monitoring	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
(6) Continuous In-tank Leak Detection System	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
(7) Continuous In-Tank Leak Detection	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
(8) Observation Well Monitoring	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
(9) Electronic Line Leak Detection Device	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
(10) Sensor	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10
(11) Single Vertical Check Valve	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11
Are you conducting the in-service monitoring at the frequency required by the CCME Code of Practice? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Periodic Leak Detection as Required by the CCME Code of Practice, Part 6/Technical Bulletin PSF-002</b>					
<b>**Select ALL That Apply**</b>					
(1) Precision Leak Detection Test Date of Last Test: _____ Name of Service Provider: _____	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
(2) Pressure Liquid Media Leak Detection Test Date of Last Test: _____ Name of Service Provider: _____	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
(3) High-pressure Inert Gas or Vacuum Leak Detection Test Date of Last Test: _____ Name of Service Provider: _____	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
(4) API Std 653-01 Date of Last Test: _____ Name of Service Provider: _____	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
(5) Visual Leak Detection	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5

**Part C(b): Aboveground Storage Tank System Information (cont'd)**

**Annual Inspection and Performance Testing as Required by the CCME Code of Practice, Section 8.4.1(4)**

**\*\*Select ALL That Apply\*\***

<p>(1) Automatic Tank Gauges and Monitoring Systems                      Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No                      Date Tested: _____                      Name of Service Provider: _____</p>	<p><input type="checkbox"/> 1</p>	<p><input type="checkbox"/> 1</p>	<p><input type="checkbox"/> 1</p>	<p><input type="checkbox"/> 1</p>	<p><input type="checkbox"/> 1</p>
<p>(2) High-technology Sensors                      Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No                      Date Tested: _____                      Name of Service Provider: _____</p>	<p><input type="checkbox"/> 2</p>	<p><input type="checkbox"/> 2</p>	<p><input type="checkbox"/> 2</p>	<p><input type="checkbox"/> 2</p>	<p><input type="checkbox"/> 2</p>
<p>(3) Electronic or Mechanical Leak Detection Equipment                      Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No                      Date Tested: _____                      Name of Service Provider: _____</p>	<p><input type="checkbox"/> 3</p>	<p><input type="checkbox"/> 3</p>	<p><input type="checkbox"/> 3</p>	<p><input type="checkbox"/> 3</p>	<p><input type="checkbox"/> 3</p>
<p>(4) Corrosion Protection Equipment                      Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No                      Date Tested: _____                      Name of Service Provider: _____</p>	<p><input type="checkbox"/> 4</p>	<p><input type="checkbox"/> 4</p>	<p><input type="checkbox"/> 4</p>	<p><input type="checkbox"/> 4</p>	<p><input type="checkbox"/> 4</p>
<p>(5) Pressurized Piping Emergency Valves                      Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No                      Date Tested: _____                      Name of Service Provider: _____</p>	<p><input type="checkbox"/> 5</p>	<p><input type="checkbox"/> 5</p>	<p><input type="checkbox"/> 5</p>	<p><input type="checkbox"/> 5</p>	<p><input type="checkbox"/> 5</p>
<p>(6) Emergency Shut-down Devices                      Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No                      Date Tested: _____                      Name of Service Provide: _____</p>	<p><input type="checkbox"/> 6</p>	<p><input type="checkbox"/> 6</p>	<p><input type="checkbox"/> 6</p>	<p><input type="checkbox"/> 6</p>	<p><input type="checkbox"/> 6</p>
<p>(7) Containment Sumps Including Dispenser, Turbine and Transition Containment Devices                      Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No                      Date Tested: _____                      Name of Service Provider: _____</p>	<p><input type="checkbox"/> 7</p>	<p><input type="checkbox"/> 7</p>	<p><input type="checkbox"/> 7</p>	<p><input type="checkbox"/> 7</p>	<p><input type="checkbox"/> 7</p>
<p>(8) Overfill Protection Devices                      Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No                      Date Tested: _____                      Name of Service Provider: _____</p>	<p><input type="checkbox"/> 8</p>	<p><input type="checkbox"/> 8</p>	<p><input type="checkbox"/> 8</p>	<p><input type="checkbox"/> 8</p>	<p><input type="checkbox"/> 8</p>

# Application for Renewal of Permit to Operate

## Part D: Certification

I, \_\_\_\_\_, certify that the information contained on this  
*Print name*

form is complete and accurate, and understand that untrue or misrepresented information may result in this application being denied.

\_\_\_\_\_  
*Signature of facility owner/operator*

\_\_\_\_\_  
*Date*

Return completed application form to:

**Manitoba Conservation and Water Stewardship**  
Environmental Programs and Strategies  
Petroleum Storage Program  
1007 Century St  
Winnipeg MB R3H 0W4

Email: [petroleumstorageprog@gov.mb.ca](mailto:petroleumstorageprog@gov.mb.ca)

Personal information is collected under the authority of *The Dangerous Good Handling and Transportation Act*, the *Storage and Handling of Petroleum Products and Allied Products Regulation* and is used to issue permits and for enforcement purposes. Information collected is protected by the privacy provisions of *The Freedom of Information and Protection of Privacy Act*. If you have any questions, contact the Access & Privacy Coordinator, Box 85, 200 Salteaux Crescent, Winnipeg MB R3J 3W3; 1-204-945-4170.

### For Internal Use Only

Date Received: \_\_\_\_\_

EMS OP ID: \_\_\_\_\_

Application Complete:  Yes  No

Approval ID: \_\_\_\_\_

File No.: \_\_\_\_\_

MCCR: \_\_\_\_\_