

# Environment Canada (EC) Storage Tank System Identification Form

**Identification of storage tank systems for the purpose of the *Storage Tank Systems for Petroleum Products and Allied Petroleum Products Regulations***

## ENVIRONMENT CANADA USE ONLY

ID number

Date received

Date entered

Entered by

Comments

## Instructions

- COMPLETE ONE FORM FOR EACH STORAGE TANK SYSTEM. A system can be a single independent tank or several tanks that are interconnected.
- All sections must be complete before an identification number can be issued.
- Optional information is marked with an asterisk (\*).
- When identifying newly installed storage tank systems do not select "Unknown" in any section of the form.
- Part VI must be signed by the storage tank system owner or the owner contact.
- Form submission information is provided on the last page.

### PART I: PURPOSE OF NOTIFICATION

✓ Check all that apply:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> This is a newly installed system   | <input type="checkbox"/> Change in owner or operator address (Part II & III)                             | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> This system is not newly installed but has not been identified previously  | <input type="checkbox"/> New owner or operator (Part II & III)   |  |
| <input type="checkbox"/> Change to information that was previously provided to EC (e.g. months of service, tank contents, technical information). (Part IV) | <input type="checkbox"/> This system has been permanently withdrawn from service and/or removed (Part V) |  |

### PART II: STORAGE TANK SYSTEM OWNER AND OPERATOR INFORMATION

Name of owner		Name of operating company or individual (if different from owner)	
Address of owner (Civic address or post box, City, Province/Territory, Postal code)		Address of operator company or individual (if different from owner)	
Name of owner contact		Name of operator contact (if different from owner contact)	
*Title of owner contact		* Title of operator contact (if different from owner contact)	
*Phone number (     )	*Fax number (     )	*Phone number (if different from owner) (     )	*Fax number (if different from owner) (     )
*E-mail address of owner contact		*E-mail address of operator contact (if different from owner)	
*Name of previous owner (if applicable)			

**PART III: LOCATION OF STORAGE TANK SYSTEM AND DOCUMENTS**

Facility name	Location of tank system records (If no street address, provide latitude & longitude or legal land description)
Location of tank system (If no street address, provide latitude & longitude or legal land description)	*Location(s) of emergency plan(s) (If no street address, provide latitude & longitude or legal land descriptions or other descriptions. Attach additional pages if necessary)

**PART IV: STORAGE TANK SYSTEM DESCRIPTION**

	Tank 1	Tank 2	Tank 3	Tank 4	Tank 5
<b>*Owner's Tank Identification Number</b>					
<b>EC Tank System Identification Number</b> <small>(one ID number per storage tank system)</small>					
<b>Year of Installation of Tank System</b> <small>(If unknown, write "unknown")</small>					
<b>Date of Changes to the System</b> <small>(MM/DD/YYYY)</small>					
<b>Is System in Service All Year?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>(Please identify the month(s) during which the system is in service)</small>				
<b>Type of Tank</b>	<input type="checkbox"/> ABOVEGROUND <input type="checkbox"/> UNDERGROUND	<input type="checkbox"/> ABOVEGROUND <input type="checkbox"/> UNDERGROUND	<input type="checkbox"/> ABOVEGROUND <input type="checkbox"/> UNDERGROUND	<input type="checkbox"/> ABOVEGROUND <input type="checkbox"/> UNDERGROUND	<input type="checkbox"/> ABOVEGROUND <input type="checkbox"/> UNDERGROUND
<b>Type of Piping</b> (Check all that apply)	<input type="checkbox"/> ABOVEGROUND <input type="checkbox"/> UNDERGROUND <input type="checkbox"/> NO PIPING	<input type="checkbox"/> ABOVEGROUND <input type="checkbox"/> UNDERGROUND <input type="checkbox"/> NO PIPING	<input type="checkbox"/> ABOVEGROUND <input type="checkbox"/> UNDERGROUND <input type="checkbox"/> NO PIPING	<input type="checkbox"/> ABOVEGROUND <input type="checkbox"/> UNDERGROUND <input type="checkbox"/> NO PIPING	<input type="checkbox"/> ABOVEGROUND <input type="checkbox"/> UNDERGROUND <input type="checkbox"/> NO PIPING
<b>Diameter of Piping</b> <small>(Specify units: millimeters or inches)</small>					
<b>Nominal Tank Capacity</b> <small>(litres)</small>					
<b>Product stored</b>					
<b>Describe how the transfer area<sup>1</sup> is designed to contain spills. Specify if the transfer area is not yet designed to contain spills.</b>					

<sup>1</sup> "transfer area" means the area around the connection point between a delivery truck, railcar, aircraft or vessel and a storage tank system in which the tanks have an aggregate capacity of more than 2 500 L.

ULC or API Standard Number	Tank 1		Tank 2		Tank 3		Tank 4		Tank 5	
API Specification 12B	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
API Specification 12D	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
API Specification 12F	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
API Std 650	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
ULC-C142.14	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
ULC-C142.15	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
ULC-C142.17	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
ORD-C142.18	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
ULC-C142.20	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
ORD-C142.21	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
ORD-C142.22	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
ORD-C142.23	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
ORD-C142.5	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
ORD-C58.10	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
ULC-C80-1	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
ULC-S601	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
ULC-S602	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
ULC-S603	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
ULC-S615	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
ULC-S630	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
ULC-S643	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
ULC-S652	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
ULC-S653	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
ULC-S655	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Collapsible fabric storage tank ("bladder")	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Unknown – underground tank	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Unknown – field erected vertical aboveground tank	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Unknown – shop-fabricated vertical aboveground tank	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Unknown – horizontal aboveground tank	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Other (specify)										
Material of Construction (Check all that apply)	Tank 1	Piping 1	Tank 2	Piping 2	Tank 3	Piping 3	Tank 4	Piping 4	Tank 5	Piping 5
Concrete encased steel	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Fiberglass Reinforced Plastic (FRP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jacketed steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polymer fabric [for bladder]	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Black Iron		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Copper		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Galvanized Steel		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Flexible Metallic		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

More...

Ducted Flexible		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Enviroflex/Bufflex		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Geoflex		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Nonmetallic Thermoplastic (flexible)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Polyethylene		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
PVC		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Theroset (rigid)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Other (specify)										
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has tank/piping been repaired?	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
<b>Secondary Containment</b> (Check all that apply)	<b>Tank 1</b>	<b>Piping 1</b>	<b>Tank 2</b>	<b>Piping 2</b>	<b>Tank 3</b>	<b>Piping 3</b>	<b>Tank 4</b>	<b>Piping 4</b>	<b>Tank 5</b>	<b>Piping 5</b>
Double Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Contained Tank Assembly	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Concrete Encased Steel Assembly	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Synthetic Membrane Liner	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Excavation Liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dike with Impermeable Liner	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Impermeable Liner with Double Bottom Tank	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Frame-supported polymer fabric dike [for bladder]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)										
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Corrosion Protection</b> (Check all that apply)	<b>Tank 1</b>	<b>Piping 1</b>	<b>Tank 2</b>	<b>Piping 2</b>	<b>Tank 3</b>	<b>Piping 3</b>	<b>Tank 4</b>	<b>Piping 4</b>	<b>Tank 5</b>	<b>Piping 5</b>
Sacrificial Anode - Factory Attached	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Sacrificial Anode - Field Attached	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Impressed Current System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-corroding Material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Painted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bonded Plastic or Resin Coated		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Epoxy or Polyurethane Coated		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Type of Pump to Oil-Water Separator</b> (Complete only if system has an oil-water separator)	<b>Tank 1</b>	<b>Tank 2</b>	<b>Tank 3</b>	<b>Tank 4</b>	<b>Tank 5</b>					
Centrifugal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Not centrifugal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
No pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

<b>Leak Detection</b>	<b>Tank 1</b>	<b>Piping 1</b>	<b>Tank 2</b>	<b>Piping 2</b>	<b>Tank 3</b>	<b>Piping 3</b>	<b>Tank 4</b>	<b>Piping 4</b>	<b>Tank 5</b>	<b>Piping 5</b>
Tank precision leak detection test	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Automatic tank gauging (ULC/ORD-C58.12 or ULC/ORD-C58.14) <sup>2</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuous in-tank leak detection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual inspection of walls	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Visual inspection		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Inventory reconciliation	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Continuous external tank leak monitoring (sensor cable system)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Tank (API Standard 653) or tank floor inspection	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Interstitial monitoring – double walled tank	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Electronic line leak detection		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Piping precision leak detection test		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Continuous external pipe leak monitoring (sensor cable system)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Corrosion analysis program		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Other (specify)										
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Sump</b>		<b>Sump</b>		<b>Sump</b>		<b>Sump</b>		<b>Sump</b>	
Visual inspection	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Continuous sump leak monitoring (petroleum product probe)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Static liquid media leak detection test	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Other (specify)										
None	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
No sumps for this storage tank system	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<b>Spill Containment</b>	<b>Tank 1</b>		<b>Tank 2</b>		<b>Tank 3</b>		<b>Tank 4</b>		<b>Tank 5</b>	
Spill Containment Devices for Aboveground Tanks (ORD-C142.19)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Spill box at fill point (aboveground tank)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Spill Containment Devices for Underground Tanks (ORD-C58.19)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Spill box at fill point (underground tank)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Other (specify)										
None	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<b>Overfill Prevention</b>	<b>Tank 1</b>		<b>Tank 2</b>		<b>Tank 3</b>		<b>Tank 4</b>		<b>Tank 5</b>	
Overfill Protection for Storage Tanks In Petroleum Facilities (API RP 2350) [Field erected tanks]	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Overfill Protection Devices For Flammable Liquid Storage Tanks (ORD-C58.15)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Overfill Ball Float Valve	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Overfill Alarm	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Overfill Automatic Shutoff	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

More...

<sup>2</sup> ULC/ORD 58.12 - Leak Detection Devices (Volumetric Type) for Underground Flammable Liquid Storage Tanks  
 ULC/ORD 58.14 - Nonvolumetric Leak Detection Devices for Underground Flammable Liquid Storage Tanks

Method – trained personnel in attendance at all times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)					
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PART V: PERMANENT WITHDRAWAL FROM SERVICE AND REMOVAL**

(Refer to Sections 42-45 of Regulations)

<b>Owner's Tank Identification Number</b>										
<b>EC Tank System Identification Number (One ID number per system)</b>										
<b>Tank and Piping Status</b>	<b>Tank 1</b>	<b>Piping 1</b>	<b>Tank 2</b>	<b>Piping 2</b>	<b>Tank 3</b>	<b>Piping 3</b>	<b>Tank 4</b>	<b>Piping 4</b>	<b>Tank 5</b>	<b>Piping 5</b>
Permanently Withdrawn From Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Permanently Withdrawn From Service (MM/DD/YYYY)										

Permanent Withdrawal Completed in Accordance with Sections 42-44 of Regulations:

<i>Withdrawn by approved person</i>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
<i>Withdrawal records kept</i>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
<i>Liquids/sludge removed and disposed of</i>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
<i>Vapours purged</i>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
<i>No long-term harmful effects</i>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
<i>Fill pipe labelled</i>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
Removed (must notify EC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Removed (MM/DD/YYYY)										

Removal Completed in Accordance with Section 45 of Regulations:

<i>Removed by approved person</i>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
<i>Removal records kept</i>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>

**PART VI: OWNER'S CERTIFICATION**

This section must be signed by the storage tank system owner or the owner contact

I hereby certify that the information provided with respect to the identification of tank system(s) under section 28 of the *Storage Tank Systems for Petroleum Products and Allied Petroleum Products Regulations* is accurate and complete.

<b>Name and Title (Type or Print)</b>	<b>Signature</b>	<b>Date</b>

Enter form electronically at [www.ec.gc.ca/rs-st](http://www.ec.gc.ca/rs-st) (FIRSTS database)

**OR**

**Send form to Environment Canada**  
 Environment Canada – Storage Tanks Program  
 Public and Resources Sectors Directorate  
 Aboriginal and Public Sector Division  
 351 St. Joseph Boulevard, Place Vincent Massey  
 Gatineau, Quebec, K1A 0H3  
 Fax 819-953-7253