Saskatchewan Environment

Application for Approval to Construct or Upgrade a Storage Facility

EPB #133

Facility Code _____

In accordance with **The Hazardous Substances and Waste Dangerous Goods Regulations,** I hereby apply for approval to construct a new or upgraded and existing storage facility.

A. General Information

1. Date of Application _____ (Year) _____ (Month) _____ (Day)

2. Business Name: _____
(business name or individual)

3. Address of Storage Facility: _____
Mailing Address

_____ (Town, Village/Province) _____ (Postal code) (____) _____ (Telephone (office))

_____
Physical Location (if different from above)

4. Owner or Corporate Owner Name or Company Affiliation: _____

_____
Mailing Address (if different from 3. above)

_____ (Town, Village/Province) _____ (Postal code) (____) _____ (Telephone)

5. Storage Facility Operator or Manager Name (if different from 4. above):

_____
Street Address (home)

_____ (Town, Village/Province) _____ (Postal code) (____) _____ (Telephone)

Product Supplier(s): _____

6. Name of person completing form: _____

7. If this storage facility is located within a Rural Municipality, please state: R.M. of _____ # _____

Legal Land Description LSD/QRT _____ Sec. _____ Twp. _____ Rge. _____ W_____ Mer.

8. Type of Business (check most appropriate area(s))

G Service Station	G Agricultural Industry	G Distributing	G Waste Recycling
G Bulk Plant	G Mining Industry	G Manufacturing Industry	G Waste Disposal/Treatment
G Cardlock	G Transportation	G Chemical Industry	G Waste Transfer Station
G Warehousing	G Other (please specify): _____		

9(a) Is this storage facility affiliated with government? Yes G No G

G federal G provincial G municipal

9(b) Is this storage facility owned by government? Yes G No G

G federal G provincial G municipal

10. Attach a copy of a preliminary emergency response contingency plan for the storage facility.

Attach a current storage facility site plan. This plan should illustrate the storage facility layout and orientation, storage tank positions, pipe and equipment location and arrangement, typical small container location and arrangement, surface grades, drainage channels, sewers, containment features and proximity to nearby residences, building, waterbodies and transportation routes. Identify each tank using the assigned tank number (from questions 22 and/or 50) on the site plan.

11. Does this facility store Waste Dangerous Goods? Yes **G** No **G**
If yes, please provide the following:

Provincial Consignee I.D. Number _____

Provincial Consignor I.D. Number _____

To obtain consignee and consignor I.D. numbers, please complete section F of application.

B. Site Sensitivity Information

12. Distance to nearest well	
0 - 20 m	**G** 1
20 - 200 m	**G** 2
200 m - 1 km	**G** 3
Over 1 km	**G** 4
Unknown	**G** 5
13. Distance to nearest surface water (stream, lake)	
0 - 20 m	**G** 1
20 - 200 m	**G** 2
Over 200 m	**G** 3
Unknown	**G** 4
14. Distance to nearest residence	
0 - 20 m	**G** 1
20 - 200 m	**G** 2
Over 200 m	**G** 3
Unknown	**G** 4
15. Depth from surface to groundwater table	
0 - 3 m	**G** 1
3 - 10 m	**G** 2
Over 10 m	**G** 3
Unknown	**G** 4
16. Surrounding underground soil permeability (not backfill)	
High (sand, gravel)	**G** 1
Medium (till)	**G** 2
Low (clay)	**G** 3
Bedrock	**G** 4
Unknown	**G** 5

17. Distance to nearest senior citizen care home	
0 - 100 m	**G** 1
100 - 500m	**G** 2
Over 500 m	**G** 3
18. Distance to nearest school	
0 - 100 m	**G** 1
100 - 500m	**G** 2
Over 500 m	**G** 3
19. Distance to nearest hospital	
0 - 100 m	**G** 1
100 - 500m	**G** 2
Over 500 m	**G** 3
20. Distance to nearest daycare centre	
0 - 100 m	**G** 1
100 - 500m	**G** 2
Over 500 m	**G** 3
21. Distance to nearest prison	
0 - 100 m	**G** 1
100 - 500m	**G** 2
Over 500 m	**G** 3

C. Underground Storage Tank Information

NOTE: If the storage facility is equipped with more than 5 underground tanks, please copy and complete additional pages as necessary. Assign an identification number (ID) to each tank whether currently in use or not.

22. Assigned Tank ID Number					
23. Manufacture Name					
24. Date of Manufacture (yy-mm-dd)					
25. Serial Number					
26. Contents (present or last stored) **Hazardous Substances**					
Diesel	~ 1	~ 1	~ 1	~ 1	~ 1
Gasoline (motor)	~ 2	~ 2	~ 2	~ 2	~ 2
Aviation gasoline	~ 3	~ 3	~ 3	~ 3	~ 3
Jet fuel	~ 4	~ 4	~ 4	~ 4	~ 4
Heating oil/furnace fuel	~ 5	~ 5	~ 5	~ 5	~ 5
Waste Oil	~ 6	~ 6	~ 6	~ 6	~ 6
Alcohol blends (gasohol)	~ 7	~ 7	~ 7	~ 7	~ 7
Unknown	~ 8	~ 8	~ 8	~ 8	~ 8
Chemical/Other	~ 9	~ 9	~ 9	~ 9	~ 9
- specify type	_____ 10	_____ 10	_____ 10	_____ 10	_____ 10
Waste Dangerous Goods Shipping Name (according to TDGA List II of SCH II)					
Product Identification #					
Chemical Class					
Packing Group					
27. Product Grade or Type (eg: unleaded gas) - if applicable	_____	_____	_____	_____	_____
28. Status of tank					
Currently in use	~ 1	~ 1	~ 1	~ 1	~ 1
Temporarily out of use	~ 2	~ 2	~ 2	~ 2	~ 2
Permanently out of use	~ 3	~ 3	~ 3	~ 3	~ 3
If tank(s) are not currently in use then:					
Date last used (yy-mm-dd)	_____	_____	_____	_____	_____
Was tank emptied					
Yes	~ 1	~ 1	~ 1	~ 1	~ 1
No	~ 2	~ 2	~ 2	~ 2	~ 2
Unknown	~ 3	~ 3	~ 3	~ 3	~ 3
29. Tank used seasonally					
Yes	~ 1	~ 1	~ 1	~ 1	~ 1
No	~ 2	~ 2	~ 2	~ 2	~ 2
30. Year of installation					
Year	_____	_____	_____	_____	_____
Known	~ 1	~ 1	~ 1	~ 1	~ 1
Estimated	~ 2	~ 2	~ 2	~ 2	~ 2
31. Nominal tank capacity (in litres, 1 gal. = 4.5 L)	_____	_____	_____	_____	_____

32. Tank material					
Steel	~ 1	~ 1	~ 1	~ 1	~ 1
Fiberglass reinforced plastic (FRP)	~ 2	~ 2	~ 2	~ 2	~ 2
Unknown	~ 3	~ 3	~ 3	~ 3	~ 3
Other, please specify	_____ 4	_____ 4	_____ 4	_____ 4	_____ 4
33. Internal protection					
Yes (eg. interior lining)	~ 1	~ 1	~ 1	~ 1	~ 1
No (includes paint)	~ 2	~ 2	~ 2	~ 2	~ 2
Unknown	~ 3	~ 3	~ 3	~ 3	~ 3
34. External protection					
None (includes paint)	~ 1	~ 1	~ 1	~ 1	~ 1
Cathodic protection					
Sacrificial anode (eg. zinc, magnesium)	~ 2	~ 2	~ 2	~ 2	~ 2
Impressed current	~ 3	~ 3	~ 3	~ 3	~ 3
External coating					
(eg. tar, epoxy - excluding paint)	~ 4	~ 4	~ 4	~ 4	~ 4
Secondary containment					
(eg. double wall, plastic liner)	~ 5	~ 5	~ 5	~ 5	~ 5
Unknown	~ 6	~ 6	~ 6	~ 6	~ 6
35. Piping					
Bare or painted steel	~ 1	~ 1	~ 1	~ 1	~ 1
Galvanized steel	~ 2	~ 2	~ 2	~ 2	~ 2
Plastic covered steel (eg. yellow jacket)	~ 3	~ 3	~ 3	~ 3	~ 3
Cathodically protected by					
anode/impressed current	~ 4	~ 4	~ 4	~ 4	~ 4
Fiberglass reinforced plastic (FRP)	~ 5	~ 5	~ 5	~ 5	~ 5
Copper	~ 6	~ 6	~ 6	~ 6	~ 6
Double Wall	~ 7	~ 7	~ 7	~ 7	~ 7
Unknown	~ 8	~ 8	~ 8	~ 8	~ 8
Other, please specify	_____ 9	_____ 9	_____ 9	_____ 9	_____ 9
36. Pumping System					
Suction	~ 1	~ 1	~ 1	~ 1	~ 1
Submersible, with leak detector	~ 2	~ 2	~ 2	~ 2	~ 2
Submersible, without leak detector	~ 3	~ 3	~ 3	~ 3	~ 3
Unknown	~ 4	~ 4	~ 4	~ 4	~ 4
37. Is output measured by a meter Yes	~ 1	~ 1	~ 1	~ 1	~ 1
No	~ 2	~ 2	~ 2	~ 2	~ 2
38. Can the product level be checked with a dipstick					
Yes	~ 1	~ 1	~ 1	~ 1	~ 1
No (eg. fill tube not straight)	~ 2	~ 2	~ 2	~ 2	~ 2
Frequency of dipping (never, daily, weekly, monthly, occasionally)	_____	_____	_____	_____	_____
Or is the tankage equipped with electronic tank gauging systems Yes	~ 1	~ 1	~ 1	~ 1	~ 1
No	~ 2	~ 2	~ 2	~ 2	~ 2
39. Inventory reconciliation					
Frequency (never, daily, weekly, monthly, occasionally)	_____	_____	_____	_____	_____
40. Date of last leak test					
yy-mm-dd	_____	_____	_____	_____	_____
Method	_____	_____	_____	_____	_____
Result: leak	~ 1	~ 1	~ 1	~ 1	~ 1
no leak	~ 2	~ 2	~ 2	~ 2	~ 2
inconclusive	~ 3	~ 3	~ 3	~ 3	~ 3
41. Are underground tank(s) equipped with a leak detection system? Yes	~ 1	~ 1	~ 1	~ 1	~ 1
No	~ 2	~ 2	~ 2	~ 2	~ 2

42. Are underground tank(s) equipped with a transfer spill prevention system?	Yes No	~ 1 ~ 2	~ 1 ~ 2	~ 1 ~ 2	~ 1 ~ 2	~ 1 ~ 2
43. Are underground tank(s) equipped with an overfill protection system?	Yes No	~ 1 ~ 2	~ 1 ~ 2	~ 1 ~ 2	~ 1 ~ 2	~ 1 ~ 2
44. Are underground tank(s) equipped with corrosion monitoring terminals?	Yes No	~ 1 ~ 2	~ 1 ~ 2	~ 1 ~ 2	~ 1 ~ 2	~ 1 ~ 2
45. Are product dispenser(s) equipped with vertical in-line check valves?	Yes No	~ 1 ~ 2	~ 1 ~ 2	~ 1 ~ 2	~ 1 ~ 2	~ 1 ~ 2
46. Are product dispenser(s) equipped with drip collection trays?	Yes No	~ 1 ~ 2	~ 1 ~ 2	~ 1 ~ 2	~ 1 ~ 2	~ 1 ~ 2
47. By whom will the tank system be installed - contractors company name?		_____	_____	_____	_____	_____

48. Are any tanks commonly connected: Yes ~ 1 No ~ 2 Unknown ~ 3
If yes, specify tank ID numbers: _____ and _____ are connected
_____ and _____ are connected

49. Has there ever been a tank or line leak at this address?
Yes ~ 1 No ~ 2 Unknown ~ 3 Estimated quantity of product lost (litres) _____

D. Above Ground Storage Tank Information

NOTE: If the storage facility is equipped with more than 5 above ground tanks, please copy and complete additional pages as necessary. Assign an identification number (ID) to each tank whether currently in use or not.

50. Assigned Tank ID Number					
51. Manufacturer Name					
52. Date of Manufacture (yy-mm-dd)					
53. Serial Number					
54. Contents (present or last stored)					
Hazardous Substances					
Diesel	~ 1	~ 1	~ 1	~ 1	~ 1
Gasoline (motor)	~ 2	~ 2	~ 2	~ 2	~ 2
Aviation gasoline	~ 3	~ 3	~ 3	~ 3	~ 3
Jet fuel	~ 4	~ 4	~ 4	~ 4	~ 4
Heating oil/furnace fuel	~ 5	~ 5	~ 5	~ 5	~ 5
Waste Oil	~ 6	~ 6	~ 6	~ 6	~ 6
Alcohol blends (gasohol)	~ 7	~ 7	~ 7	~ 7	~ 7
Unknown	~ 8	~ 8	~ 8	~ 8	~ 8
Chemical/Other	~ 9	~ 9	~ 9	~ 9	~ 9
- specify type	_____ 10	_____ 10	_____ 10	_____ 10	_____ 10
Waste Dangerous Goods					
Shipping Name (according to TDGA List II of SCH II)					
Product Identification #					
Chemical Class					
Packing Group					
55. Product Grade or Type (eg: unleaded gas) - if applicable	_____	_____	_____	_____	_____
56. Status of tank					
Currently in use	~ 1	~ 1	~ 1	~ 1	~ 1
Temporarily out of use	~ 2	~ 2	~ 2	~ 2	~ 2
Permanently out of use	~ 3	~ 3	~ 3	~ 3	~ 3
If tank(s) are not currently in use then:					
Date last used (yy-mm-dd)	_____	_____	_____	_____	_____
Was tank emptied					
Yes	~ 1	~ 1	~ 1	~ 1	~ 1
No	~ 2	~ 2	~ 2	~ 2	~ 2
Unknown	~ 3	~ 3	~ 3	~ 3	~ 3
57. Tank used seasonally					
Yes	~ 1	~ 1	~ 1	~ 1	~ 1
No	~ 2	~ 2	~ 2	~ 2	~ 2
58. Tank Configuration					
Horizontal	~ 1	~ 1	~ 1	~ 1	~ 1
Vertical	~ 2	~ 2	~ 2	~ 2	~ 2
Fixed Roof	~ 3	~ 3	~ 3	~ 3	~ 3
Floating Roof	~ 4	~ 4	~ 4	~ 4	~ 4
Hemispherical Roof	~ 5	~ 5	~ 5	~ 5	~ 5
Spherical	~ 6	~ 6	~ 6	~ 6	~ 6
Riveted	~ 7	~ 7	~ 7	~ 7	~ 7
Bolted	~ 8	~ 8	~ 8	~ 8	~ 8
Pressure Vessel	~ 9	~ 9	~ 9	~ 9	~ 9
Other	~ 10	~ 10	~ 10	~ 10	~ 10
- please specify	_____ 11	_____ 11	_____ 11	_____ 11	_____ 11

59. Year of installation					
Year	_____	_____	_____	_____	_____
Known	~ 1	~ 1	~ 1	~ 1	~ 1
Estimated	~ 2	~ 2	~ 2	~ 2	~ 2
60. Nominal tank capacity (in litres, 1 gal. = 4.5 L)	_____	_____	_____	_____	_____
61. Tank material					
Steel	~ 1	~ 1	~ 1	~ 1	~ 1
Fiberglass reinforced plastic (FRP)	~ 2	~ 2	~ 2	~ 2	~ 2
Unknown	~ 3	~ 3	~ 3	~ 3	~ 3
Other, please specify	_____ 4	_____ 4	_____ 4	_____ 4	_____ 4
62. Internal protection					
Yes (eg. interior lining)	~ 1	~ 1	~ 1	~ 1	~ 1
No (includes paint)	~ 2	~ 2	~ 2	~ 2	~ 2
Unknown	~ 3	~ 3	~ 3	~ 3	~ 3
63. External protection					
None (includes paint)	~ 1	~ 1	~ 1	~ 1	~ 1
Cathodic protection					
Sacrificial anode (eg. zinc, magnesium)	~ 2	~ 2	~ 2	~ 2	~ 2
Impressed current	~ 3	~ 3	~ 3	~ 3	~ 3
Other	_____ 4	_____ 4	_____ 4	_____ 4	_____ 4
Not applicable (tank mounted on rack or stand)	~ 5	~ 5	~ 5	~ 5	~ 5
Secondary containment (eg. double wall, plastic liner)	~ 6	~ 6	~ 6	~ 6	~ 6
64. Piping					
Bare or painted steel	~ 1	~ 1	~ 1	~ 1	~ 1
Galvanized steel	~ 2	~ 2	~ 2	~ 2	~ 2
Cathodically protected by anode/impressed current	~ 3	~ 3	~ 3	~ 3	~ 3
Fiberglass reinforced plastic (FRP)	~ 4	~ 4	~ 4	~ 4	~ 4
Unknown	~ 5	~ 5	~ 5	~ 5	~ 5
Other, please specify	_____ 6	_____ 6	_____ 6	_____ 6	_____ 6
Is piping above ground	~ 7	~ 7	~ 7	~ 7	~ 7
or underground?	~ 8	~ 8	~ 8	~ 8	~ 8
65. Is output measured by a meter? Yes	~ 1	~ 1	~ 1	~ 1	~ 1
No	~ 2	~ 2	~ 2	~ 2	~ 2
66. Inventory reconciliation Frequency (never, daily, weekly, monthly, occasionally)	_____	_____	_____	_____	_____
67. Date of last plate thickness test (yy-mm-dd or never)	_____	_____	_____	_____	_____
Method - please specify	_____	_____	_____	_____	_____
Remaining tank life (years)	_____	_____	_____	_____	_____
68. Is the above ground tank(s) equipped with a high level alarm or overfill prevention system? Yes	~ 1	~ 1	~ 1	~ 1	~ 1
No	~ 2	~ 2	~ 2	~ 2	~ 2
69. Is the above ground tank or tank system equipped with a spill containment system? Yes	~ 1	~ 1	~ 1	~ 1	~ 1
No	~ 2	~ 2	~ 2	~ 2	~ 2
If yes, please specify type					
dyke	_____ 3	_____ 3	_____ 3	_____ 3	_____ 3
dyke and liner	_____ 4	_____ 4	_____ 4	_____ 4	_____ 4
other (specify)	_____ 5	_____ 5	_____ 5	_____ 5	_____ 5
70. Is the above ground tank(s) filled by means of a direct top fill using an automatic shut off nozzle? Yes	~ 1	~ 1	~ 1	~ 1	~ 1
No	~ 2	~ 2	~ 2	~ 2	~ 2

71. Is the product off loading line equipped with a transfer spill collector?	Yes No	~ 1 ~ 2	~ 1 ~ 2	~ 1 ~ 2	~ 1 ~ 2	~ 1 ~ 2
72. Are product dispenser(s) equipped with drip collection trays?	Yes No	~ 1 ~ 2	~ 1 ~ 2	~ 1 ~ 2	~ 1 ~ 2	~ 1 ~ 2
73. Are remote product dispenser(s) equipped with in-line vertical check valves?	Yes No	~ 1 ~ 2	~ 1 ~ 2	~ 1 ~ 2	~ 1 ~ 2	~ 1 ~ 2
74. Is the above ground tank(s) system equipped with a:						
anti-siphon valve (top draw system)?		~ 1	~ 1	~ 1	~ 1	~ 1
solenoid valve (bottom draw system)?		~ 2	~ 2	~ 2	~ 2	~ 2
not applicable		~ 3	~ 3	~ 3	~ 3	~ 3
75. Is the storage area equipped with piezometers?	Yes No	~ 1 ~ 2	~ 1 ~ 2	~ 1 ~ 2	~ 1 ~ 2	~ 1 ~ 2
76. By whom will the tank system be installed - contractor's company name?		_____	_____	_____	_____	_____

77. Has there ever been a tank or line leak at this address?
Yes ~ 1 No ~ 2 Unknown ~ 3 Estimated quantity of product lost (litres) _____

E. Warehouse, Yard and Stockpile Storage Information

Warehouse Storage (If more than one warehouse, please provide this information for each warehouse.)

78. Storage Area (metre^2): _____
79. Year Constructed: _____
80. Heated: Yes ~ No ~
81. Ventilation: Yes ~ No ~
82. Containment: Yes ~ No ~
83. Number of Stories: _____
84. Structure Construction:
    - Non-combustible ~
    - Combustible ~
    - Both ~
85. Fire Resistance Rating(s)
    - Floor assembly(ies) _____
    - Mezzanine(s) _____
    - Roof assembly _____
    - Load bearing walls, columns and arches _____
86. Fire Suppression System: Yes ~ No ~
    (type: eg. water, foam) _____
87. Fire Alarm System: Yes ~ No ~
    - Single Stage ~
    - 2 Stage ~
    - Connected to Fire Department Yes ~ No ~
88. Food, Feed or Ingredient Stored: Yes ~ No ~
89. Are substances and wastes segregated according to chemical compatibility: Yes ~ No ~
90. Are containers labeled: Yes ~ No ~

Outdoor Yard Storage (If more than one outdoor storage yard, please provide this information for each yard.)

91. Storage Area (metre^2): _____
92. Year Constructed: _____
93. Fenced: Yes ~ No ~
94. Containment: Yes ~ No ~
95. Are substances and wastes segregated according to chemical compatibility: Yes ~ No ~
96. Are containers labeled: Yes ~ No ~

Stockpile Storage (If more than one stockpile storage yard, please provide this information for each yard.)

97. Fenced: Yes ~ No ~
98. Containment: Yes ~ No ~
99. Are stockpiles posted: Yes ~ No ~
100. Number of stockpiles: _____

Warehouse, Yard and Stockpile Storage Information (continued)

101. Physical State (solid, liquid, gas)	102. Product Name (for Hazardous Substances) Shipping Name (for Waste Dangerous Goods) (According to TDGA List II Schedule II)	103. Product Identification Number of Waste Items	104. Chemical Class for Waste Items	105. Packing Group for Waste Items	106. Quantity Handled/Year L or Kg for Waste Items	107. Container Type & Size	108. Maximum # of Containers	109. Location Stored (warehouse, outdoor yard, stockpile)

Note: If above space is insufficient, copy and complete additional listings as necessary

F. Consignee/Consignor Provincial I.D. Number

Application Short Form

(To be used in conjunction with "Application for Approval to Construct or Upgrade a Storage Facility" or "Registration Form for Existing Storage Facilities".)

NOTE: If applying for Consignee # only, omit item 5.

1. Urban Sites

   Civic Address: _____

   _____

   _____

   (city/town/village) (province) (postal code)

   Legal Land Description: Lot _____

   Block _____

   Plan _____

   City/Town _____

2. Describe the process by which the waste stream was generated and give the rate of production:

   _____

   _____

3. Frequency of Disposal

   One Time _____ Scheduled _____ Unscheduled _____

4. Carrier:

   I.D. Number: _____

   Company Name: _____

   Address: _____

   (street address) (city/town) (province)

   Phone Number: ( ) - Postal Code: _____

5. Consignee (Receiver)

   I.D. Number: _____

   Company Name: _____

   Address: _____

   (street address) (city/town) (province)

   Phone Number: ( ) - Postal Code: _____

6. Enclose photocopies of documentation (certificates/licenses) of employee training regarding safety procedures for handling waste dangerous goods.

7. List any other companies involved in the recycling or disposal of waste dangerous goods handled by your company. This may include landfills, transfer stations, incineration plants, recycling facilities, etc.

Company Name and Address	Contact Person & Phone #	I.D. Number

I, _____ certify that the information provided on this form is correct to the best of my knowledge.

Signature _____

Date _____

I hereby certify that the information provided on this application is complete and accurate.

Signature