



## SECTION 2 – CONTACT/OPERATOR

Is the contact for this application the same person as the applicant/tank owner listed in Section 1?

Yes (If yes, please skip to Section 3.)  No

If there is more than one contact, please attach a complete list of contacts with the information below.

\_\_\_\_\_  
Company/Organization/Municipality

\_\_\_\_\_  
Business Number (BN) if applicable

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Primary Phone Number

\_\_\_\_\_  
Ext. Secondary Phone Number

\_\_\_\_\_  
Ext. Fax

\_\_\_\_\_  
Email

\_\_\_\_\_  
Civic/Street Address

\_\_\_\_\_  
Mailing Address (if different than civic)

\_\_\_\_\_  
County

\_\_\_\_\_  
Community

\_\_\_\_\_  
Province

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Country

Return correspondence?

Yes  No

Note: All correspondence will go to the applicant/owner.

Preferred method of contact?

Email  Paper

Type of contact:

Recognized Agent

Professional Engineer

Other

If other, please specify \_\_\_\_\_

\_\_\_\_\_  
Certification Number

## SECTION 3 - SITE/LOCATION OF PROPOSED ACTIVITIES

Property identification numbers (PID) are available at the Nova Scotia Land Registry. 1:50,000 topographical maps (identifying Easting and Northing) are available at Nova Scotia Environment offices.

For each property associated with this site, please fill out the information below. If the activity/facility covers more than one property, copy and attach the additional information.

\_\_\_\_\_  
Site Name

\_\_\_\_\_  
County

\_\_\_\_\_  
Community

\_\_\_\_\_  
Property Identification # (PID)

\_\_\_\_\_  
Topographical Map Number

Coordinates:

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Easting	Northing	Zone
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If there are multiple point locations associated with this activity, provide the Easting and Northing Information for each.

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Additional directions to site (if applicable)

### SECTION 4 - ACTIVITY

Proposed Activities - Please check (✓) all that apply.

<u>Activity</u>	<u>Complete Sections</u>
Petroleum Storage Tank System Registration	✓ 5A, 5B, 6 & 7
Installation <input type="radio"/> Alteration <input type="radio"/> Removal <input type="radio"/>	

### SECTION 5 - ACTIVITY DETAILS

Complete Section 5 to the best of your knowledge. Please provide all information requested in metric units indicated.

5A – Indicate type of installation only for registration of petroleum storage tank system:

Bulk Plant  Commercial  Farm  Government  Industrial  Marina   
 Motive Fuel Outlet  Residential   
 Other  If other, please specify \_\_\_\_\_

5B - Description of Tanks								
Tank Number (refer to drawing)		1	2	3	4	5	6	other
1. Status of Tank (mark one only)	Abandoned in place							
	In use							
	Pending Installation							
	Removed							
	Temporarily out of use							
2. Type of Tank (Aboveground (A) or Underground (U))								
3. Date of Installation (YYYY/MM/DD)								
4. Maximum Storage Capacity (L)								
5. Number of Compartments								
6. Material of Construction	Composite							
	Fiberglass reinforced plastic							
	Other, please specify							
	Steel							
	Steel riveted							
	Steel welded							
	Unknown							
7. External Protection (mark all that apply)								
	Cathodic protection sacrificial anode							
	Cathodic protection impressed current							
	Zinc reference electrode							
	None or unknown							

8. Secondary Containment (mark all that apply)	Double Wall						
	Impermeable Liner						
	Vault						
	None						
	Other, please specify						
9. Piping (mark all that apply)	Coated black/bare steel						
	Galvanized steel						
	Cathodically protected						
	Fiberglass reinforced plastic						
	Flexible piping						
	Unknown						
	Other, please specify						
10. Substance currently or last stored (mark all that apply)	Gasoline						
	Diesel						
	Fuel Oil						
	Kerosene						
	Bunker						
	Used oil						
	Unknown						
Other, please specify							
11. Additional information (out of service tanks)							
Date last used (YYY/MM/DD)							
Filled with inert material (yes or no)							

### SECTION 6 – PETROLEUM STORAGE TANK REPORT

Closure Plan/Tank Removal Information

Number of tanks removed:						
Tank number	1	2	3	4	5	6
Date removed (YYY/MM/DD)						
Name of person who removed tank						
Certification number of person who removed tank						
Samples taken (Y/N)						
Evidence of contamination (Y/N)						
Contaminated sites professional onsite (Y/N)						
Volume of soil removed:			Name of contaminated sites professional:			
Soil disposal site:			Tank disposal site:			
Copies of soil sample results sent to Nova Scotia Environment: Yes <input type="radio"/> No <input type="radio"/>						

## SECTION 7 – DECLARATION

I hereby certify the information submitted in this application is true and complete.

Signature of certified installer: \_\_\_\_\_ Installer Certificate #: \_\_\_\_\_

Name (please print) \_\_\_\_\_ Date (yyyy/mm/dd): \_\_\_\_\_

I, the owner, authorize the certified installer named above to act on my behalf to fulfill the requirements of the *Petroleum Management Regulations*

Signature of tank owner: \_\_\_\_\_ Date (yyyy/mm/dd): \_\_\_\_\_

Name (please print) \_\_\_\_\_