



Storage Tank System Registration

FD 1441 (Sept 2020)



Form Instructions

If registering tank(s) for the first time at this location complete all applicable sections. Email the form to FireTechServices@Calgary.ca or fax to 1-403-243-9947. If you have questions when completing the application contact a Technical Services Officer.

Property Code #

(For CFD Use Only)

Section A: General Information

1. Business Name of Facility:

2. Owner's Reference Identifier: (optional)

3. Facility Location:	Street Address	City/Town/Village	Postal Code
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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.
 (e.g. NW of Sec. 12/ Twp. 19/ Rge. 15/ W. of 4 Mer.)

or Lot Block Plan

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4. Tank System Owner:		(Corporation, Business or Individual)		
Street 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)		
Street 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"/> 2. 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. PetroCanada (Suncor)	<input type="checkbox"/> 6. Shell	<input type="checkbox"/> 7. UFA	
<input type="checkbox"/> 8. Bulk Agency:			
<input type="checkbox"/> 9. Other:			

8. For used oil tanks: The Company that removes used oil from this site:

9. Number of Underground Petroleum Storage Tanks to be Registered:
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10. Number of Aboveground Petroleum Storage tanks to be Registered:

Note: Each compartment of multi-compartment tanks is defined in the NFC Alberta Edition 2019

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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) Certification _____

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

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.



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Tank Number _____

Compartment _____

(3) Facility Design Engineer's:

- a) Name _____
- b) Firm _____
- c) Professional Registration # _____

With few exceptions, the NFC AE 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 e.g., 2020-05)

- | | | | | | | |
|---------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| (1) Known | <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) Estimated | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 |

7. Condition of Tank at Time of Installation:

(state Year and Month of installation e.g., 2020-05)

- | | | | | | | |
|----------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| (1) New | <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) Used | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 |

- years of previous service _____

8. Status of Tank:

- | | | | | | | |
|------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| (1) Proposed or Under Construction | <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) Currently in Service | <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) Temporarily Out of Service | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 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) | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|

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Tank Number _____

Compartment _____

9. Tank Material:

(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) Fiberglass	<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) Concrete	<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) Steel/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/Fiberglass	<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, - please specify	<input type="checkbox"/> x	<input type="checkbox"/> x	<input type="checkbox"/> x	<input type="checkbox"/> x	<input type="checkbox"/> x	<input type="checkbox"/> x

10. Contents:

(1) Gasoline	<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) Diesel	<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) Aviation Fuel	<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) Methanol	<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) Heating/Furnace Oil	<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) Used Oil	<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) Biodiesel	<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) Other Petroleum Product - please specify	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8

11. Tank Capacity:

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



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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
(x) 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



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Compartment _____

16. Aboveground Tank Collision Protection: (for double-walled tanks not inside 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 |

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 |



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Compartment _____

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 leach 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 _____

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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) Fiberglass | <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 |
| 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 |

Specify _____



Storage Tank System Registration

FD 1441 (Sept 2020)



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 do hereby confirm that the information provided on this questionnaire is complete and accurate to the best of my knowledge.**

YYYY-MM-DD

Signature (Owner of Tanks(s) or Authorized Representative

This personal information is being collected under the authority of Sec. 33 (c) of the Freedom of Information and Protection of Privacy Act and will be used by the City of Calgary to use for processing permit applications, issuing permits, safety codes compliance monitoring, verification and program evaluation. Personal information collected by The City of Calgary under the Freedom of Information & Protection of Privacy Act will be used only for the purpose for which it was obtained under the disclosures sections of the Act, Section 33 (c). For further information contact the Calgary Fire Department Technical Services Officer @ Fire Inspections and Investigations, City of Calgary Fire Department, P.O. Box 2100, Stn M, #8114, Firetechservices@calgary.ca

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