



# Application for Registration

as required in Section 13 of the Storage and Handling  
of Gasoline and Associated Products Regulations,  
2003 under the Environmental Protection Act

## Regional Offices

Mount Pearl (709) 729-2550  
Harbour Grace (709) 945-3106  
Clareville (709) 466-4060  
Gander (709) 256-1420  
Grand Falls-Windsor (709) 292-4259  
Corner Brook (709) 637-2204  
Happy Valley-Goose Bay (709) 896-5428

## Owner's Information

1	Owner's Name (also provide a contact name if the owner is a company)	E-Mail	Telephone
	Company Owner's Name	Registration # of Owner's Company	
	Address	Community/Province	Postal Code

## Operator's Information

2	Operator's Name (If different than owner)	Telephone	
	Operator's Company Name	Registration # of Operator's Company	
	Address	Community/Province	Postal Code

## Tank and Site Information

3	Storage Tank Site Address	GPS Coordinates	NL Community	Postal Code
	Supplier of Gasoline or Associated Products			
	Type of Facility (Check all that apply) Commercial/Industrial <input type="checkbox"/> Marina <input type="checkbox"/> Provincial <input type="checkbox"/> Personal Use <input type="checkbox"/> Service Station <input type="checkbox"/> Institutional <input type="checkbox"/> Bulk Plant <input type="checkbox"/> Municipal <input type="checkbox"/> Gas Bar <input type="checkbox"/> Other <input type="checkbox"/>			
	Previous Gap # (if applicable)	Tank ID #		
	Label (ULC) Attached to Tank Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	Year Manufactured New <input type="checkbox"/> Unknown <input type="checkbox"/>		
	Tank Serial # Unknown <input type="checkbox"/>	Tank Manufacturer Unknown <input type="checkbox"/>		
	Tank Location Aboveground <input type="checkbox"/> Underground <input type="checkbox"/>	Tank Orientation Vertical <input type="checkbox"/> Horizontal <input type="checkbox"/>		
	Date or Projected Date of Installation (at current location) YYYY MM DD Known <input type="checkbox"/> Estimated <input type="checkbox"/> Unknown <input type="checkbox"/>			
	Condition of Tank at Time of Installation New <input type="checkbox"/> Used <input type="checkbox"/> Unknown <input type="checkbox"/>			
	Name of Installer or Installation Company Unknown <input type="checkbox"/>			
	Status of Tank New <input type="checkbox"/> Currently In Service <input type="checkbox"/> Temporarily Out-of-Service <input type="checkbox"/> Since: YYYY MM			
	<b>An engineering drawing or neat sketch, including actual measurements/distances, is required to process application</b>			
	Distance of Tank to the Nearest Features (if less than 300m) House _____ m Owner(s) Name _____ Building _____ m Name _____ Water Body _____ m Name _____ Well _____ m Owner(s) Name _____			
	Tank Material Steel <input type="checkbox"/> Fibreglass <input type="checkbox"/> Other (specify): <input type="checkbox"/>			
	Tank Contents or Product to be Stored Gasoline <input type="checkbox"/> Kerosene <input type="checkbox"/> Other (specify): <input type="checkbox"/> Diesel <input type="checkbox"/> Heating Oil <input type="checkbox"/>			
	Tank Capacity _____ litres			
	Tank Type <input type="checkbox"/> ULC S601 <input type="checkbox"/> ULC S603 <input type="checkbox"/> ULC S603.1 <input type="checkbox"/> ULC S615 <input type="checkbox"/> ULC S630 <input type="checkbox"/> ULC S653 <input type="checkbox"/> API 650 <input type="checkbox"/> Oil/Water Separator <input type="checkbox"/> Oil Interceptor <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify): _____			
	Tank Corrosion Protection Sacrificial Anodes <input type="checkbox"/> Impressed Current <input type="checkbox"/> Jacketed <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> N/A <input type="checkbox"/> Other (specify): _____			
	Secondary Containment of Tank Double Wall <input type="checkbox"/> Earthen Dyke <input type="checkbox"/> Concrete Dyke <input type="checkbox"/> Steel Dyke <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify): _____			

### Tank and Site Information (continued)

<b>3</b>	Dyke <input type="checkbox"/> N/A	Length _____ m	Width _____ m	Last Permeability Test (if applicable) Date <span style="border: 1px solid black; padding: 2px;">YYYY MM DD</span>
	Effective Height _____ m      Effective Capacity _____ l			Result _____ cm/s Unknown <input type="checkbox"/> N/A <input type="checkbox"/>
Describe Method for Disposal of Rainwater/Snow Accumulations: _____ _____ _____				
Lock on Drain Pipe Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>				
Spill Containment Liquid-Tight Fill Box <input type="checkbox"/> None <input type="checkbox"/> Liquid/Vapour Tight Couplings on Fill Pipe <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify): _____				
Tank Venting Normal      Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Emergency      Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>				
Overfill Prevention Yes - Specify Brand and Model _____ Unknown <input type="checkbox"/> None <input type="checkbox"/>				
Tank Leak Test To Be Completed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>				
Last Leak Test Date <span style="border: 1px solid black; padding: 2px;">YYYY MM DD</span> Method _____      Result _____				
Tank Leak Detection (check all that apply) Monitoring of Secondary Containment <input type="checkbox"/> Reconciliation <input type="checkbox"/> None <input type="checkbox"/> Continuous In-tank Monitoring <input type="checkbox"/> Vacuum Gauge <input type="checkbox"/> Monitoring Wells (# of: _____) <input type="checkbox"/> Other (specify) _____				
Contingency Plan (Mandatory for Bulk Plants and Marinas) Attached <input type="checkbox"/> Previously Submitted <input type="checkbox"/> N/A <input type="checkbox"/>				

### Pipeline(s) Information

<b>4</b>	Piping Material Galvanized Steel <input type="checkbox"/> Bare Steel <input type="checkbox"/> Fibreglass <input type="checkbox"/> Flexible Plastic <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify): _____		
	Date or Projected Date of Installation (at Current Location) <span style="border: 1px solid black; padding: 2px;">YYYY MM DD</span> Known <input type="checkbox"/> Estimated <input type="checkbox"/> Unknown <input type="checkbox"/>		
Condition of Pipeline At Time of Installation New <input type="checkbox"/> Used <input type="checkbox"/> Unknown <input type="checkbox"/>		Name of Installer or Installation Company Unknown <input type="checkbox"/>	
Aboveground Piping Yes <input type="checkbox"/> No <input type="checkbox"/>		Underground Piping Yes <input type="checkbox"/> No <input type="checkbox"/>	
Piping Secondary Containment Double Wall <input type="checkbox"/> None <input type="checkbox"/> Other (specify): _____      Unknown <input type="checkbox"/>			
Steel Piping Corrosion Protection Galvanized <input type="checkbox"/> Sacrificial Anodes <input type="checkbox"/> Impressed Current <input type="checkbox"/> Jacketed <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> N/A <input type="checkbox"/> Other (specify): _____			
Type of Pumping System Suction <input type="checkbox"/> Pressure <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify): _____			
Piping Leak Test To Be Completed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>			
Last Leak Test Date <span style="border: 1px solid black; padding: 2px;">YYYY MM DD</span> Method _____      Result _____			
Piping Leak Detection Monitoring of Secondary Containment <input type="checkbox"/> Reconciliation <input type="checkbox"/> Continuous in-line Monitoring <input type="checkbox"/> Monitoring Wells (# of: _____) <input type="checkbox"/> Other (specify): _____      None <input type="checkbox"/>			
Pump Island or Dispenser(s) New <input type="checkbox"/> Existing <input type="checkbox"/> (if "new", provide details on required drawing or sketch)			

<b>5</b> Owner's Name (please print) <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<b>6</b> Signature of Owner <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<b>7</b> Date <div style="border: 1px solid black; padding: 5px; display: flex; justify-content: space-around;"> <span>Y</span><span>Y</span><span>M</span><span>M</span><span>D</span><span>D</span> </div>
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<b>8</b>	Please ensure that you have a copy of the "registration brochure". It contains important information and requirements for you as a storage tank system owner.
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### For Office Use Only

<b>Required Test Results Submitted</b> Leak Test (Tank/Line) <input type="checkbox"/> Corrosion Protection (Tank/Line) <input type="checkbox"/> Dyke Permeability <input type="checkbox"/>	File # _____ Registration # _____
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