



Storage Tank Regulations

APPLICATION FOR A STORAGE TANK SYSTEM PERMIT

- Applicants should ensure that they:
 - are familiar with the *Storage Tank Regulations* under *Yukon's Environment Act*;
 - complete all applicable sections of this form, legibly printing or typing all information;
 - complete the signature block at the end of the form; and
 - submit all required attachments.
- A pre-permit inspection may be conducted prior to the issuance of any permit.
- An assessment of the activity you are undertaking may be required under the *Yukon Environmental and Socio-Economic Assessment Act (YESAA)*.
- Additional information may be required upon receipt of this application.
- Payment of a technical review fee may be required prior to the issuance of this permit.

PERMITS UNDER THE STORAGE TANK REGULATIONS ARE NOT REQUIRED FOR:

- Tank systems that are used to store crude oil;
- Tank systems used for aboveground storage of hazardous substances with a capacity of less than 2,000 litres;
- Tanks used for aboveground storage of petroleum products with a capacity of 4,000 litres or less; or
- Tank systems with a capacity of 4,000L or less that are used to supply comfort heating systems (heat to buildings); **however** permits for the installation of these tanks are required under the National Building Code. Contact Building Safety for more information at 667-5741 or 1-800-661-0408 Ext. 5741.

Application forms to be delivered to:
 Protective Services, Fire Marshals's Office (C-20);
 Box 2703;
 Whitehorse, Yukon Y1A 2C6;
 (located at 91790 Alaska Highway, Whitehorse);

For additional information:
 Phone: (867) 667-5230 or 1-800-661-0408 ext. 5230;
 Fax: (867) 667-3191;
 Web: http://www.env.gov.yk.ca/air-water-waste/storagetank_regs.php

**PLEASE READ CAREFULLY AND FILL OUT ALL SECTIONS
 ATTACH ADDITIONAL PAGES AS REQUIRED**

PART 1.0 - CONTACT AND STE INFORMATION

A. Name and address of applicant

The applicant is the person or business in whose name the permit will be issued.

Business name or government agency / branch / department	Phone #
Contact name and position title	Fax #
Mailing Address	Postal Code
Email Address	

B. Description of business

<input type="checkbox"/> service station	<input type="checkbox"/> bulk plant	<input type="checkbox"/> mineral exploration	<input type="checkbox"/> mining
<input type="checkbox"/> institutional	<input type="checkbox"/> industrial	<input type="checkbox"/> commercial	<input type="checkbox"/> residential
<input type="checkbox"/> other (specify): _____			

C. Who is directly responsible for the management of the storage tank system?

same as (A) above, or: *(For multiple contacts, list on a separate sheet).*

Business name or government agency / branch / department Phone #

Contact name and position title Fax #

Mailing Address Postal Code

Email Address

D. Where is the site located? *(For multiple site locations, list on a separate sheet).*

Street Address (Civic Address)

Legal Address (Lot #, Block, Plan #, Quad/Group)

Geographic Coordinates

E. Who owns the land on which the storage tank system is located?

same as (A) above, or: *(For multiple site locations, list on a separate sheet).*

Name Phone # E-mail

F. If the land is leased, by whom is it leased?

same as (A) above, or: *(For multiple site locations, list on a separate sheet).*

Name Phone # E-mail

G. If the land is within municipal boundaries, what is the zoning of that land? *(For multiple site locations, list on a separate sheet)*

Applicants must comply with municipal bylaws and ensure they are aware of any restrictions on activities in zoned areas.

H. Which of the following activities are to be undertaken by the applicant at the site location? *Check all that apply.*

- Construction (installation) of a new storage tank system *(fill out Parts 2.0 and 2.1)*
- Alteration of an existing storage tank system *(fill out Parts 2.0 and 2.1)*
- Operation of a storage tank system *(fill out Parts 2.0 and 2.1)*
- Replacement of a storage tank system *(fill out Parts 2.0, 2.1 and 2.2)*
- Abandonment of a storage tank system *(fill out Part 2.0 and 2.2)*
- Removal of a storage tank system *(fill out Parts 2.0 and 2.2)*
- Closure of a storage tank system *(fill out Parts 2.0 and 2.2)*

I. Is your project subject to review under the Yukon Environmental & Socio-economic Assessment Act (YESAA)?

- Yes: YESAA Project Number or date application will be submitted:
- No

J. Is there a storage tank system design plan for this site?

- Yes (please attach)
- No

K. What is your proposed start date? _____

Note that work cannot commence until the permit has been issued.

PART 2.1 – CONSTRUCTION, INSTALLATION, ALTERATION OR OPERATION OF STORAGE TANK SYSTEMS

A. Provide the following details for each aboveground (AST) and underground (UST) storage tank that you propose to construct, install, alter or operate. Attach separate sheets if necessary.

Tank #	1	2	3
Type (AST/UST)			
Activity (construction, installation, alteration and/or operation)			
Tank Manufacturer			
Date of Manufacture			
Tank Serial/Model Number			
Tank Approval Number			
Tank Capacity (in litres)			
Tank Contents (if petroleum, what type, if hazardous substance provide name, classification and PIN number)			
Distance to Groundwater Table (specify feet or metres)			
Distance to Nearest Surface Water (specify feet or metres)			

B. What is the total number of storage tanks on-site (including the tanks identified above and any non-regulated tanks)?

C. Who is the business or person who will construct, alter or install the storage tank system?

Same as operator OR:

Business name or government agency / branch / department Phone #

Contact name and position title Fax #

Mailing Address Postal Code

Email Address

PART 2.2 – REPLACEMENT, ABANDONMENT, REMOVAL OR CLOSURE OF STORAGE TANK SYSTEMS

A. If known, how long has the storage tank(s) been located at this site? _____

B. How long has the storage tank(s) been out of service? _____

C. Are any tank(s) being replaced, abandoned, removed or closed suspected to be or identified as leaking?

- No
- Yes - provide details

D. Who is conducting the work?

Same as operator OR:

Business name or government agency / branch / department

Phone #

Contact name and position title

Fax #

Mailing Address

Postal Code

Email Address

I, _____ [print name clearly], certify that I am the authorized representative of _____ [business/person to be named on the permit], and the information provided on this application form in its entirety and on all attached documents is correct and complete to the best of my knowledge.

Signature of Applicant

Date

No. of attachments

This information is being collected under the authority of section 10 of the *Storage Tank Regulations*. Permits and related documents may be included on a public register as required by these regulations and/or disclosed to the public. For further information contact Protective Services at (867) 667-5230 or toll free at 1-800-661-0408 extension 5230.