

Applicant File Ref. No.

MEEA File Ref. No.

File No.: 1/1/36  
Document No: MEEA-HSEM-A001  
Rev. 0 – May 2012



# REPUBLIC OF TRINIDAD AND TOBAGO

## The Ministry of Energy and Energy Affairs

### Application for Storage Approval of Refined Petroleum Products at 'End User' Facilities

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#### 1.0 Legal Authority:

Refined petroleum products storage systems which are in excess of 100 Imperial Gallons must be approved by the Ministry of Energy and Energy Affairs as stipulated in Regulation 1 of Part II of the Petroleum Act, Chapter 62:01. This state:

*"No crude petroleum, petroleum or dangerous petroleum above the quantity of 100 imperial gallons shall be stored in any place save in a warehouse authorized by licence under the Act."*

This application form is issued for compliance under section 42(k) of the Petroleum Act, Chapter 62:01 which states:

*'A licensee shall comply with all instructions issued from time to time by the Minister that are reasonably necessary for securing the health, safety and welfare of persons employed for the purpose of operations.'*

#### 2.0 Applicability:

This application form must only be used for refined petroleum products' storage systems with cumulative capacities that exceed 100 Imperial Gallons. Such products include but are not limited to; diesel, kerosene, gasoline, jet A1 fuel, used oil and lubricants/ lube oils. The storage tanks may be aboveground or underground.

It is not applicable to:

- terminals and other energy based facilities for which the petroleum by-products systems are considered part of the entire facility and for which the facility is approved by the Ministry of Energy and Energy Affairs.
- marine storage systems, e.g. barges, boats, vessels, etc..
- Liquefied Petroleum Gas (LPG) storage systems.
- the road transportation of petroleum by-products.
- storage systems at Service Stations.
- non-hydrocarbon liquids, e.g. liquid oxygen, hydrogen.
- the re-approval of petroleum by-products storage systems.

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Please complete the application form and forward to the address in the footnote for processing. Information must only be entered in the gray shaded boxes.

Instructions on completing the form are provided in the Guidance Document (MEEA-HSEM-AG001 – Guidance Document for completing the application form for Storage Approval of Refined Petroleum Products at End-user Facilities).

Title e.g. Mr	Name:		
Position:			
<i>Applicant's Name and Position</i>		<i>*Applicant's Signature</i>	<i>Date of Application (dd/mm/yy)</i>

Affix company stamp here, (optional).

**\*Applicant: By your signature above, you hereby certify that the information submitted herein is true and correct and that you are authorised by the installation owner(s) to act on his/their behalf.**

Note: This document contains nine (9) pages inclusive of the cover page.



Office: HSE & Measurement Division, Maska Building, South Trunk Road, La Romaine, Trinidad W.I.

Contact: Tel: 1-868-697-1275/0546/1484; Fax: 1-868-697-7013 ; E-mail: [info@energy.gov.tt](mailto:info@energy.gov.tt)

### Section A - Owner Information

<sup>1</sup> Company/ Owner/ Lessee of Storage System:			
<sup>2</sup> Mailing Address:			
<sup>3</sup> Contacts:	Tel.:	Fax:	Email:

### Section B – Installer Information

<sup>1</sup> Name of Installer:			
<sup>2</sup> Mailing Address:			
<sup>3</sup> Contacts:	Tel.:	Fax:	Email:

### Section C: Storage Information

<sup>1</sup> Total volume of products to be stored:	Value e.g. 300	Unit e.g. Imp Gallon (click to choose)																												
<sup>2</sup> Number of tanks to be installed:																														
<sup>3</sup> Physical address of storage system:	<input type="checkbox"/> Same as in A2 above. (If not, specify below)																													
<sup>4</sup> Type of establishment where product is to be stored, e.g. school: (click to choose)		If other, specify:																												
<sup>5a</sup> Purpose/ use of the storage system:																														
<sup>5b</sup> If storage is used for fuelling vehicles/equipment, state the type (make) and how many of the same are in service. (Additional vehicles may be listed in Section G or an attached sheet)	<input type="checkbox"/> NA	<table border="1"> <thead> <tr> <th>Type/Make of Vehicle/Equipment</th> <th>No. e.g. 6</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Type/Make of Vehicle/Equipment</th> <th>No. e.g. 6</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Type/Make of Vehicle/Equipment	No. e.g. 6													Type/Make of Vehicle/Equipment	No. e.g. 6												
Type/Make of Vehicle/Equipment	No. e.g. 6																													
Type/Make of Vehicle/Equipment	No. e.g. 6																													
<sup>6</sup> First application for approval of this storage system:	<input type="checkbox"/> Yes	<input type="checkbox"/> No (if no, specify date of last application)																												
<sup>7</sup> Product/s to be stored will be obtained from: (click to choose e.g. Service Station)		If Other or Petroleum Distributor, give details:																												
<sup>8</sup> Approximate volume of fuel usage per month:	<input type="checkbox"/> NA	Value e.g. 300      Unit e.g. Imp Gallon (click to choose)																												
<sup>9</sup> Approximate volume of fuel purchase per month:	<input type="checkbox"/> NA	Value e.g. 300      Unit e.g. Imp Gallon (click to choose)																												
<sup>10</sup> If more than one tank is (to be) installed, are they in the same location?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA																												
<sup>11</sup> If more than one tank is (to be) installed, are they interconnected?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA																												
<sup>12</sup> Tentative installation date:		<input type="checkbox"/> NA (if already installed)																												
<sup>13</sup> Other storages on the same	<input type="checkbox"/> LPG	<input type="checkbox"/> Kerosene <input type="checkbox"/> Liquid/ Gaseous Hydrogen																												

premises that are not part of this application: (Tick all that apply)	<input type="checkbox"/> Diesel	<input type="checkbox"/> Oxygen	<input type="checkbox"/> Gasolene
	<input type="checkbox"/> Jet A1	<input type="checkbox"/> Crude Oil/ Condensate/NGL	<input type="checkbox"/> NA
<sup>14</sup> Buildings on the same premises are: (Tick all that apply)	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Agricultural
	<input type="checkbox"/> Industrial	<input type="checkbox"/> Government	<input type="checkbox"/> Parking/ storage
			<input type="checkbox"/> Public Assemblage
			<input type="checkbox"/> Other (specify below)
<sup>15</sup> Is the area prone to flooding?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<sup>16</sup> Has the area City/Regional/ Borough Corporation been advised of the installation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<sup>30</sup> Is your company registered and approved by the Ministry of Energy & Energy Affairs for the purchasing of subsidised diesel fuel?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
	If yes, state registration number and/ or date of application:		

### Section D : Piping Information

<sup>1</sup> Hydrocarbon piping is located: (tick all that apply)	<input type="checkbox"/> Aboveground	<input type="checkbox"/> Outdoor
	<input type="checkbox"/> Underground	<input type="checkbox"/> Indoor
<sup>2</sup> Hydrocarbon piping material of construction:	<sup>a</sup> Aboveground	
	<sup>b</sup> Underground	
<sup>3</sup> Type of hydrocarbon piping joints: (tick all that apply)	<input type="checkbox"/> Threaded	<input type="checkbox"/> Welded
	<input type="checkbox"/> Brazed	<input type="checkbox"/> Other (specify below)
		<input type="checkbox"/> Flanged
<sup>4</sup> Minimum depth of hydrocarbon underground piping:	<input type="checkbox"/> NA	Value e.g. 3.5
		Unit e.g. ft. (click to choose)
<sup>5</sup> Type of corrosion protection for underground piping:	<input type="checkbox"/> NA	
<sup>6</sup> Underground piping is double- walled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> NA
	If yes, material of construction of outer wall:	

### Section E: Tanks Information

Provide the listed information for each tank below. For additional tanks, use the supplemental form.

	Tank 1	Tank 2	Tank 3
<sup>1</sup> Product to be stored in tank: (click to choose e.g. diesel)	If other, specify below:	If other, specify below:	If other, specify below:
<sup>2</sup> Operational status of tank: (click to choose e.g. currently in use)			
<sup>3</sup> Tank is located: (Tick all that apply)	<input type="checkbox"/> Aboveground <input type="checkbox"/> Underground <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Roof <input type="checkbox"/> Basement <input type="checkbox"/> Warehouse <input type="checkbox"/> Internal day tank <input type="checkbox"/> Mounded <input type="checkbox"/> Other If other specify below:	<input type="checkbox"/> Aboveground <input type="checkbox"/> Underground <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Roof <input type="checkbox"/> Basement <input type="checkbox"/> Warehouse <input type="checkbox"/> Internal day tank <input type="checkbox"/> Mounded <input type="checkbox"/> Other If other specify below:	<input type="checkbox"/> Aboveground <input type="checkbox"/> Underground <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Roof <input type="checkbox"/> Basement <input type="checkbox"/> Warehouse <input type="checkbox"/> Internal day tank <input type="checkbox"/> Mounded <input type="checkbox"/> Other If other specify below:
<sup>4</sup> Tank is: (Tick all that apply)	<input type="checkbox"/> Fixed <input type="checkbox"/> Mobile	<input type="checkbox"/> Fixed <input type="checkbox"/> Mobile	<input type="checkbox"/> Fixed <input type="checkbox"/> Mobile



## Section E: Tanks Information

Provide the listed information for each tank below. For additional tanks, use the supplemental form.

	Tank 1			Tank 2			Tank 3		
	<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary		<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary		<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary	
	<input type="checkbox"/> New	<input type="checkbox"/> Used		<input type="checkbox"/> New	<input type="checkbox"/> Used		<input type="checkbox"/> New	<input type="checkbox"/> Used	
	<input type="checkbox"/> Shop-built	<input type="checkbox"/> Field-erected		<input type="checkbox"/> Shop-built	<input type="checkbox"/> Field-erected		<input type="checkbox"/> Shop-built	<input type="checkbox"/> Field-erected	
	<input type="checkbox"/> Rigid	<input type="checkbox"/> Flexible		<input type="checkbox"/> Rigid	<input type="checkbox"/> Flexible		<input type="checkbox"/> Rigid	<input type="checkbox"/> Flexible	
<sup>5</sup> Product flow from the tank is by: (click to choose e.g. gravity)	If other specify below:			If other specify below:			If other specify below:		
<sup>6</sup> Material of construction of tank foundation: (click to choose e.g. concrete)	If other specify below:			If other specify below:			If other specify below:		
<sup>7</sup> Terrain in the vicinity of the tank is: (click to choose e.g. flat)									
<sup>8</sup> Auxilliary Equipment: (If available, attach manufacturer's specification sheets)	<input type="checkbox"/> Pump	<input type="checkbox"/> Dispenser		<input type="checkbox"/> Pump	<input type="checkbox"/> Dispenser		<input type="checkbox"/> Pump	<input type="checkbox"/> Dispenser	
	<input type="checkbox"/> Generator	<input type="checkbox"/> Boiler		<input type="checkbox"/> Generator	<input type="checkbox"/> Boiler		<input type="checkbox"/> Generator	<input type="checkbox"/> Boiler	
	<input type="checkbox"/> Hose and nozzle	<input type="checkbox"/> Incinerator		<input type="checkbox"/> Hose and nozzle	<input type="checkbox"/> Incinerator		<input type="checkbox"/> Hose and nozzle	<input type="checkbox"/> Incinerator	
	<input type="checkbox"/> Flowmeter	<input type="checkbox"/> Other		<input type="checkbox"/> Flowmeter	<input type="checkbox"/> Other		<input type="checkbox"/> Flowmeter	<input type="checkbox"/> Other	
	If other specify below:			If other specify below:			If other specify below:		
<sup>9</sup> Tank used to supply marine vessels with fuel?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<sup>10</sup> Located within 50 feet of the tank is/ are: (Tick all that apply. Where applicable, the separation distances must be illustrated on a plot plan).	<input type="checkbox"/> Important buildings	<input type="checkbox"/> Electrical power lines		<input type="checkbox"/> Important buildings	<input type="checkbox"/> Electrical power lines		<input type="checkbox"/> Important buildings	<input type="checkbox"/> Electrical power lines	
	<input type="checkbox"/> Sources of ignition	<input type="checkbox"/> Compressed gas storages		<input type="checkbox"/> Sources of ignition	<input type="checkbox"/> Compressed gas storages		<input type="checkbox"/> Sources of ignition	<input type="checkbox"/> Compressed gas storages	
	<input type="checkbox"/> Mechanical air intake devices	<input type="checkbox"/> Overgrown vegetation		<input type="checkbox"/> Mechanical air intake devices	<input type="checkbox"/> Overgrown vegetation		<input type="checkbox"/> Mechanical air intake devices	<input type="checkbox"/> Overgrown vegetation	
	<input type="checkbox"/> Property line/ Public roadway	<input type="checkbox"/> Places of public assemblage		<input type="checkbox"/> Property line/ Public roadway	<input type="checkbox"/> Places of public assemblage		<input type="checkbox"/> Property line/ Public roadway	<input type="checkbox"/> Places of public assemblage	
	<input type="checkbox"/> Natural water courses	<input type="checkbox"/> LPG storages		<input type="checkbox"/> Natural water courses	<input type="checkbox"/> LPG storages		<input type="checkbox"/> Natural water courses	<input type="checkbox"/> LPG storages	
	<input type="checkbox"/> Coastline	<input type="checkbox"/> Drains		<input type="checkbox"/> Coastline	<input type="checkbox"/> Drains		<input type="checkbox"/> Coastline	<input type="checkbox"/> Drains	
	<input type="checkbox"/> Emergency Exit	<input type="checkbox"/> Stairway		<input type="checkbox"/> Emergency Exit	<input type="checkbox"/> Stairway		<input type="checkbox"/> Emergency Exit	<input type="checkbox"/> Stairway	
<sup>11</sup> Tank is readily accessible to the public?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<sup>12</sup> Water capacity of tank:	Value e.g. 150	Unit e.g. Imp Gallon		Value e.g. 150	Unit e.g. Imp Gallon		Value e.g. 150	Unit e.g. Imp Gallon	
<sup>13</sup> Shape of tank: (click to choose e.g. upright cylindrical)									
<sup>14</sup> Dimensions of tank: (Diameter X Length; Diameter X Height; or Length X Width X Height): (click to choose parameter e.g. length)	Parameter 1	Value e.g. 150	Unit e.g. mm	Parameter 1	Value e.g. 150	Unit e.g. mm	Parameter 1	Value e.g. 150	Unit e.g. mm
	Parameter 2	Value e.g. 150	Unit e.g. mm	Parameter 2	Value e.g. 150	Unit e.g. mm	Parameter 2	Value e.g. 150	Unit e.g. mm
	Parameter 3	Value e.g. 150	Unit e.g. mm	Parameter 3	Value e.g. 150	Unit e.g. mm	Parameter 3	Value e.g. 150	Unit e.g. mm
<sup>15</sup> Minimum tank shell/wall thickness ( $t_{min}$ ):	Value e.g. 150	Unit e.g. mm		Value e.g. 150	Unit e.g. mm		Value e.g. 150	Unit e.g. mm	
<sup>16</sup> Material of construction of tank e.g. mild steel:									
<sup>17</sup> Tank is atmospheric? (click to choose pressure unit)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

## Section E: Tanks Information

Provide the listed information for each tank below. For additional tanks, use the supplemental form.

	Tank 1		Tank 2		Tank 3	
	<i>If no, specify working pressure e.g. 150 psi:</i> Value e.g. 150      Unit e.g. psi		<i>If no, specify working pressure e.g. 150 psi:</i> Value e.g. 150      Unit e.g. psi		<i>If no, specify working pressure e.g. 150 psi:</i> Value e.g. 150      Unit e.g. psi	
<sup>18</sup> <i>Date of manufacture of tank: (click to choose e.g. 20 Jun 2010)</i>						
<sup>19</sup> <i>Manufacturer's serial number of tank e.g. DCM 33210:</i>						
<sup>20</sup> <i>Primary means of tank level determination: (click to choose e.g. level indicator)</i>	If other, specify type below		If other, specify type below		If other, specify type below	
<sup>21</sup> <i>Design code for tank: (click to choose e.g. API)</i>	If other, specify type below		If other, specify type below		If other, specify type below	
<sup>22</sup> <i>Diameter of fill piping: (click to choose unit)</i>	Value e.g. 2	Unit e.g. in.	Value e.g. 2	Unit e.g. in.	Value e.g. 2	Unit e.g. in.
<sup>23</sup> <i>Diameter of discharge piping: (click to choose unit)</i>	Value e.g. 2	Unit e.g. in.	Value e.g. 2	Unit e.g. in.	Value e.g. 2	Unit e.g. in.
<sup>24</sup> <i>Diameter of vent piping: (click to choose unit)</i>	Value e.g. 2	Unit e.g. in.	Value e.g. 2	Unit e.g. in.	Value e.g. 2	Unit e.g. in.
<sup>25a</sup> <i>Type of secondary containment</i>	<input type="checkbox"/> Double-wall tank <input type="checkbox"/> Drain & Pit	<input type="checkbox"/> Bund <input type="checkbox"/> None	<input type="checkbox"/> Double-wall tank <input type="checkbox"/> Drain & Pit	<input type="checkbox"/> Bund <input type="checkbox"/> None	<input type="checkbox"/> Double-wall tank <input type="checkbox"/> Drain & Pit	<input type="checkbox"/> Bund <input type="checkbox"/> None
<sup>25b</sup> <i>If double-walled tank, material of construction of outer shell e.g. steel:</i>						
<sup>25c</sup> <i>If double-walled tank, means on interstitial space leak detection: (click to choose e.g. sensor)</i>	If other specify below:		If other specify below:		If other specify below:	
<sup>25d</sup> <i>If banded, are all tanks in the same bund?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		<i>If yes, dimensions of bund:</i>		Length: Value e.g. 20	Unit e.g. in.
					Width: Value e.g. 20	Unit e.g. in.
					Height: Value e.g. 20	Unit e.g. in.
<sup>25e</sup> <i>If tanks are not in the same bund, dimensions of individual tank bund:</i>	Length: Value e.g. 20	Unit e.g. in.	Length: Value e.g. 20	Unit e.g. in.	Length: Value e.g. 20	Unit e.g. in.
	Width: Value e.g. 20	Unit e.g. in.	Width: Value e.g. 20	Unit e.g. in.	Width: Value e.g. 20	Unit e.g. in.
	Height: Value e.g. 20	Unit e.g. in.	Height: Value e.g. 20	Unit e.g. in.	Height: Value e.g. 20	Unit e.g. in.
<sup>26</sup> <i>Material of construction of bund wall:</i>						
<sup>27</sup> <i>Minimum (shell to shell) spacing between tanks?</i>	Value e.g. 20	Unit e.g. in.	<input type="checkbox"/> Not applicable			

## Section F: Attachments

Attached to this application is/are: (tick all that applies)

- |                                                                                                                |                                                                                                             |
|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <sup>1</sup> Plot plan of the storage system and surrounding infrastructure           | <input type="checkbox"/> <sup>8</sup> Manufacturer's Specification Sheets for Auxiliary Equipment           |
| <input type="checkbox"/> <sup>2</sup> Drawing of tank/s and piping                                             | <input type="checkbox"/> <sup>9</sup> City/Borough/Regional Corporation letter of approval                  |
| <input type="checkbox"/> <sup>3</sup> Underground Piping Pressure Test Certificate                             | <input type="checkbox"/> <sup>10</sup> Deed of Ownership of Land/ Letter of Permission to Construct on Land |
| <input type="checkbox"/> <sup>4</sup> Standard Operating Procedures                                            | <input type="checkbox"/> <sup>11</sup> Other (specify below)                                                |
| <input type="checkbox"/> <sup>5</sup> Emergency Response Plan                                                  | 1                                                                                                           |
| <input type="checkbox"/> <sup>6</sup> Fire Service Division report/ approval                                   | 2                                                                                                           |
| <input type="checkbox"/> <sup>7</sup> Certificate of Environmental Clearance (if storage capacity > 17,500 IG) | 3                                                                                                           |

## Section G: Other Information

**For Official Use Only** (Do not enter any information in this section)

				Date
<sup>1</sup> Officer/s assigned				
<sup>2</sup> MEEA's preliminary site visit:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	
<sup>3</sup> MEEA's site approval:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	
<sup>4</sup> Fire Service Division's approval:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	
<sup>5</sup> Piping pressure test certificates:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	
<sup>6</sup> OSHA's approval:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	
<sup>7</sup> EMA's approval:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	
<sup>8</sup> TCPD's approval:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	
<sup>9</sup> MEEA's pre-commissioning inspection:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	
<sup>10</sup> ERP submitted:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	
<sup>11</sup> SOPs submitted:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	
<sup>12</sup> Tank/piping drawings:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	
<sup>13</sup> Site plan:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	
<sup>14</sup> Tanks/ equipment spec. sheets:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	
<sup>15</sup> MEEA's final approval:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	
<sup>16</sup> Final approval certificate number:				

...End of Application Form...

# Ministry of Energy and Energy Affairs

## Application for Storage Approval of Refined Petroleum Products at 'End User' Facilities Supplemental Form

Please complete and attach only if the number of tanks in the system for which approval is sought, exceeds three (3). The submission of this section of the application form is not necessary if the number of tanks to be installed at the premises does not exceed three (3).

### Section E: Tanks Information

Provide the listed information for each tank below. For additional tanks, use the supplemental form.

	Tank 4	Tank 5	Tank 6
<sup>1</sup> Product to be stored in tank: <i>(click to choose e.g. diesel)</i>	If other, specify below:	If other, specify below:	If other, specify below:
<sup>2</sup> Operational status of tank: <i>(click to choose e.g. currently in use)</i>			
<sup>3</sup> Tank is located: <i>(Tick all that apply)</i>	<input type="checkbox"/> Aboveground <input type="checkbox"/> Underground <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Roof <input type="checkbox"/> Basement <input type="checkbox"/> Warehouse <input type="checkbox"/> Internal day tank <input type="checkbox"/> Mounded <input type="checkbox"/> Other If other specify below:	<input type="checkbox"/> Aboveground <input type="checkbox"/> Underground <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Roof <input type="checkbox"/> Basement <input type="checkbox"/> Warehouse <input type="checkbox"/> Internal day tank <input type="checkbox"/> Mounded <input type="checkbox"/> Other If other specify below:	<input type="checkbox"/> Aboveground <input type="checkbox"/> Underground <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Roof <input type="checkbox"/> Basement <input type="checkbox"/> Warehouse <input type="checkbox"/> Internal day tank <input type="checkbox"/> Mounded <input type="checkbox"/> Other If other specify below:
<sup>4</sup> Tank is: <i>(Tick all that apply)</i>	<input type="checkbox"/> Fixed <input type="checkbox"/> Mobile <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Shop-built <input type="checkbox"/> Field-erected <input type="checkbox"/> Rigid <input type="checkbox"/> Flexible	<input type="checkbox"/> Fixed <input type="checkbox"/> Mobile <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Shop-built <input type="checkbox"/> Field-erected <input type="checkbox"/> Rigid <input type="checkbox"/> Flexible	<input type="checkbox"/> Fixed <input type="checkbox"/> Mobile <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Shop-built <input type="checkbox"/> Field-erected <input type="checkbox"/> Rigid <input type="checkbox"/> Flexible
<sup>5</sup> Product flow from the tank is by: <i>(click to choose e.g. gravity)</i>	If other specify below:	If other specify below:	If other specify below:
<sup>6</sup> Material of construction of tank foundation: <i>(click to choose e.g. concrete)</i>	If other specify below:	If other specify below:	If other specify below:
<sup>7</sup> Terrain in the vicinity of the tank is: <i>(click to choose e.g. flat)</i>			
<sup>8</sup> Auxilliary Equipment: <i>(If available, attach manufacturer's specification sheets)</i>	<input type="checkbox"/> Pump <input type="checkbox"/> Dispenser <input type="checkbox"/> Generator <input type="checkbox"/> Boiler <input type="checkbox"/> Hose and nozzle <input type="checkbox"/> Incinerator <input type="checkbox"/> Flowmeter <input type="checkbox"/> Other If other specify below:	<input type="checkbox"/> Pump <input type="checkbox"/> Dispenser <input type="checkbox"/> Generator <input type="checkbox"/> Boiler <input type="checkbox"/> Hose and nozzle <input type="checkbox"/> Incinerator <input type="checkbox"/> Flowmeter <input type="checkbox"/> Other If other specify below:	<input type="checkbox"/> Pump <input type="checkbox"/> Dispenser <input type="checkbox"/> Generator <input type="checkbox"/> Boiler <input type="checkbox"/> Hose and nozzle <input type="checkbox"/> Incinerator <input type="checkbox"/> Flowmeter <input type="checkbox"/> Other If other specify below:
<sup>9</sup> Tank used to supply marine vessels with fuel?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Section E: Tanks Information

Provide the listed information for each tank below. For additional tanks, use the supplemental form.

	Tank 4			Tank 5			Tank 6					
<sup>10</sup> Located within 50 feet of the tank is/ are: (Tick all that apply. Where applicable, the separation distances must be illustrated on a plot plan).	<input type="checkbox"/>	Important buildings	<input type="checkbox"/>	Electrical power lines	<input type="checkbox"/>	Important buildings	<input type="checkbox"/>	Electrical power lines	<input type="checkbox"/>	Important buildings	<input type="checkbox"/>	Electrical power lines
	<input type="checkbox"/>	Sources of ignition	<input type="checkbox"/>	Compressed gas storages	<input type="checkbox"/>	Sources of ignition	<input type="checkbox"/>	Compressed gas storages	<input type="checkbox"/>	Sources of ignition	<input type="checkbox"/>	Compressed gas storages
	<input type="checkbox"/>	Mechanical air intake devices	<input type="checkbox"/>	Overgrown vegetation	<input type="checkbox"/>	Mechanical air intake devices	<input type="checkbox"/>	Overgrown vegetation	<input type="checkbox"/>	Mechanical air intake devices	<input type="checkbox"/>	Overgrown vegetation
	<input type="checkbox"/>	Property line/ Public roadway	<input type="checkbox"/>	Places of public assemblage	<input type="checkbox"/>	Property line/ Public roadway	<input type="checkbox"/>	Places of public assemblage	<input type="checkbox"/>	Property line/ Public roadway	<input type="checkbox"/>	Places of public assemblage
	<input type="checkbox"/>	Natural water courses	<input type="checkbox"/>	LPG storages	<input type="checkbox"/>	Natural water courses	<input type="checkbox"/>	LPG storages	<input type="checkbox"/>	Natural water courses	<input type="checkbox"/>	LPG storages
	<input type="checkbox"/>	Coastline	<input type="checkbox"/>	Drains	<input type="checkbox"/>	Coastline	<input type="checkbox"/>	Drains	<input type="checkbox"/>	Coastline	<input type="checkbox"/>	Drains
	<input type="checkbox"/>	Emergency Exit	<input type="checkbox"/>	Stairway	<input type="checkbox"/>	Emergency Exit	<input type="checkbox"/>	Stairway	<input type="checkbox"/>	Emergency Exit	<input type="checkbox"/>	Stairway
<sup>11</sup> Tank is readily accessible to the public?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<sup>12</sup> Water capacity of tank:	Value e.g. 150		Unit e.g. Imp Gallon		Value e.g. 150		Unit e.g. Imp Gallon		Value e.g. 150		Unit e.g. Imp Gallon	
<sup>13</sup> Shape of tank: (click to choose e.g. upright cylindrical)												
<sup>14</sup> Dimensions of tank: (Diameter X Length; Diameter X Height; or Length X Width X Height): (click to choose parameter e.g. length)	Parameter 1	Value e.g. 150	Unit e.g. mm	Parameter 1	Value e.g. 150	Unit e.g. mm	Parameter 1	Value e.g. 150	Unit e.g. mm			
	Parameter 2	Value e.g. 150	Unit e.g. mm	Parameter 2	Value e.g. 150	Unit e.g. mm	Parameter 2	Value e.g. 150	Unit e.g. mm			
	Parameter 3	Value e.g. 150	Unit e.g. mm	Parameter 3	Value e.g. 150	Unit e.g. mm	Parameter 3	Value e.g. 150	Unit e.g. mm			
<sup>15</sup> Minimum tank shell/wall thickness ( $t_{min}$ ):	Value e.g. 150		Unit e.g. mm		Value e.g. 150		Unit e.g. mm		Value e.g. 150		Unit e.g. mm	
<sup>16</sup> Material of construction of tank e.g. mild steel:												
<sup>17</sup> Tank is atmospheric? (click to choose pressure unit)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	If no, specify working pressure e.g. 150 psi:		Value e.g. 150		Unit e.g. psi		If no, specify working pressure e.g. 150 psi:		Value e.g. 150		Unit e.g. psi	
<sup>18</sup> Date of manufacture of tank: (click to choose e.g. 20 Jun 2010 )												
<sup>19</sup> Manufacturer's serial number of tank e.g. DCM 33210:												
<sup>20</sup> Primary means of tank level determination: (click to choose e.g. level indicator)	If other, specify type below			If other, specify type below			If other, specify type below					
<sup>21</sup> Design code for tank: (click to choose e.g. API)	If other, specify type below			If other, specify type below			If other, specify type below					
<sup>22</sup> Diameter of fill piping: (click to choose unit)	Value e.g. 2		Unit e.g. in.		Value e.g. 2		Unit e.g. in.		Value e.g. 2		Unit e.g. in.	
<sup>23</sup> Diameter of discharge piping: (click to choose unit)	Value e.g. 2		Unit e.g. in.		Value e.g. 2		Unit e.g. in.		Value e.g. 2		Unit e.g. in.	
<sup>24</sup> Diameter of vent piping: (click to choose unit)	Value e.g. 2		Unit e.g. in.		Value e.g. 2		Unit e.g. in.		Value e.g. 2		Unit e.g. in.	

## Section E: Tanks Information

Provide the listed information for each tank below. For additional tanks, use the supplemental form.

	Tank 4		Tank 5		Tank 6	
<sup>25a</sup> Type of secondary containment	<input type="checkbox"/> Double-wall tank <input type="checkbox"/> Drain & Pit	<input type="checkbox"/> Bund <input type="checkbox"/> None	<input type="checkbox"/> Double-wall tank <input type="checkbox"/> Drain & Pit	<input type="checkbox"/> Bund <input type="checkbox"/> None	<input type="checkbox"/> Double-wall tank <input type="checkbox"/> Drain & Pit	<input type="checkbox"/> Bund <input type="checkbox"/> None
<sup>25b</sup> If double-walled tank, material of construction of outer shell e.g. steel:						
<sup>25c</sup> If double-walled tank, means on interstitial space leak detection e.g. sensor: (click to choose)	If other specify below:		If other specify below:		If other specify below:	
<sup>25d</sup> If banded, are all tanks in the same bund?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, dimensions of bund:		Length:	Value e.g. 20      Unit e.g. in.
					Width:	Value e.g. 20      Unit e.g. in.
					Height:	Value e.g. 20      Unit e.g. in.
<sup>25e</sup> If tanks are not in the same bund, dimensions of individual tank bund:	Length:	Value e.g. 20      Unit e.g. in.	Length:	Value e.g. 20      Unit e.g. in.	Length:	Value e.g. 20      Unit e.g. in.
	Width:	Value e.g. 20      Unit e.g. in.	Width:	Value e.g. 20      Unit e.g. in.	Width:	Value e.g. 20      Unit e.g. in.
	Height:	Value e.g. 20      Unit e.g. in.	Height:	Value e.g. 20      Unit e.g. in.	Height:	Value e.g. 20      Unit e.g. in.
<sup>26</sup> Material of construction of bund wall:						
<sup>27</sup> Minimum (shell to shell) spacing between tanks?	Value e.g. 20	Unit e.g. in.	<input type="checkbox"/> Not applicable			

...End of Supplemental Form...