



Communities, Land and Environment

Certificate of Compliance Petroleum Storage Tank Systems

Under subsection 9(1) of the Petroleum Storage Tank Regulations made under the *Environmental Protection Act* R.S.P.E.I. 1988, Cap. E-9 requires a person who installs or alters a storage tank or storage tank system to submit a Certificate of Compliance to the Minister.

Personal information on this form is collected under subsection 5(1) of the Petroleum Storage Tanks Regulations as it relates directly to the installation or alteration of a petroleum storage tank system. If you have any questions about the collection of this personal information, you may contact the Chief Boiler Inspector, 31 Gordon Dr., PO Box 2000, Charlottetown, PE C1A 7N8, (902) 368-5280.

This is to certify that the storage tank or storage tank system that I have installed on the property owned by _____ at _____ PID # _____ has been designed, installed or altered constructed and located in accordance with the requirements of the Petroleum Storage Tanks Regulations and the manufacturer's specifications.

| Storage Tank Details | | | | |
|----------------------|--------------|---------------|----------|----------------|
| Tank | Manufacturer | Tank Material | Capacity | ULC Serial No. |
| | | | | |
| | | | | |
| | | | | |

| Storage Tank Installation Details | |
|--|---|
| Storage Tank Surface Inspection (Y/N): _____ | Field Repairs: _____ |
| Storage Tank Test: Air Liquid | Length of Test: Hr _____ Min _____ |
| Primary Test Results: PASS / FAIL | Observation Well? (Y/N) _____ |
| Secondary Test Results: PASS / FAIL | Type of Anchoring: Deadman Concrete Pad |
| Backfill Material: _____ | Compaction: (Y/N) _____ |
| Excavation Depth: _____ metres | Depth of Cover: _____ metres |

| Piping Installation Details | |
|--|--|
| Piping Manufacturer: _____ | |
| Pipe Trench Separation: _____ metres | Pipe Slope 1/8 per foot? (Y/N) _____ |
| Backfill Material: _____ | Compaction? (Y/N) _____ |
| Pipe Separation _____ metres | Pipe Isolated From Storage Tank? (Y/N) |
| Proper Swing Joint Construction? (Y/N) | |
| Piping Test: Air Liquid | Length of Test: Hr _____ Min _____ |
| Primary Test Results: PASS / FAIL | Proper Vent Height _____ metres |
| Secondary Test Results: PASS / FAIL | |

| Alarm System Installation Details | |
|--|-----------------------------|
| Alarm System Manufacturer _____ | |
| Storage Tank Sump? (Y/N) _____ | Dispenser Sump? (Y/N) _____ |
| System Tested and Working? (Y/N) _____ | |

| On-Site Monitoring Station Details | |
|---|--|
| Galvanic Monitoring Station? (Y/N) _____ | Location of Station _____ |
| Number of Electrodes _____ | Proper Electrode Location? (Y/N) _____ |
| Cathodic Protection Reading _____ | Date of Reading? (dd/mm/yy) _____ |
| Vacuum Reading: Before: _____ After Installation: _____ | |

| Contractor Information | | |
|------------------------|---------------|-------------|
| Company Name: | Contact Name: | |
| Phone: | | |
| Mailing Address: | | |
| Community: | Province: | Postal Code |

_____ Date

_____ Signature

Please forward application to:

Department of Communities, Land and Environment
PO Box 2000, 31 Gordon Dr.
Charlottetown, PE C1A 7N8
Tel: (902) 368-5280 Fax: (902) 368-5830