



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:

Inspection Services
PO Box 2000, 31 Gordon Dr.
Charlottetown, PE C1A 7N8
Tel: (902) 368-5280 Fax: (902) 368-5526