



# Storage Tank System Annual Registration

FD 1441 (July 2024)



## Form Instructions

If registering tank(s) for the first time at this location complete all applicable sections. Email the form to [Tanks@calgary.ca](mailto:Tanks@calgary.ca). If you have questions when completing the application contact a Tanks Safety Codes Officer.

Property Code #

(For CFD Use Only)

### Section A: General Information

1. Business Name of Facility:

2. Owner's Reference Identifier: (optional)

3. Facility Location:	Street Address	City/Town/Village	Postal Code
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4. Tank System Owner:	(Corporation, Business or Individual)		
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Street Address	City/Town/Village	Province	Postal Code
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Contact Person	Title
----------------	-------

Phone	Email
-------	-------

5. Operator of Facility: (If different from #4 above)	(Corporation, Business or Individual)		
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Street Address	City/Town/Village	Province	Postal Code
----------------	-------------------	----------	-------------

Contact Person	Title
----------------	-------

Phone	Email
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6. Type of Facility:

a) If used for petroleum sales, what type? (check all that apply)	<input type="checkbox"/> 1. Retail <input type="checkbox"/> 2. Bulk Plant <input type="checkbox"/> 3. Cardlock	b) Other type of facility? (check one only)	<input type="checkbox"/> 4. Commercial/Industrial <input type="checkbox"/> 5. Personal Usage <input type="checkbox"/> 6. Municipal Government <input type="checkbox"/> 7. Provincial Government <input type="checkbox"/> 8. Federal Government
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## Section B: Petroleum Tank Information

Some tanks have more than one compartment. If all of your tanks have just a single compartment just use a number to identify that tank. If you have mutli-compartment tanks, identify each compartment with a letter. For example, if the facility has two tanks and the first tank has a single compartment and the second tank has two compartments, in Section B, Question 1, the tank numbers will be 1, 2 and 2. The compartment will be left blank under the number 1, be identified as A under the first 2 and B under the second 2.

Note: If your facility contains seven or more tank compartments, please duplicate Section B and complete as necessary.

1. **Tank Number:** (use a number) \_\_\_\_\_  
**Compartment:** (if applicable, use a letter) \_\_\_\_\_

2. **Tank Type:**  
(1) Underground  1  1  1  1  1  1  
(2) Aboveground  2  2  2  2  2  2

3. **Tank Serial #:**  
(if available, max. 8 characters) \_\_\_\_\_

If a previously registered tank has been removed or you are registering a tank which has replaced a previously registered tank, complete question 4.

4. **Status of Tank:**  
(1) Proposed or Under Construction  1  1  1  1  1  1  
(2) Currently in Service  2  2  2  2  2  2  
(3) Temporarily Out of Service  3  3  3  3  3  3  
If tank is out of service, state year and month of last use  
(4) Permanently Abandoned in Place,  4  4  4  4  4  4  
(state year and month of last use) \_\_\_\_\_



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**Tank Number** \_\_\_\_\_

**Compartment** \_\_\_\_\_

**5. Tank Material:**

(1) Steel	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
(2) Fiberglass	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
(3) Concrete	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
(4) Steel/Concrete	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
(5) Steel/Fiberglass	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
(x) Other, - please specify	<input type="checkbox"/> x	<input type="checkbox"/> x	<input type="checkbox"/> x	<input type="checkbox"/> x	<input type="checkbox"/> x	<input type="checkbox"/> x

**6. Contents:**

(1) Gasoline	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
(2) Diesel	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
(3) Aviation Fuel	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
(4) Methanol	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
(5) Heating/Furnace Oil	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
(6) Used Oil	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
(7) Biodiesel	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
(8) Other Petroleum Product - please specify	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8

**7. Tank Capacity:**

Provide capacity for each individual tank compartment  
Specify in litres (1 gal = 4.55L, 1 barrel = 159L)

\_\_\_\_\_

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**Tank Number** \_\_\_\_\_

**Compartment** \_\_\_\_\_

**8. Tank Construction Specifications:**

(1) ULC 601	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
(2) ULC 602	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
(3) ULC 603	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
(4) ULC 603.1	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
(5) ULC 615	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
(6) ULC 652	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
(7) ULC 655	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
(8) ULC 653	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
(9) API 650	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
(x) Unknown	<input type="checkbox"/> x	<input type="checkbox"/> x	<input type="checkbox"/> x	<input type="checkbox"/> x	<input type="checkbox"/> x	<input type="checkbox"/> x
(x) Other, - please specify	<input type="checkbox"/> y	<input type="checkbox"/> y	<input type="checkbox"/> y	<input type="checkbox"/> y	<input type="checkbox"/> y	<input type="checkbox"/> y

**9. Corrosion Protection:** (underground steel tanks only (check all that apply))

(1) Sacrificial Anodes	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
(2) Impressed Current	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
(3) None	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3

**10. Underground Tank Secondary Containment System:** (check all that apply)

(1) Double-Walled Tank	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
(2) Excavation Liner	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
(3) Vault	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
(4) None	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4

**11. Aboveground Tank Secondary Containment System:** (check all that apply)

(1) Double-Walled Tank	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
(2) Earthen Dike	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
(3) Containment Liner	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
(4) Concrete	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
(5) Steel	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
(6) None	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6



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**Tank Number** \_\_\_\_\_

**Compartment** \_\_\_\_\_

**12. Aboveground Tank Collision Protection:** (for double-walled tanks not inside dike)

- |                            |                            |                            |                            |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| (1) Vertical Posts (steel) | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 |
| (2) Concrete Curbs         | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 |
| (3) None                   | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 |

**13. Spill Containment for Tanks:** (check all that apply)

- |   |                            |                            |                            |                            |                            |                            |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| (1) Liquid-Tight Fill Box                       | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 |
| (2) Liquid/Vapour Tight Couplings on Fill Pipes | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 |
| (3) Fixed Suction Tube on Used Oil Tanks        | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 |
| (4) None  | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |

**14. Overfill Prevention:** (check all that apply)

- |  |                            |                            |                            |                            |                            |                            |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| (1) Shut Off Valve in Fill Pipe                                | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 |
| (2) Shut Off Valve in Vent Line                                | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 |
| (3) High Level Detection Device with Audible or Visual Warning | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 |
| (4) None   | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |

**15. Tank Leak Detection:** (check all that apply)

- |   |                            |                            |                            |                            |                            |                            |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| (1) Monitoring Wells                            | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 |
| (2) Statistical Inventory Reconciliation (SIR)* | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 |
| (3) Automatic Tank Gauging**                    | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 |
| (4) Monitoring of Secondary Containment         | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| (5) Daily Inventory Reconciliation              | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| (6) None  | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

\* SIR (option 2) is not manual or electronic inventory control done by the owner. It is provided by an approved third party vendor and is a computerized evaluation of reconciliation records as a method of leak detection.

\*\* ATG's use sensitive product level and temperature measuring devices to account for changes in liquid volume.

**16. Sumps Installed:** (check all that apply)

- |   |                            |                            |                            |                            |                            |                            |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| (1) Transition Sump (where aboveground pipe connects to underground piping)           | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 |
| (2) Tank Sump (at top of the underground tank for access to submersible turbine pump) | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 |
| (3) Under-Dispenser Sump (beneath dispenser cabinets)                                 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 |
| (x) None  | <input type="checkbox"/> x | <input type="checkbox"/> x | <input type="checkbox"/> x | <input type="checkbox"/> x | <input type="checkbox"/> x | <input type="checkbox"/> x |



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Tank Number \_\_\_\_\_

Compartment \_\_\_\_\_

**17. Leak Detection Sensors are Installed In:** (check all that apply)

- |                          |                            |                            |                            |                            |                            |                            |
|--------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| (1) Transition Sump      | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 |
| (2) Tank Sump            | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 |
| (3) Under-Dispenser Sump | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 |
| (x) None                 | <input type="checkbox"/> x | <input type="checkbox"/> x | <input type="checkbox"/> x | <input type="checkbox"/> x | <input type="checkbox"/> x | <input type="checkbox"/> x |

Newly installed underground tanks and/or pipe must be precision tested after all concrete and asphalt work and before commissioning for the first time. Test reports must be submitted to the [Tanks@calgary.ca](mailto:Tanks@calgary.ca). Single-walled underground tanks and piping require testing at least every five years and more frequently if leak detection is not performed to Code.

**18. Tank Leak Test:**

- |         |                            |                            |                            |                            |                            |                            |
|---------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| (1) Yes | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 |
| (2) No  | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 |

(3) Year/Month of Last Test \_\_\_\_\_

(4) Company that Performed Test \_\_\_\_\_

**19. Piping Leak Test:**

- |         |                            |                            |                            |                            |                            |                            |
|---------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| (1) Yes | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 |
| (2) No  | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 |

(3) Year/Month of Last Test \_\_\_\_\_

(4) Company that Performed Test \_\_\_\_\_



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## Section C: Piping System Information

This section applies to all product piping (not vent piping).

Tank Number \_\_\_\_\_

Compartment \_\_\_\_\_

**1. Piping Installed:** (check all that apply)

- |                                 |                            |                            |                            |                            |                            |                            |
|---------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| (1) Underground                 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 |
| (2) Aboveground                 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 |
| (3) No Piping (go to Section D) | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 |

**2. Piping Material:** (check all that apply)

- |                              |                            |                            |                            |                            |                            |                            |
|------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| (1) Steel                    | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 |
| (2) Fiberglass               | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 |
| (3) Thermoplastic (flexible) | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 |

**3. Steel Piping Corrosion Protection:** (underground only)

- |                        |                            |                            |                            |                            |                            |                            |
|------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| (1) Sacrificial Anodes | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 |
| (2) Impressed Current  | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 |
| None                   | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 |

**4. Piping Secondary Containment** (underground only)

- |                          |                            |                            |                            |                            |                            |                            |
|--------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| (1) Double-Walled Piping | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 |
| (2) Pipe Trench Liner    | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 |
| (3) None                 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 |
| (x) Other                | <input type="checkbox"/> x | <input type="checkbox"/> x | <input type="checkbox"/> x | <input type="checkbox"/> x | <input type="checkbox"/> x | <input type="checkbox"/> x |

**5. Type of Product Delivery System:**

- |                                    |                            |                            |                            |                            |                            |                            |
|------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| (1) Suction                        | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 |
| (2) Pressurized (includes gravity) | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 |

**6. Piping Leak Detection:** (underground only), (check all that apply)

- |  |                            |                            |                            |                            |                            |                            |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| (1) Single, Vertical Check Valves (suction)              | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 |
| (2) Leak Detector (pressure), (mechanical or electronic) | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 |
| (3) Monitoring Wells                                     | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 |
| (4) Monitoring of Double-Walled Piping (sensors)         | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| (5) None   | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| (x) Other  | <input type="checkbox"/> x | <input type="checkbox"/> x | <input type="checkbox"/> x | <input type="checkbox"/> x | <input type="checkbox"/> x | <input type="checkbox"/> x |

Specify \_\_\_\_\_



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## Section D: Other Information

**1. Comments:**

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**2. Questionnaire Completed By:**

\_\_\_\_\_ (Name, Please Print) \_\_\_\_\_ Bus. Phone # \_\_\_\_\_

**3. I do hereby confirm that the information provided on this questionnaire is complete and accurate to the best of my knowledge.**

\_\_\_\_\_ YYYY-MM-DD

\_\_\_\_\_ Signature (Owner of Tanks(s) or Authorized Representative

This personal information is being collected under the authority of Sec. 33(c) of the Freedom of Information and Protection of Privacy Act and will be used only by the City of Calgary Fire Department for the purpose for which it was collected.

For further information or questions about the collection, use or disclosure of this information contact the CFD Technical Services Officer, Fire Inspections & Investigations at [Tanks@calgary.ca](mailto:Tanks@calgary.ca), City of Calgary Fire Department, 4144 -11 Street SE Calgary, AB. T2G 3H2.