

Rhonda Miller - MVLWB

From: Shannon Hayden [shayden@mvlwb.com]
Sent: April-26-11 1:19 PM
To: permits@mvlwb.com
Subject: FW: 20110110 Town of Hay River - Spill Contingency Plan
Attachments: 20100110 Spill Contingency Plan - Version 1.0.pdf

MV2009L3-0005

From: Arlen Foster [mailto:arlenf@fsc.ca]
Sent: April-25-11 4:18 PM
To: shayden@mvlwb.com
Cc: Mike Richardson
Subject: 20110110 Town of Hay River - Spill Contingency Plan

Good Afternoon Shannon,

Attached is the Spill Contingency Plan submitted on behalf of the Town of Hay River as per their water licence requirement *Part I: Conditions Applying to Spill Contingency Planning*. I will follow up with a call tomorrow to make sure you have received the Plan.

If you have any questions or comments please do not hesitate to contact me.

Regards,

Arlen Foster, E.I.T. | Environmental Engineering

FSC ARCHITECTS & ENGINEERS

Yellowknife, Northwest Territories, Canada | T 867.920.2882, F 867.920.4319 | www.fsc.ca
LISTEN. DESIGN. MANAGE

CONFIDENTIALITY WARNING:

This e-mail message and attachments may contain privileged and confidential information. If you have received this message in error, please immediately notify the sender and delete this e-mail message.

Transmittal

Project Name:	Town of Hay River - Water Licence Requirements	Transmittal No.:	TR-001
Location:	Town of Hay River		
FSC File:	2011-0110	Date of Issue:	April 25, 2011
Client No.:		Contract No.:	
To:	Shannon Hayden Mackenzie Valley Land & Water Board Phone (867) 766-7466 Fax (867) 873-6610		
Attention:	Shannon Hayden		
REFERENCE:	Town of Hay River – Spill Contingency Plan		

Document Type: <input type="checkbox"/> Drawings <input checked="" type="checkbox"/> Reports <input type="checkbox"/> Spec. <input type="checkbox"/> Other	Transmitted by: <input checked="" type="checkbox"/> E-Mail <input type="checkbox"/> Courier <input type="checkbox"/> Pick-up <input type="checkbox"/> By Hand
--	---

Quantity	Description
One (1)	Electronic copy of Spill Contingency Plan submitted on behalf of the Town of Hay River.

REMARKS:	<input type="checkbox"/> Urgent	<input type="checkbox"/> Reply ASAP	<input type="checkbox"/> Please comment
	<input checked="" type="checkbox"/> For your Review	<input type="checkbox"/> Original to follow by Mail	<input type="checkbox"/> Original retained in FSC file

COMMENTS: Spill Contingency Plan submitted as per the Town of Hay Rivers Water Licence requirements <i>Part 1.1 & 1.2: Conditions Applying to Spill Contingency Planning.</i>
--

Issued By:	Person / Title	Signature
	Arlen Foster, E.I.T.	



**Spill Contingency Plan
For the Town of Hay River**

Version 1.0

Created April 2011

Project # 2011-0110

Prepared for:

Town of Hay River
73 Woodland Drive
Hay River, NT
X0E 1G1

Prepared by:

FSC Architects & Engineers
4910 – 53rd Street
Yellowknife, NT
X1A 2P4

LISTEN. DESIGN. MANAGE.





Table of Contents

1	Introduction.....	4
1.1	Information of the Licensee	4
1.2	Community Information	4
1.3	Purpose and Scope	4
1.4	Authority	5
1.5	Definitions.....	5
2	Hazardous Materials.....	6
2.1	Sewage Spills	6
2.2	Fuel Storage	6
2.3	Calcium Chloride	7
2.4	Chlorine Gas.....	7
2.5	Water Treatment Chemicals.....	7
3	Response Organization	8
3.1	Notification	9
3.2	Individual Response	9
3.3	Response Team Organization.....	9
4	Action Plan.....	10
4.1	Liftstations	10
4.2	Sewage Forcemain.....	10
4.3	Lagoon Dam Structure	10
4.4	Fuel Storage Facilities.....	10
4.5	Containment On Open Water	10
4.6	Containment On Ice.....	11
4.7	Containment On Snow	12
4.8	Containment On Land	12
4.9	Fire or Explosion.....	13
4.10	Material Removal.....	13
5	Resource Inventory	14
6	Training	15



Appendices

Appendix A: Reportable Spill Quantities	16
Appendix B: Hazardous Material Classification	17
Appendix C: Spill Report Form	18
Appendix D: Maps	19
Appendix E: Registry Information	20

Tables

Table 1.1: Plan Definitions.....	5
Table 2.1: Chlorine Gas Protective Distances	7
Table 3.1: Response Organization Chart	8
Table 4.1: Ice Thickness Table	11
Table 5.1: Emergency Contact Information	14



1 Introduction

1.1 INFORMATION OF THE LICENSEE

Town of Hay River
73 Woodland Drive
Hay River, NT X0E 1G1

1.1.1 Effective Dates & Revisions

Spill Contingency Plan Effective Date:

1. April 25, 2011

Spill Contingency Plan Revision Date:

1. None

1.1.2 Plan Distribution List & Contact Information

Director of Public Works & Planning	867 874 6522
Senior Administrative Officer	867 874 6522

Additional contact numbers can be found in Section 5.0.

1.2 COMMUNITY INFORMATION

The Town of Hay River (Town), Northwest Territories is located at:

(Lat/Long)	60° 51' North	115° 43' West	
(UTM)	Easting 609822.42	Northing 6709879.61	(Map sheet number SF53-16)

According to the most recent NWT Bureau of Statistics (2009), The Town currently has a total population of 3,724. The Town is 200 km south-west of Yellowknife by air and 134 km from the Alberta border via the Mackenzie Highway. Appendix D provides sketches, drawings, and maps detailing the location of the Town and applicable facilities.

1.3 PURPOSE AND SCOPE

The Town of Hay River directs that all of its departments and employees be prepared to provide prompt response to any accidental spill of any chemical substances as listed in Appendix B. This plan may be implemented to the extent necessary by the SAO, Director of Public Works & Planning, or any employee acting on his behalf in the performance of his regular duties.

This Spill Contingency Plan provides for the prompt and coordinated response of the Town to any spill located on Town property and to assist any agency located within the Town of Hay River's corporate boundaries.

The purpose of this plan is to establish the steps necessary in the event of a spill to ensure that life is protected, injuries are minimized, resources are used effectively, environmental impact is kept to a minimum and essential reporting is completed. It is designed to cover spills that would be encountered in everyday situations. This plan may be implemented in whole or in part, depending on the particular circumstances of the situation.

The plan identifies key response personnel and their roles and responsibilities in the event of a spill, as well as the equipment and resources available for immediate response.



1.4 AUTHORITY

This plan is issued by the Town of Hay River under the authority of the Environmental Protection Act "Spill Contingency Planning and Reporting Regulations" hereinafter referred to as the Act.

1.5 DEFINITIONS

In this Plan:

Table 1.1: Plan Definitions

Above Ground Facility	means a facility that is stationary for a period of 30 days or more and is not an underground facility;
Act	means the <i>Environmental Protection Act</i> ;
Facility	means any thing capable of storing or containing contaminants and includes any thing used in the transfer of contaminants to and from the facility;
Employee	means a person employed by the Town of Hay River or a person under contract with the Town to act on the Town's behalf;
PCB	means the chlorobiphenyls that have the molecular formula $C_{12}H_{10-N}Cl_N$ in which N is greater than 2;
SAO	means the Senior Administrative Officer of the Town of Hay River;
Spill	means a discharge of a contaminant in contravention of the Act or regulations made under the Act or a permit or licence issued under the Act or regulations made under the Act;
Storage Capacity	means the aggregate capacity of all facilities placed together in one location;
TDGA Class	means a class of dangerous goods set out in the Schedule to the <i>Transportation of Dangerous Goods Act, 1992 (Canada)</i> , and any division of a class established in regulations made or continued under the Act;
Underground Facility	means a facility having more than 10% of its structure below normal ground level.



2 Hazardous Materials

The purpose of this section is to list hazardous materials and outline the possible failures of the Town's infrastructure system and measures to prevent such failures. The location of fuel and chemical storage facilities, lift stations, force mains and lagoons are shown in Appendix D. Contact numbers can be found in Section 5.0.

2.1 SEWAGE SPILLS

2.1.1 Sewage Lift stations

Failure of any sewage lift station will result in sewage backing up and overflowing to either a designated drainage course or to a body of water to prevent a public health hazard through contact with raw sewage. The following is a list of the Town's lift stations and the overflow course that raw sewage will take.

Lift station #1 - Overflow in MH # 71 to the Hay River

Lift station #2 - Overflow in MH #216 to the Hay River

Lift station #3 - Overflow to drainage ditch to the West Channel of the Hay River

Lift station #4 - Gravity to Lift station #1

Lift station #5 - Overflow to Drainage Ditch to the Hay River

Lift station 1, 2, 3 and 5 each have two pumps capable of handling peak flows. Lift 1 has a diesel generator standby unit on one pump should a power outage occur. Should the pump in lift 4 fail, the line will fill and drain by gravity back to lift 1. All lift stations are equipped with high wet well alarms. These alarms are checked visual. Maintenance crews perform rounds twice daily. Additional maintenance crews are on call when required to respond to alarm calls. Hay River Disposal operated by Robbie Jameson is a company contracted by the Town of Hay River for waste Disposal. Their sewage vacuum trucks and operators are available 24 hours a day (867)-874-3135.

2.1.2 Sewage Force main

The Water & Sewer staff carries out routine inspection of the force main. Inspections consist of looking for sewage coming to the surface from a break. In addition, personnel are able to detect blockage problems in the force main from the lift stations.

2.1.3 Lagoon Dam Structures

Routine inspection of the lagoon is carried out on a year round basis by the Water & Sewer staff. In addition, during the summer months the integrity of the structures are visually checked. Appendix D plan shows the location of the lagoon. A qualified engineer inspects the berms once a year.

2.2 FUEL STORAGE

The Town has a number of underground fuel storage sites. Lists of these sites are provided in Appendix E.

The Town of Hay River has a registered hydrocarbon contaminated soil treatment facility designed to accept and bioremediate soils containing hydrocarbons. This facility can be reached by calling Hay River Disposal at (867) -874-2720



2.3 CALCIUM CHLORIDE

Calcium chloride is delivered to the Town, once a year in loose flake form. This material is piled in the Public Work's yard where it is mixed with sand as quickly as possible. The salt/sand mixture is stored in a building designed for this purpose and therefore eliminates impacts from the elements.

2.4 CHLORINE GAS

Chlorine gas, utilized for water treatment, is stored at the Mainland Pump house and the Vale Island Pump house. Both pump houses have gas chlorination rooms in accordance with all applicable safety standards. Proper precautions are always followed during routine handling of the gas to limit the potential for negative impacts to the environment and human health.

Chlorine gas is also utilized for water treatment for the public swimming pool and is housed in an attached chlorine room. The facility meets all applicable safety and standards.

If there is a spill during transportation follow the emergency response plan developed as per the TDG regulations. This plan must be shipped with the dangerous goods and be readily available. If no emergency plan is available follow the Transport Canada Emergency Guidebook (2008) Guide 124 – Gases – Toxic and/or Corrosive – Oxidizing

From the Transport Canada Emergency Guidebook (2008) the initial isolation and protective action distances for chlorine

Table 2.1: Chlorine Gas Protective Distances

Name	Small Spills From a small package or small leak from a large Unit			Large Spills From a large package or from many small packages		
	First Isolate in all directions	Then protect persons Downwind during		First Isolate in all directions	Then protect persons Downwind during	
		Day	Night		Day	Night
Chlorine	60 m	0.4 km	1.6 km	600 m	3.5 km	8.0 km

2.5 WATER TREATMENT CHEMICALS

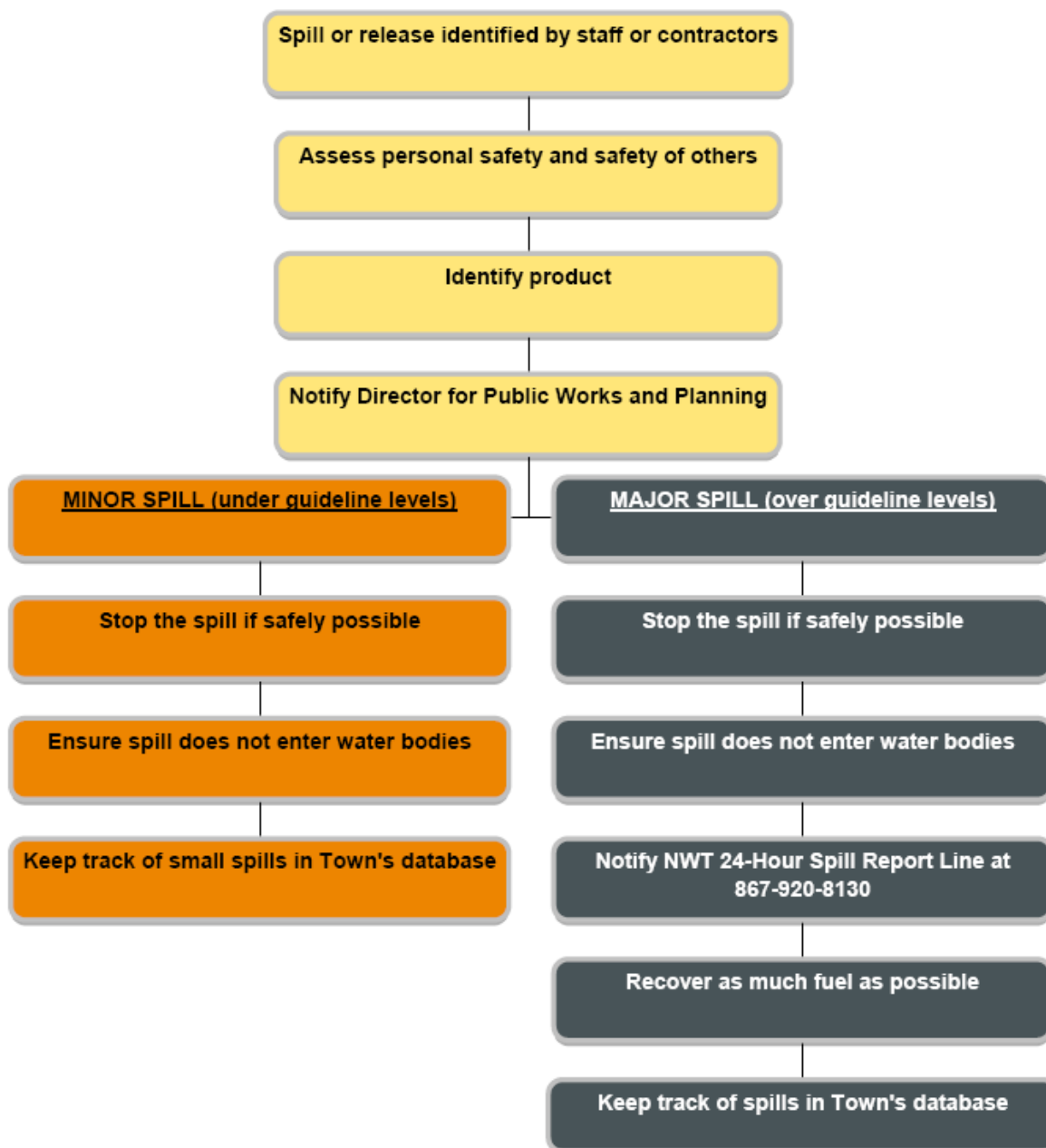
At the water treatment facilities, the Town stores Cationic Polymer Flocculant in liquid form, known commercially as Clear Aid and a crystallized polymer that is mixed with water to form a solution. The chemicals are always stored properly and in original containers designed for the storage of each of the chemicals. The flocculant is stored in plastic 205 litres drum, while the crystallized polymer is stored in 40-kilogram bags. Clean-up methods are included in Material Safety Data Sheet Handbook, located at each site.



3 Response Organization

A summarized reporting procedure flow chart has been provided below; detailed response descriptions can be found in the following sections. Contact numbers are listed in Section 5.0.

Table 3.1: Response Organization Chart





3.1 NOTIFICATION

Any Town employee discovering a spill will immediately take steps to notify the Town's Director of Public Works & Planning and the Hay River Fire Department.

If a spill is discovered after normal working hours, the employee will use the most expedient method at his disposal to call the Fire Phone at 874-2222 to notify the Fire Department.

The Hay River Fire Department will be responsible for notifying the Government of the Northwest Territories 24 hour Spill Report Line at 1-867-920-8130, collect calls accepted.

Contact numbers are available in Section 5.0.

3.2 INDIVIDUAL RESPONSE

The response of the first person on the scene shall be:

1. Be alert and consider your personal safety first.
2. Assess the hazard to persons in the vicinity of the spill and where possible take action to control danger to human life. If possible, identify the material or products involved in the particular spill.
3. If safe and practical try to take the appropriate action to stop the release of the material.
4. Contact the Town's Director of Public Works & Planning and the Hay River Fire Department.

The Fire Chief, or his alternate, responsibility will be.

1. Proceed to the spill location;
2. Assess the situation and make arrangements for first aid and removal of injured personnel. Take the necessary action where possible to secure the site to protect human safety;
3. If possible and safe, take the appropriate action to stop release of the material.
4. Take all necessary action to contain or prevent the spread of the spilled material;
5. Gather information on the status of the situation;
6. As soon as practically possible, complete a spill report form (attached as Appendix "C"), and then contact the 24 hour Spill Report Line at 920-8130.

3.3 RESPONSE TEAM ORGANIZATION

The onsite coordinator will be the Fire Chief or his alternate. He will have complete authority over the clean-up personnel and the spill scene. His responsibilities will include:

1. Evaluate the initial situation and assess the magnitude of the problem.
2. Activate the level of response necessary to meet the situation.
3. Develop the overall plan of action for containment and clean-up of the specific incident.
4. Ensure that the assigned responsibilities are carried out and that co-ordination exists between team members.
5. Assess the requirements for men, equipment, materials and tools to contain the spill.
6. Directs the Spill Response Team in containment, recovery, clean up, and disposal operations.
7. Acts as the spokesman with the public, media, and government agencies.
8. Ensure that all spill response personnel receive adequate training in order to fulfill their responsibilities as part of the Spill Response Team.



4 Action Plan

4.1 LIFTSTATIONS

Should a spill become apparent at any of the Town's Lift stations the first person on site should ensure public safety at all times. The Director of Public Works & Planning will then be contacted and if the spill is of a reportable quantity, the NWT 24 hour Spill Report Line will be contacted. Town personnel would be mobilized to determine the cause of the problem and repair if possible. Hay River Disposal should then be contacted for their vacuum trucks. Sewage should be dumped directly into the Town's Lagoon.

Use the Response Organization to notify the proper authorities.

4.2 SEWAGE FORCEMAIN

Any person finding a discharge from or malfunction of, the sewage force main should immediately report the incident to the Director of Public Works & Planning. Action will be taken to minimize the expanse of the spill. All necessary personnel will be called out.

Use the Response Organization to notify the proper authorities.

4.3 LAGOON DAM STRUCTURE

Any person who sees a liquid flowing from, or seeping from, the lagoon dam structures should report this to the Director of Public Works & Planning. The Director of Public Works & Planning should, upon notification, determine the extent and size of the failure. The Director is responsible to take the appropriate action and alert the necessary people.

Use the Response Organization to notify the proper authorities.

Any spill resulting from the failure of a lagoon dam structure would likely necessitate the construction of a cofferdam to contain the sewage while either temporary or permanent repairs are carried out on the failed structure. Rebuilding the dam or establishing a cofferdam with course materials, clay and sandy materials would contain the spill. Any sewage should be contained with berms or impoundment basins and pumped back into the lagoon. Any repairs to the failed structure would take place to acceptable engineering standards.

4.4 FUEL STORAGE FACILITIES

Any person finding a discharge from or malfunction of a Town fuel storage tank should immediately report the incident to the Director of Public Works & Planning. Action will be taken to minimize the distribution of the spill. All necessary personnel will be called out.

Use the Response Organization to notify the proper authorities.

4.5 CONTAINMENT ON OPEN WATER

For spills in open water, containment procedures will vary depending on whether the material floats or sinks, and whether the water is flowing or standing.

For floating materials, a surface boom shall be deployed. In flowing water, the boom should be stretched across the flow, downstream from the spill. In standing water, the boom can contain the spill close to shore. Failing a boom, a dyke may be constructed, especially in shallow areas.



For floating spills, such as fuel, weirs can be used to contain the spills in streams and to prevent further migration downstream. Plywood or other materials found on site can be placed into and across the width of the stream, such that water can still flow under the weir. Spilled fuel will float on the surface of the water and be contained at the foot of the weir.

For sinking material, a dyke should be constructed if possible. This will contain the dispersion of the material in standing water. In small amounts of floating water, divert the flow around the material by diking and ditching if possible.

The On-Scene Coordinator will have to judge whether the impact of the spill will be most reduced by carrying out a containment procedure or by immediately attempting to remove any containers from the water. This will depend on the equipment available and how long it will take for additional equipment to arrive. Removed containers should be placed on an impermeable contained surface (example poly liner in a depression) to prevent further seepage.

4.6 CONTAINMENT ON ICE

Spills on ice will be affected by the strength of the ice and the floating or sinking characteristics of the materials. The safe bearing capacity of ice has to be carefully assessed. For good ice the following thickness table can be used to estimate the load capacity:

Table 4.1: Ice Thickness Table

Thickness		Load	
mm	inches	kg	tons
80	3	181	.2
150	6	907	1.0
230	9	5443	6.0
500	20	9071	10
760	30	18143	20
1010	40	36287	40

Rules about ice strength include:

1. White ice is only 1/2 as strong as Blue ice.
2. Reduce load by 1/2 if cracks are parallel to travel.
3. Reduce load by 3/4 if cracks are both parallel and normal to travel.
4. Use extreme care if weather is extremely cold after a warm period or warm after a cold period.
5. Control speed in shallow water to avoid wave build up.

If the spill does not penetrate the ice, and the ice is safe to work on, containment will take the same form as containment on land.

If the spill penetrates the ice, then the situation is similar to spills in open water. If the material floats then the ice will be broken to install a containment boom. The ice between the spill and the boom will be collected and disposed of with the spilled materials. In standing water under the ice, the primary effort should be to recover the material.



4.7 CONTAINMENT ON SNOW

Snow is one of the best adsorbents, as spill materials will migrate into the snow until they become immobile. Snow should be used as much as possible when it is available. Snow provides protection against the spread of fire if the spill is burnable and is located where burning is practical. Snow also provides flotation of spilled materials after the snow melts during burning.

Contaminated, saturated snow facilitates removal of the contaminant to a recovery or disposal site. Recovery or disposal sites will be determined by the contaminant and the location of the spill. If the contaminant is acceptable within the limits of the Soil Remediation facility it will be taken there. Care should be exercised when using snow since increase migration of wastes could result.

Methods to prevent a spill on snow from spreading include:

1. Compact the snow around the outside perimeter of the spill area, this is easily done with a snowmobile.
2. Construct and compact snow dams.
3. Locate the low point of the spill area, then clear channels in the snow to allow material not absorbed to flow into the low area.
4. Once collected the spill material contained in the low area can either be shovelled in to containers or picked up using mobile heavy equipment and then transported to an approved disposal site.

4.8 CONTAINMENT ON LAND

4.8.1 General

In all cases of liquid spills, the initial containment step is to prevent further dispersion. This is done with cut-off ditches and diking as needed around the spill utilizing mobile heavy equipment. If necessary, absorbents (example Zorbal, Hazorb Pillows, peat moss, sawdust) or gelling agents (example - Chemgel) should be spread to prevent further spread or seepage.

4.8.2 Dykes

Dykes can be created using soil to surround a spill on land. These dykes are constructed around the perimeter or down slope of the spill. A dyke needs to be built up to a size that will ensure containment of the maximum quantity of liquid that may reach it. A plastic tarp can be placed on and at the base of the dyke such that the liquid can pool up and subsequently be removed with sorbent materials or by pump into barrels or bags. If the spill is migrating slowly a dyke may not be necessary and sorbents can be used to soak up liquids before they migrate away from the spill.

4.8.3 Trenches

Trenches can also be dug out to contain spills as long as the top layer of soil is thawed. Shovels, picks, axes or a loader can be used depending on the size of the trench and accessibility. It is recommended that the trench be dug to the bedrock or permafrost, which will then provide a containment layer for the spilled liquid. The liquid can then be recovered using a pump or sorbent materials.



4.9 FIRE OR EXPLOSION

When fire is associated with a spill of hazardous material, extinguishing the fire is a necessary step. The fire may prevent efforts to stop or minimize the spillage. In all cases the first step is to clear people from the surrounding area.

Dykes are to be constructed down slope from liquid spills, to minimize spreading of fire and contain unburned fluid. Foam, CO₂ or water will then be used as appropriate for the fire.

Particular care must be taken to prevent inhalation of vapours that are products of combustion.

The Hay River Fire Department crews are trained and equipped to combat fires which generate toxic fumes, including measures requiring self-contained breathing apparatus and full protective clothing. However, they are not trained to handle toxic fumes, which would require a HAZMAT suit, such as Chlorine Gas. When the fire is extinguished, proceed to stop further spillage, contain the spill, and initiate appropriate clean up measures.

4.10 MATERIAL REMOVAL

Once a spill of reportable size has been contained, the Town will consult with ENR to determine the level of clean-up required. Generally, loose material should be scooped up (using equipment appropriate to the spill size) and transferred onto containers. Any soil beneath the spill, which may have been contaminated, should also be removed where possible, and disposed of with the recovered material.

Final disposal of the recovered material will be determined in consultation with the regulatory officials and the advice of the manufacturer.



5 Resource Inventory

Table 5.1: Emergency Contact Information

Resource	Name	Contact
Fire & Rescue	Hay River Fire Department	(867) 874-2222
Containment Booms	Canada Coast Guard Northern Transportation Company	(867) 874-5500 (867) 874-5100
Oil Spill Containment & Recovery Van	Petroleum Oil Co-Operative and Imperial Oil	(867) 874-2201 and (867) 874-6230
Absorbent Pads	Town - Public Works Shop	(867) 874-6522
Heavy Equipment	Carter Industries	(867) 874-6574
Sewage & Solid Waste Disposal Equipment	Hay River Disposal Robbie Jameson	(867) 874-2720 (867) 874-3135
Notifications	NWT 24-Hour Spill Line	(867) 920-8130
	Town of Hay River Office	(867) 874-6522
	Indian and Northern Affairs Canada Inspector	(867) 872-2558 and (867) 874-6995
	Environmental Protection Division	(867) 873-7654
	Environmental Health Officer	(867) 874-3080
	Environment Canada	(780) 951-8600
	Department of Fisheries & Oceans	(867) 874-5500



6 Training

The effectiveness of this spill contingency plan will be greatly dependent upon the following factors

1. The proper distribution of the plan to those personnel most likely to encounter a spill during the course of their normal duties.
2. The proper training of employees in how to respond to spills and the implementation of this plan.
3. Training of the response personnel as to what action they are required to take in the event of the plan being put into action.
4. Training of the response personnel in the proper techniques and materials to use in the event of a spill.

Training in these areas will be achieved as follows:

1. The Hay River Fire Department will be responsible for the training of their members in the proper technique for spill recovery. Annual mock spill exercises will be held.
2. Town employees likely to encounter a spill will receive training as to the proper response upon the discovery of the spill. Training will include initial orientation plus selected participation in mock spill exercises.



Appendix A: Reportable Spill Quantities

Table of Immediately Reportable Spill Quantities

TDG Class	Substance for NWT 24-Hr Spill Line	Immediately Reportable Quantities
1 2.3 2.4 6.2 7 None	Explosives Compressed gas (toxic) Compressed gas (corrosive) Infectious substances Radioactive Unknown substance	Any amount
2.1 2.2	Compressed gas (flammable) Compressed gas (non-corrosive, non-flammable)	Any amount of gas from containers with a capacity greater than 100 L
3.1 3.2 3.3	Flammable liquids	> 100 L
4.1 4.2 4.3	Flammable solids Spontaneously combustible solids Water reactant	> 25 L
5.1 9.1	Oxidizing substances Miscellaneous products or substances excluding PCB mixtures	> 50 L or 50 kg
5.2 9.2	Organic peroxides Environmentally hazardous	>1 L or 1 kg
6.1 8 9.3	Poisonous substances Corrosive substances Dangerous wastes	> 5 L or 5 kg
9.1	PCB mixtures of 5 or more ppm	0.5 L or 0.5 kg
None	Other contaminants (e.g. crude oil, drilling fluid, produced water, waste or spent chemicals, used or waste oil, vehicle fluids, wastewater, etc.)	> 100 L or 100 kg
None	Sour natural gas (i.e. contains H ₂ S) Sweet natural gas	Uncontrolled release or sustained flow of 10 minutes or more



Appendix B: Hazardous Material Classification

SCHEDULE A *(Section 3)*

ANNEXE A *(article 3)*

(1)	(2)	(3)
ITEM NO.	TYPE OF FACILITY	STORAGE CAPACITY
1.	Above ground facility	20,000 l or 20,000 kg
2.	Under-ground facility	4,000 l or 4,000 kg

(1)	(2)	(3)
N°	TYPE DE DÉPÔT	CAPACITÉ D'ENTRE-POSAGE
1.	Installation en surface	20 000 l ou 20 000 kg
2.	Installation souterraine	4 000 l ou 4 000 kg

SCHEDULE B

(Section 9)

(1)	(2)	(3)	(4)
ITEM NO.	TDGA CLASS	DESCRIPTION OF CONTAMINANT	AMOUNT SPILLED
1.	1	Explosives.	Any amount
2.	2.1	Compressed gas (flammable)	Any amount of gas from containers with a capacity greater than 100 l
3.	2.2	Compressed gas (non- corrosive, non flammable)	Any amount of gas from containers with a capacity greater than 100 l
4.	2.3	Compressed gas (toxic)	Any amount
5.	2.4	Compressed gas (corrosive)	Any amount
6.	3.1, 3.2, 3.3	Flammable liquid	100 l
7.	4.1	Flammable solid	25 kg
8.	4.2	Spontaneously com- bustible solids	25 kg
9.	4.3	Water reactant solids	25 kg
10.	5.1	Oxidizing substances	50 l or 50 kg
11.	5.2	Organic Peroxides	1 l or 1 kg
12.	6.1	Poisonous substances	5 l or 5 kg

ANNEXE B

(article 9)

(1)	(2)	(3)	(4)
N°	CLASSE (LTMD)	CONTAMINANT	QUANTITÉ DÉVERSÉE
1.	1	Explosif	Toute
2.	2.1	Gaz comprimé (inflammable)	Toute quantité de gaz provenant d'un conte- nant d'une capacité supérieure à 100 l
3.	2.2	Gaz comprimé (non corrosif, inflammable)	Toute quantité de gaz provenant d'un conte- nant d'une capacité supérieure à 100 l
4.	2.3	Gaz comprimé (toxique)	Toute
5.	2.4	Gaz comprimé (corrosif)	Toute
6.	3.1, 3.2, 3.3	Liquide inflammable	100 l
7.	4.1	Solide inflammable	25 kg
8.	4.2	Solide sujet à l'in- flammation spontanée	25 kg
9.	4.3	Solide réagissant au contact de l'eau	25 kg
10.	5.1	Matière comburante	50 l ou 50 kg
11.	5.2	Peroxyde organique	1 l ou 1 kg
12.	6.1	Matière toxique	5 l ou 5 kg

13.	6.2	Infectious substances	Any amount
14.	7	Radioactive	Any amount
15.	8	Corrosive substances	5 l or 5 kg
16.	9.1 (in part)	Miscellaneous products or substances, excluding PCB mixtures	50 l or 50 kg
17.	9.2	Environmentally hazardous	1 l or 1 kg
18.	9.3	Dangerous wastes	5 l or 5 kg
19.	9.1 (in part)	PCB mixtures of 5 or more parts per million	0.5 l or 0.5 kg
20.	None	Other contaminants	100 l or 100 kg

13.	6.2	Matière infectieuse	Toute
14.	7	Matière radioactive	Toute
15.	8	Matière corrosive	5 l ou 5 kg
16.	9.1 (en partie)	Matière diverse ou produit divers (mélanges contenant des BPC exclus)	50 l ou 50 kg
17.	9.2	Matière nocive pour l'environnement	1 l ou 1 kg
18.	9.3	Déchets toxiques	5 l ou 5 kg
19.	9.1 (en partie)	Mélange contenant 5 parties ou plus de BPC par million	0,5 l ou 0,5 kg
20.	Aucune	Autre contaminant	100 l ou 100 kg



Appendix C: Spill Report Form



Canada

NT-NU SPILL REPORT

OIL, GASOLINE, CHEMICALS AND OTHER HAZARDOUS MATERIALS

NT-NU 24-HOUR SPILL REPORT LINE

TEL: (867) 920-8130

FAX: (867) 873-6924

EMAIL: spills@gov.nt.ca

REPORT LINE USE ONLY

A	REPORT DATE: MONTH – DAY – YEAR		REPORT TIME		<input type="checkbox"/> ORIGINAL SPILL REPORT, OR <input type="checkbox"/> UPDATE # _____ TO THE ORIGINAL SPILL REPORT	REPORT NUMBER _____
	OCCURRENCE DATE: MONTH – DAY – YEAR		OCCURRENCE TIME			
C	LAND USE PERMIT NUMBER (IF APPLICABLE)			WATER LICENCE NUMBER (IF APPLICABLE)		
	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION				REGION <input type="checkbox"/> NWT <input type="checkbox"/> NUNAVUT <input type="checkbox"/> ADJACENT JURISDICTION OR OCEAN	
E	LATITUDE			LONGITUDE		
	DEGREES	MINUTES	SECONDS	DEGREES	MINUTES	SECONDS
F	RESPONSIBLE PARTY OR VESSEL NAME		RESPONSIBLE PARTY ADDRESS OR OFFICE LOCATION			
	ANY CONTRACTOR INVOLVED		CONTRACTOR ADDRESS OR OFFICE LOCATION			
H	PRODUCT SPILLED		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES		U.N. NUMBER	
	SECOND PRODUCT SPILLED (IF APPLICABLE)		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES		U.N. NUMBER	
I	SPILL SOURCE		SPILL CAUSE		AREA OF CONTAMINATION IN SQUARE METRES	
	FACTORS AFFECTING SPILL OR RECOVERY		DESCRIBE ANY ASSISTANCE REQUIRED		HAZARDS TO PERSONS, PROPERTY OR ENVIRONMENT	
K	ADDITIONAL INFORMATION, COMMENTS, ACTIONS PROPOSED OR TAKEN TO CONTAIN, RECOVER OR DISPOSE OF SPILLED PRODUCT AND CONTAMINATED MATERIALS					
L	REPORTED TO SPILL LINE BY	POSITION	EMPLOYER	LOCATION CALLING FROM	TELEPHONE	
	ANY ALTERNATE CONTACT	POSITION	EMPLOYER	ALTERNATE CONTACT LOCATION	ALTERNATE TELEPHONE	

REPORT LINE USE ONLY

N	RECEIVED AT SPILL LINE BY	POSITION	EMPLOYER	LOCATION CALLED	REPORT LINE NUMBER
		STATION OPERATOR		YELLOWKNIFE, NT	(867) 920-8130
LEAD AGENCY <input type="checkbox"/> EC <input type="checkbox"/> CCG <input type="checkbox"/> GNWT <input type="checkbox"/> GN <input type="checkbox"/> ILA <input type="checkbox"/> INAC <input type="checkbox"/> NEB <input type="checkbox"/> TC			SIGNIFICANCE <input type="checkbox"/> MINOR <input type="checkbox"/> MAJOR <input type="checkbox"/> UNKNOWN		FILE STATUS <input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED
AGENCY		CONTACT NAME	CONTACT TIME	REMARKS	
LEAD AGENCY					
FIRST SUPPORT AGENCY					
SECOND SUPPORT AGENCY					
THIRD SUPPORT AGENCY					



Appendix D: Maps



**600 mm WATER
INTAKE PIPELINE
(8 KM TO INTAKE
STRUCTURE)**



**WATER
TREATMENT
PLANT AND
PUMPHOUSE**

**WATER
TRUCKFILL
(OLD INTAKE
PUMPHOUSE)**

**WETLAND
DISCHARGE**

**SEWAGE
LIFT
STATION 3**

**WATER
TRUCKFILL**

**SEWAGE
LIFT
STATION 4**

**WETLAND
TREATMENT
AREA**

**SEWAGE
LAGOONS**

**SEWAGE
LIFT
STATION 5**

**SEWAGE
LIFT
STATION 1**

**SEWAGE
LIFT
STATION 2**

**WATER
RESERVOIR AND
PUMPHOUSE**

**SANITARY
LANDFILL**

0 500 1000 1500m
SCALE 1:50,000

UMA Engineering Ltd.
Engineers, Planners & Surveyors

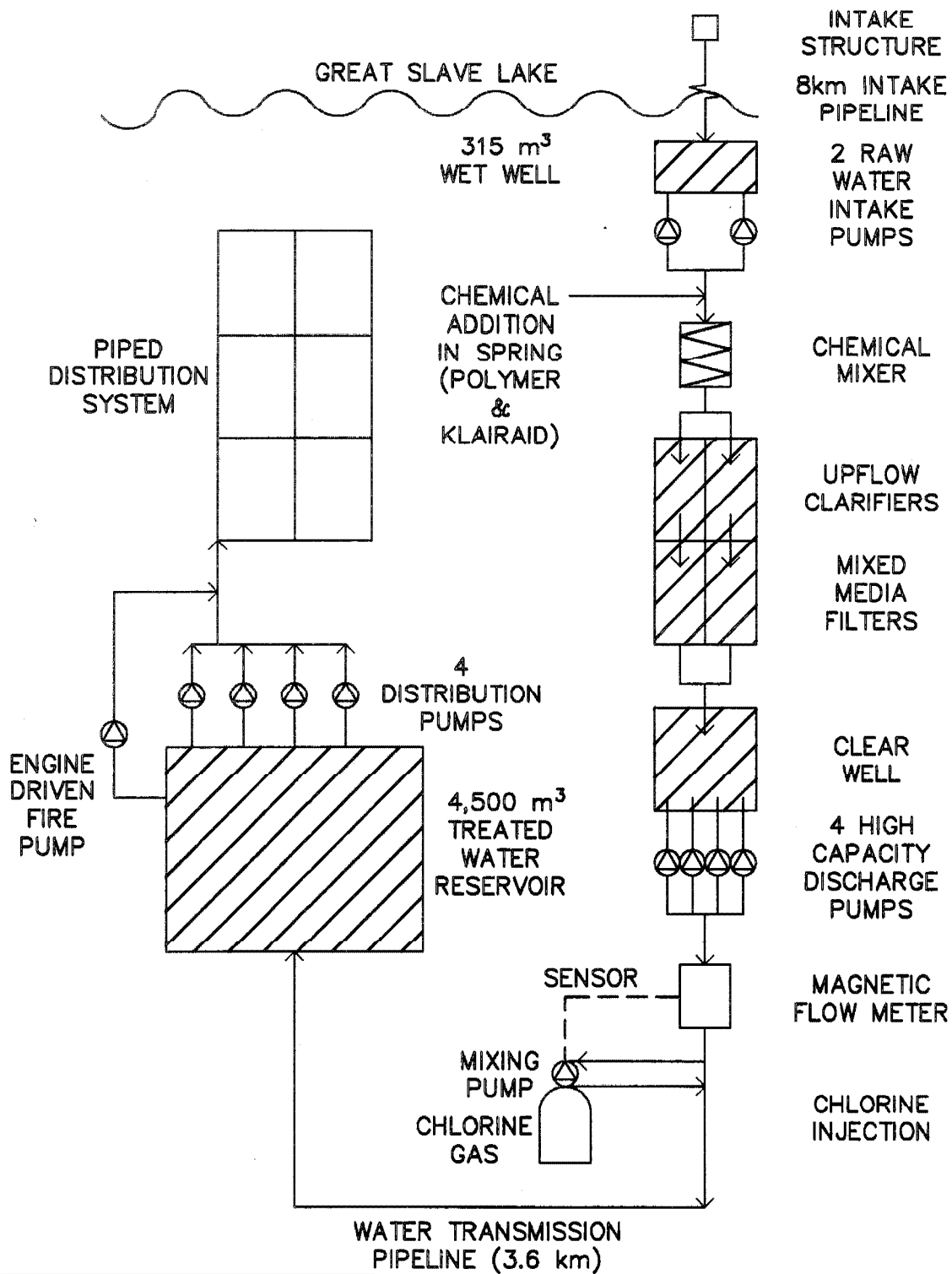
**Hay River Infrastructure
FIGURE 1**

FILE: 8157-012-00-02
DWG: HR-INERA1.DWG

DATE: MAR 20, 2001
BY: GH FOR: KRJ



WWW.UMAGROUP.COM



UMA Engineering Ltd.
Engineers, Planners & Surveyors

TOWN OF HAY RIVER Water System Schematic

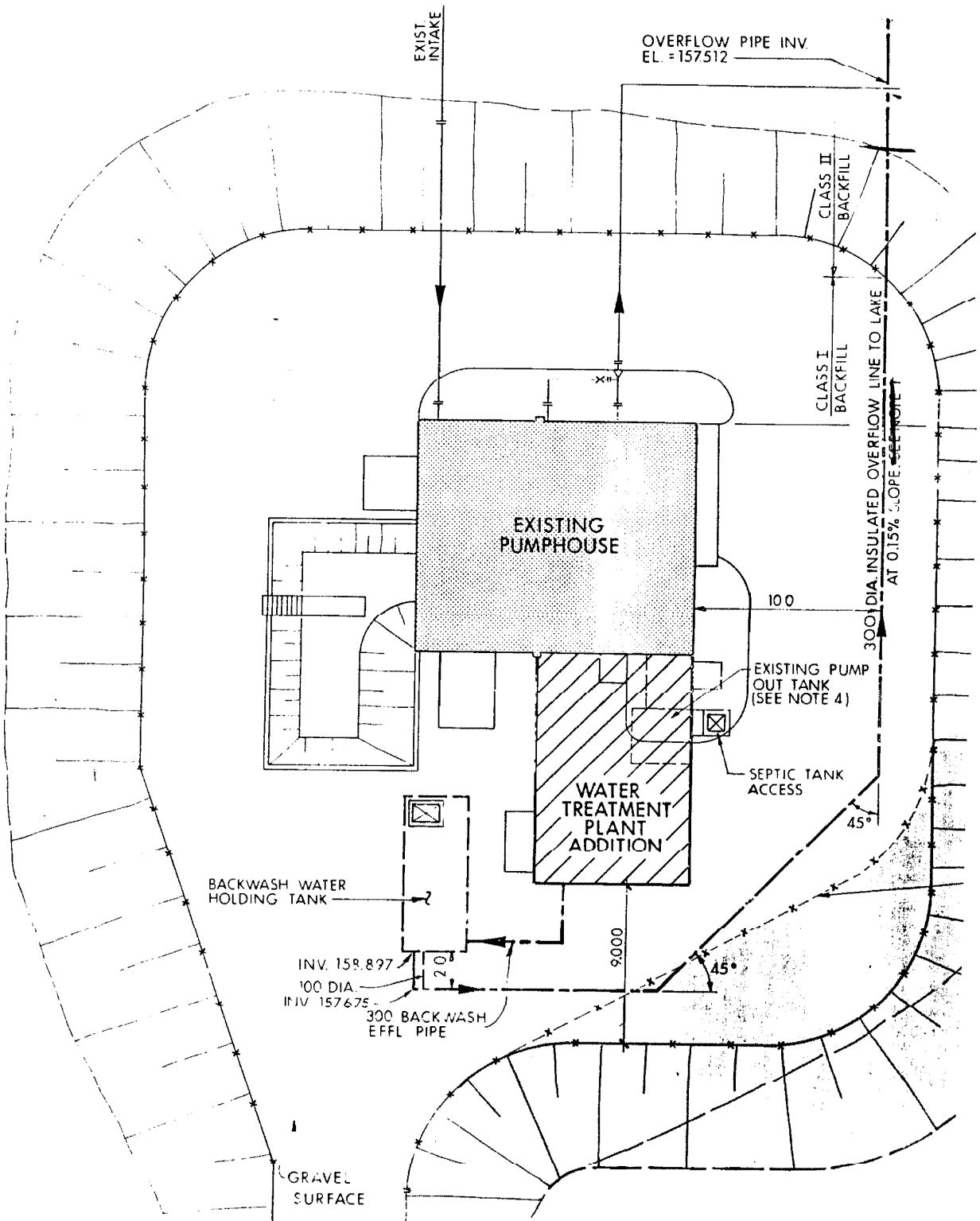
FILE: 8157-012-00-02
DWG: HR-WAT01.DWG

DATE: APR 3, 2001
BY: GH FOR: KRJ



WWW.UMAGROUP.COM

FIGURE 2

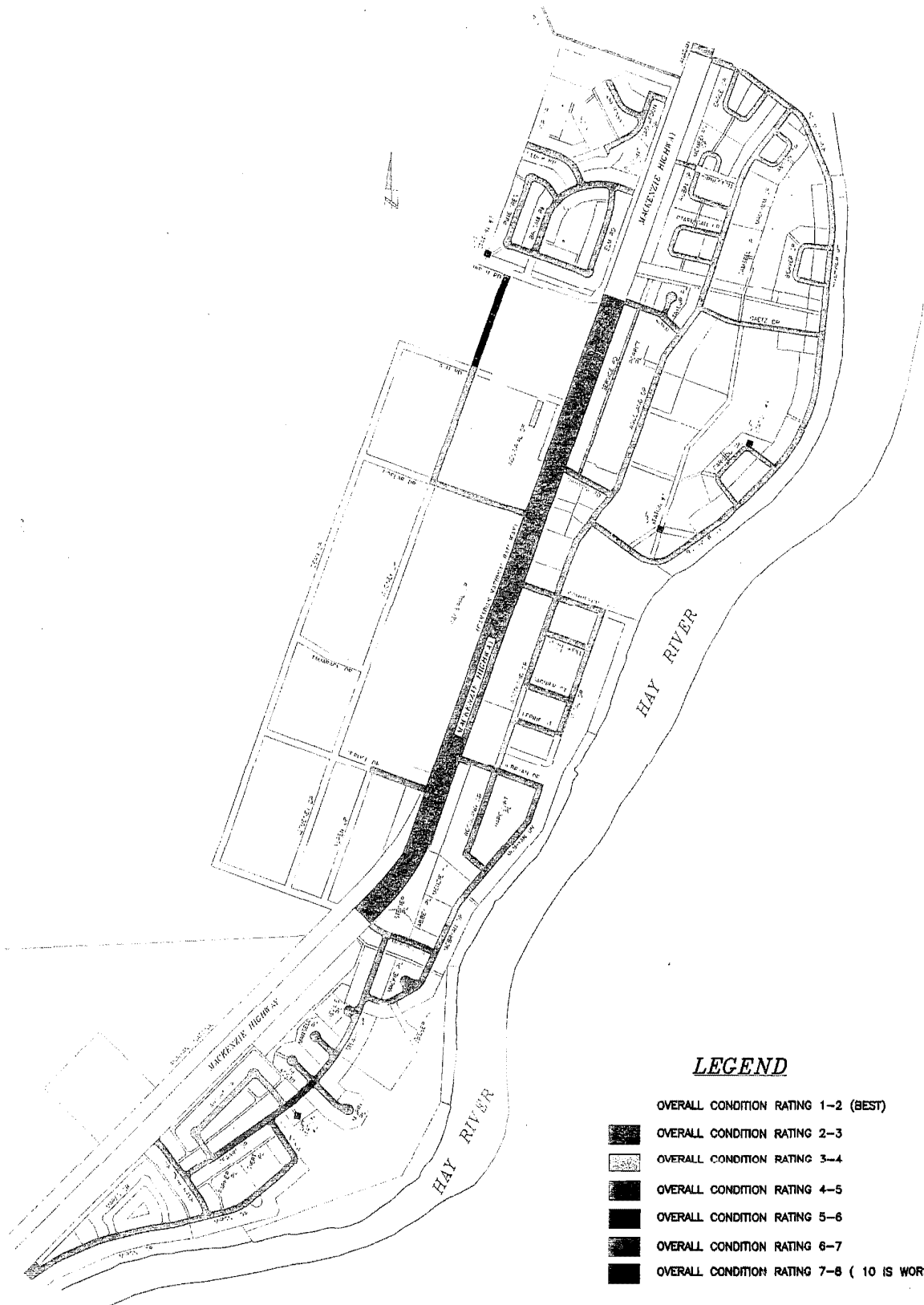


uma

WATER TREATMENT PLANT HAY RIVER, NWT

Figure 3

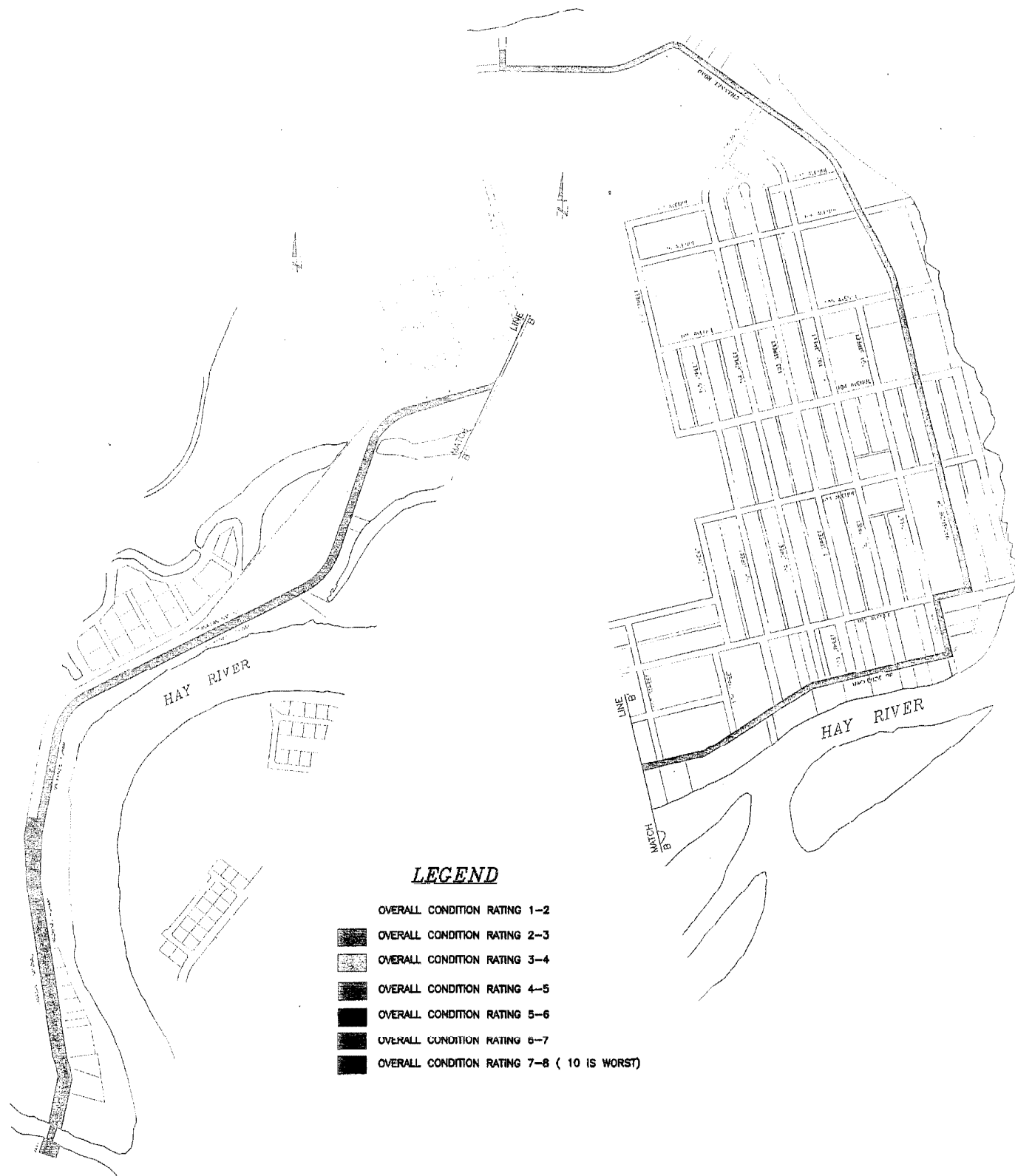
R00-306



CONDITION RATING OF WATER MAINS 2000 HAY RIVER, NWT

Figure 4

R00-306



CONDITION RATING OF WATER MAINS 2000 HAY RIVER, NWT

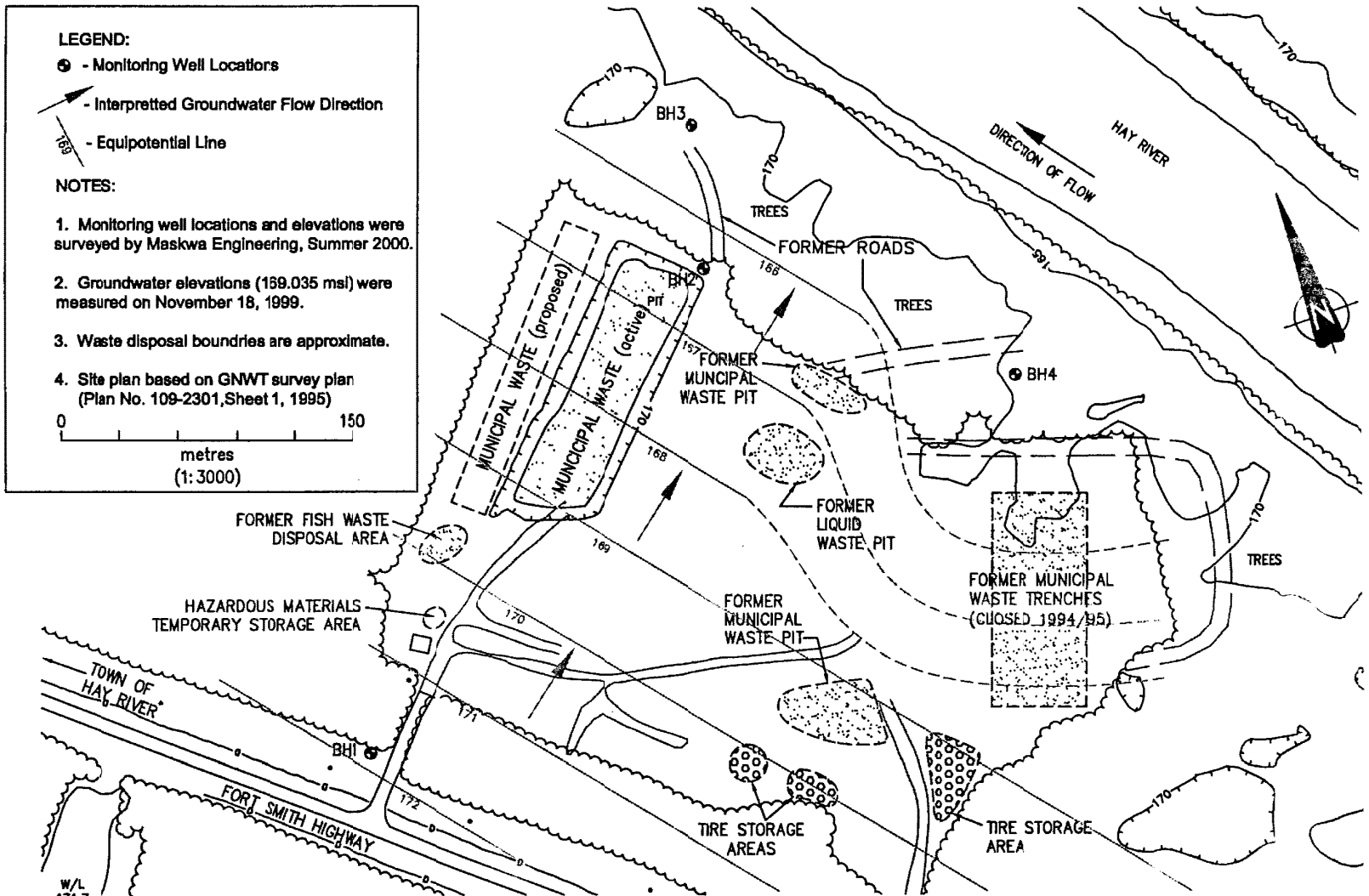
Figure 5

R00-306



LANDFILL LAYOUT HAY RIVER, NWT

Figure 8



PROJECT NUMBER	DRAWING NUMBER	ISSUE/REVISION
8157-023-01	00-CM1003	0



GREAT SLAVE LAKE



MACKENZIE DRIVE

MACKENZIE DRIVE

100th AVE

NOTES:
ALL ELEVATIONS ARE IN METRES UNLESS OTHERWISE NOTED.

LEGEND:
STORM SEWER 150 CM AND 180 CM
FORWARD SEWER 150 CM
SANITARY SEWER 150 CM
WATER MAIN
HYDRO-PNEUMATIC TANK, VERTICAL PLATE
MANHOLE NUMBER
R/W ELEVATION
POTENTIAL ELEVATION



REV	NO	DATE	DESCRIPTION	BY	CHK	APP
1	01	03	20			
2	02	03	20			
3	03	03	20			
4	04	03	20			
5	05	03	20			
6	06	03	20			
7	07	03	20			
8	08	03	20			
9	09	03	20			
10	10	03	20			
11	11	03	20			
12	12	03	20			
13	13	03	20			
14	14	03	20			
15	15	03	20			
16	16	03	20			
17	17	03	20			
18	18	03	20			
19	19	03	20			
20	20	03	20			

UMA Engineering Ltd.
Engineers, Planners & Surveyors
British Columbia Alberta Saskatchewan
Manitoba Ontario Yukon Territory
Northwest Territories

TOWN OF HAY RIVER

OVERALL PLAN
WATERMAIN AND SANITARY SEWER

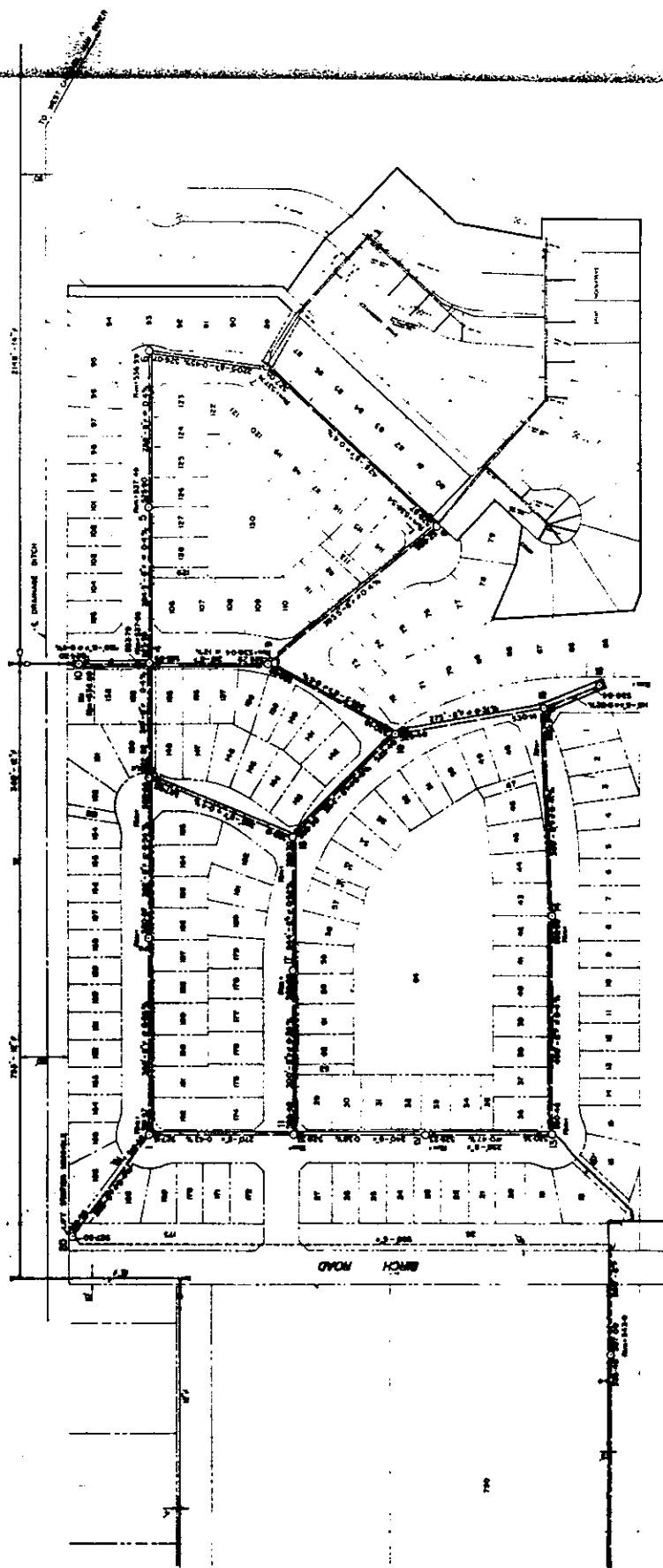
uma

01 - 0137 - 011 - 00
EDITION

CD-00-47-A1

111

REV
0



SCALE
1" = 100'

Stanley Associates
Civil Engineers
694-45-1-2
PLANNING & ENGINEERING
OF

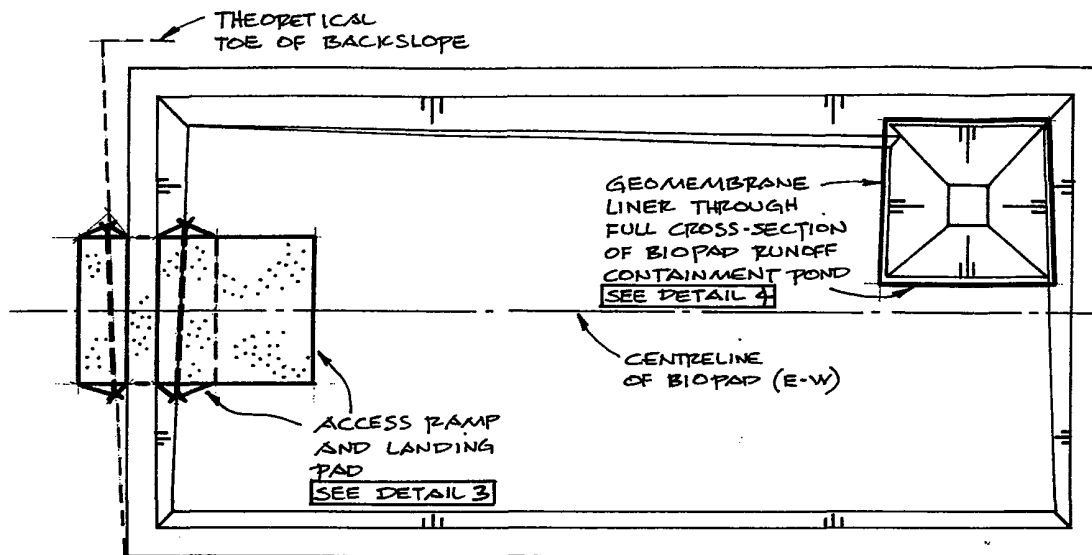
TOWN OF MAY RIVER
OVERALL AS-BUILT PLANS
WATERMANS, SANITARY SEWERS

B.J.H.
DEC. 1974
694-45-1-3

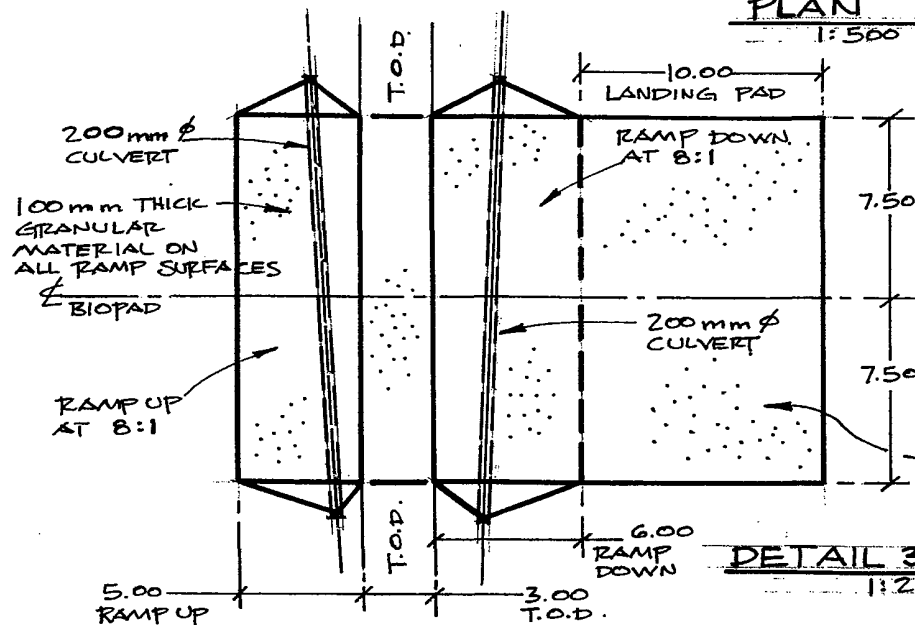
REVISED
DATE
BY
REVISIONS

MACKENZIE AVENUE

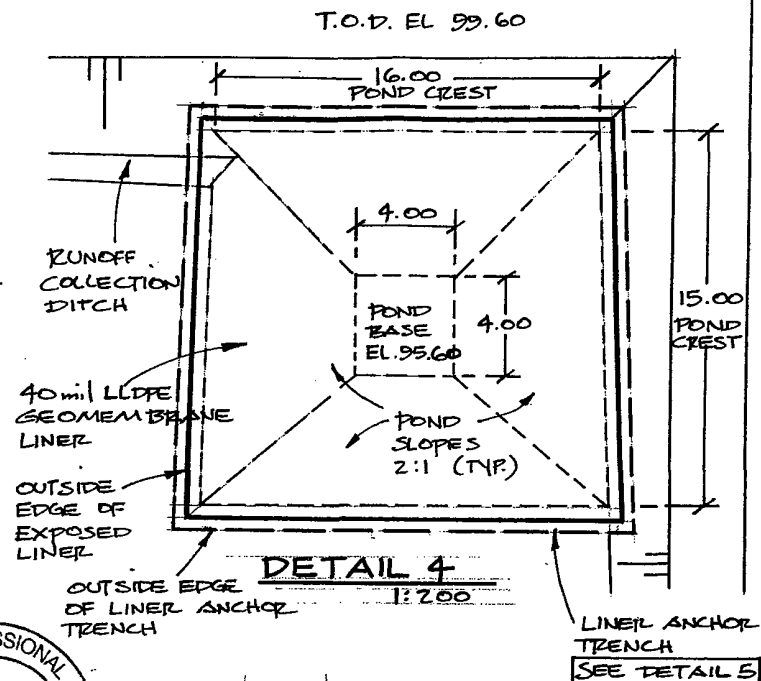
BIRCH ROAD



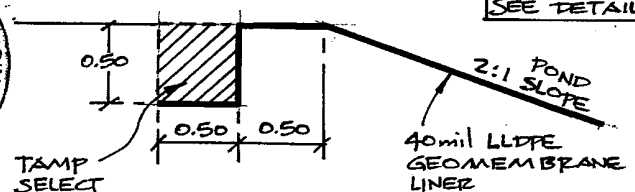
PLAN
1:500



DETAIL 3
1:200

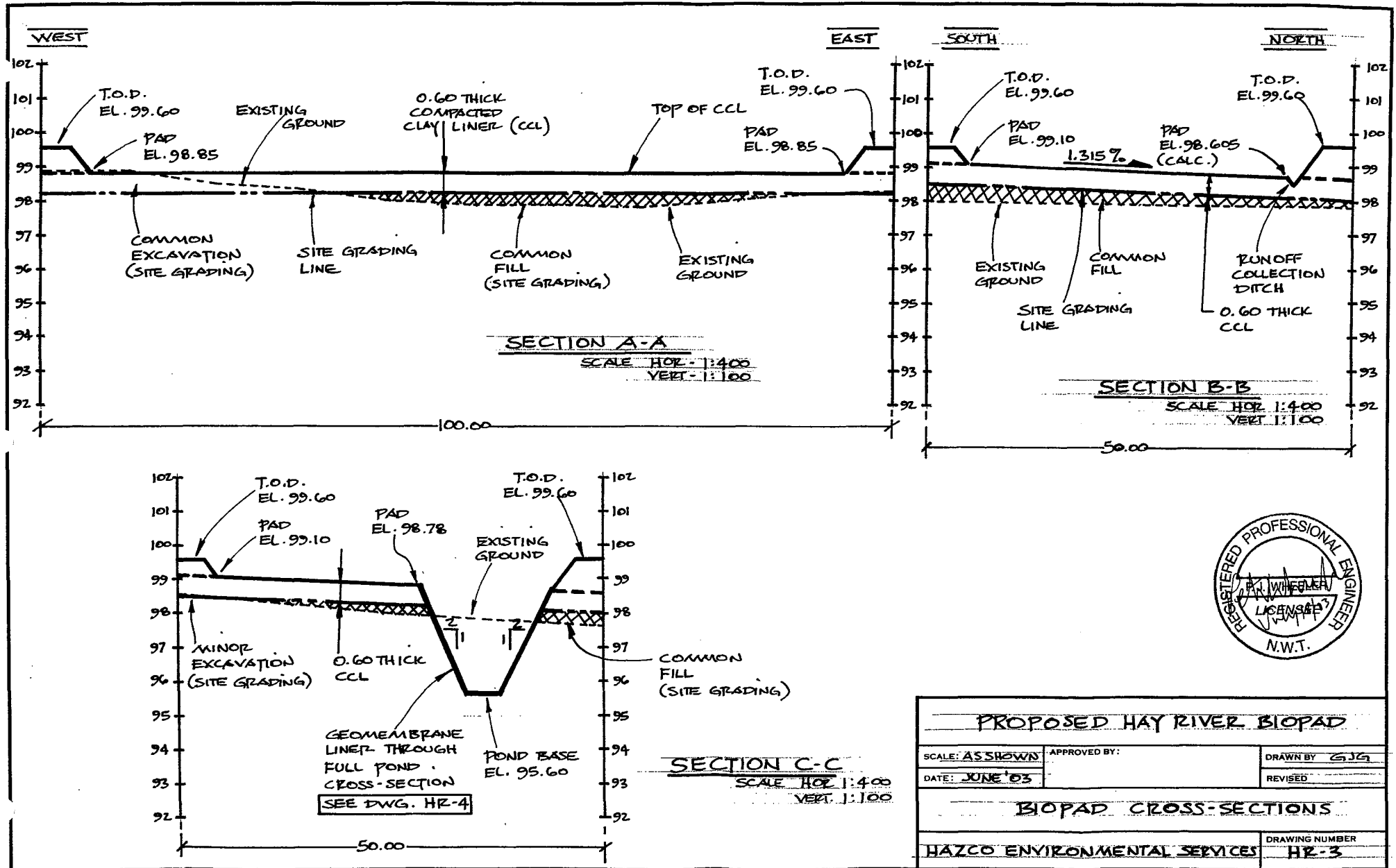


DETAIL 4
1:200

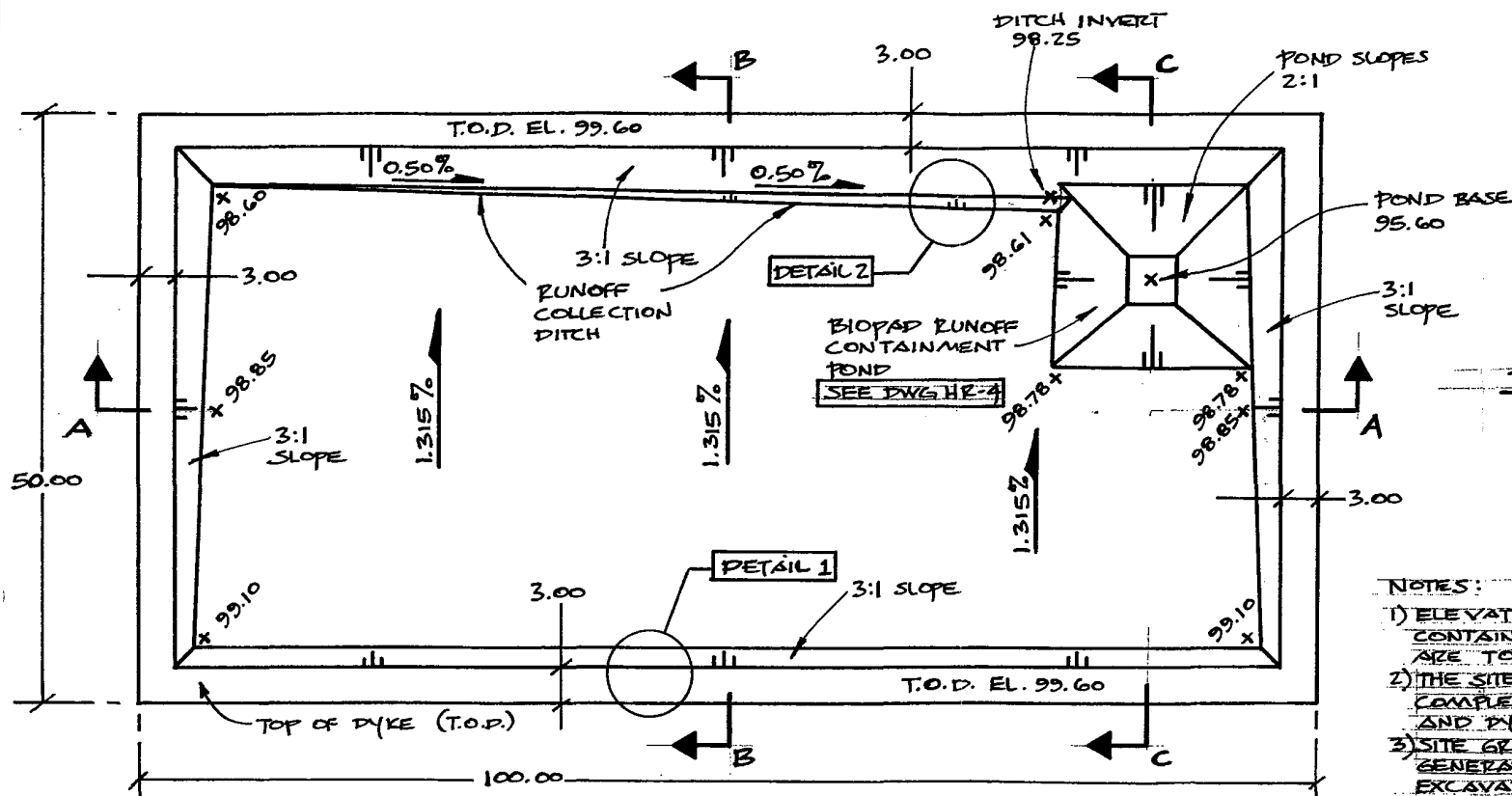
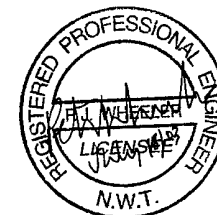


DETAIL 5
1:30

PROPOSED HAY RIVER BIOPAD		
SCALE: AS SHOWN	APPROVED BY:	DRAWN BY: GJG
DATE: JUNE '03		REVISED:
BIOPAD - POND & RAMP DETAILS		
HAZCO ENVIRONMENTAL SERVICES	DRAWING NUMBER: HR-4	



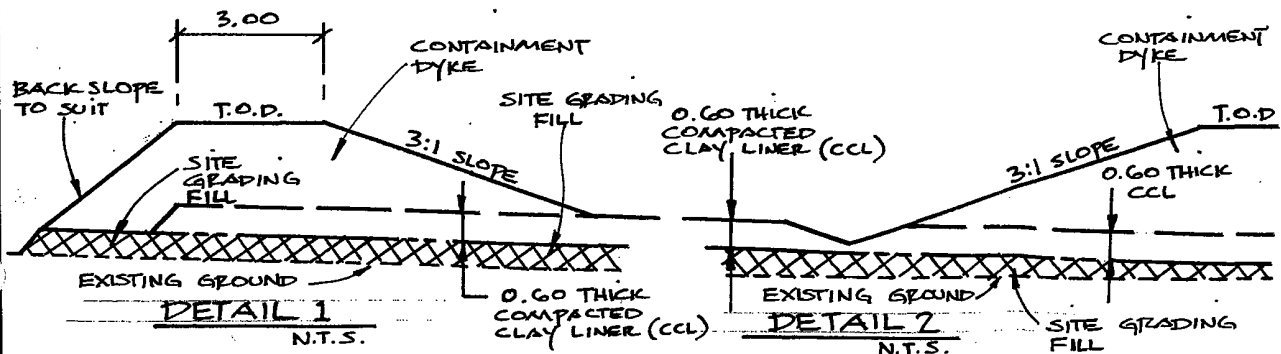
PROPOSED HAY RIVER BIOPAD		
SCALE: ASSOWN	APPROVED BY:	DRAWN BY: GJG
DATE: JUNE '03		REVISED:
BIOPAD CROSS-SECTIONS		
HAZCO ENVIRONMENTAL SERVICES		DRAWING NUMBER: HR-3



PLAN
1:400

NOTES:

- 1) ELEVATIONS SHOWN INSIDE THE CONTAINMENT DYKE ON THE PAD ARE TOP OF CCL.
- 2) THE SITE GRADING FILL IS TO BE COMPLETED IN ADVANCE OF CCL AND DYKE CONSTRUCTION.
- 3) SITE GRADING FILL SHALL BE GENERATED FROM COMMON EXCAVATION WITH THE BIOPAD FOOTPRINT.
- 4) REFER TO DWG. HR-3 FOR CROSS-SECTIONS A-A, B-B AND C-C.



PROPOSED HAY RIVER BIOPAD

SCALE: AS SHOWN

APPROVED BY:

DRAWN BY: GJG

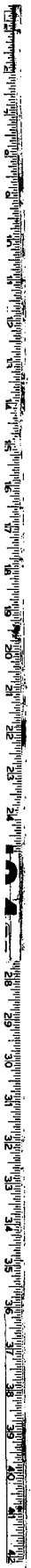
DATE: JUNE '03

REVISED:

BIOPAD - GENERAL LAYOUT

HAZCO ENVIRONMENTAL SERVICES

DRAWING NUMBER
HR-2





Appendix E: Registry Information



OFM Reg. No. UC

**UNDERGROUND PETROLEUM STORAGE TANK FACILITY
REGISTRATION CERTIFICATE
UNDER
THE FIRE PREVENTION ACT**

Facility Owner: TOWN OF HAY RIVER
Facility Location: LOT 1022, PLAN 830
Business Name: TOWN OF HAY RIVER - UNDERGROUND RESERVOIR
BAG 5000
HAY RIVER, N.W.T., XOE ORO
Type of Facility: MUNICIPAL GOVERNMENT
No. of U/G Tanks on Site: ONE
Tank Capacities: 36,400L

Date MARCH 27, 1991

Fire Marshal 

- Note 1. Alterations, changes or repairs to tanks may be made only on approval of the Fire Marshal.
- Note 2. Damage or leaks at facility must be reported to the Fire Marshal.
- Note 3. This certificate must be posted in facility office.

The certificate must be returned if facility is destroyed, closed, modified, sold or if certificate is revoked for any other reason.

NWT 3848/0291



Northwest
Territories Safety and Public Services

ACKNOWLEDGEMENT OF UNDERGROUND TANK INFORMATION

Be advised that your tank system located at:

Property Name: Town of Hay River Underground Reservoir

Address: Bay Siour

Lot Description: Lot 1022 Plan 830

Community: Hay River, N.W.T.

has been assigned facility code # UG-002-109.

A certificate of registration will be mailed to you upon review and acceptance of the information provided.

Office of the Fire Marshal

Date: March 20, 1991



Northwest
Territories Canada

Underground Storage Tank Site Information Questionnaire

INSTRUCTIONS: Please type or print in ink all responses. This questionnaire is to be completed for each facility containing underground petroleum product storage tanks. A guide is available to assist you in completing this questionnaire.

Facility Code # UG-002-109
(For Gov't. Use Only)

Return Completed Form To:

Office of the Fire Marshal
Safety & Public Services
Box 1320
Yellowknife, N.W.T.
X1A 2L9

(For Gov't. Use Only)

SECTION A: GENERAL INFORMATION

1. Business Name of Facility:

Town of Hay River
UNDERGROUND RESERVOIR

2. Facility Location:

a) If this facility is located in an urban area, please provide street address of facility:

(Street Address)

(City/Town/Village)

b) If this facility is located in a rural area, please state:

Legal Land Description:

c) Where available, please indicate the lot, block, and plan number on which the tanks are located:

Lot 1022 Block _____ Plan 830

SECTION B: UNDERGROUND TANK INFORMATION

Note: If your facility contains seven or more tanks, please duplicate Section B and complete as necessary. Assign an ID number and complete the questionnaire for each tank whether currently in use or not.

1. Tank I.D. Number:	#	#	#	#	#	#
2. Tank ULC Serial #: (if available)	_____	_____	_____	_____	_____	_____
3. Status of Tank: (1) Currently in service (2) Temporarily out of service (3) Permanently out of service If tanks are permanently out of service, state year last used:	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 _____
4. Year of Installation: (1) Known (2) Estimated (x) Unknown	<u>1976</u> <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x
5. Condition of Tank at Time of Installation: (1) New (2) Used - length of previous service: (x) Unknown	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 _____ <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 _____ <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 _____ <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 _____ <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 _____ <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 _____ <input type="checkbox"/> x
6. Tank Material: (1) Steel (2) Fibreglass (x) Unknown (y) Other - please specify:	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/> y _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/> y _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/> y _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/> y _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/> y _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/> y _____
7. Contents: Gasoline (1) - leaded (2) - unleaded (3) Diesel (4) Aviation Fuel (5) Alcohol Blends (6) Heating/Furnace Oil (7) Waste Oil (8) Bulk Lube Oil (9) Allied Petroleum Products - please specify:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 _____

8. Tank Capacity: (1) 2,500 litres (500 gal.) (2) 13,600 litres (3,000 gal.) (3) 15,000 litres (4) 22,700 litres (5,000 gal.) (5) 25,000 litres (6) 36,400 litres (8,000 gal.) (7) 35,000 litres (8) 45,500 litres (10,000 gal.) (9) 50,000 litres (x) Unknown (y) Other - specify in litres (1 gal = 4.55 L): <u>36,400</u>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> x <input type="checkbox"/> y	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> x <input type="checkbox"/> y	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> x <input type="checkbox"/> y	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> x <input type="checkbox"/> y	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> x <input type="checkbox"/> y	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> x <input type="checkbox"/> y
9. Tank Construction Specifications: (1) ULC 603 (2) ULC 603.1 (3) ULC 615 (4) API 650 (x) Unknown (y) Other - please specify: _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> x <input type="checkbox"/> y	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x <input type="checkbox"/> y	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x <input type="checkbox"/> y	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x <input type="checkbox"/> y	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x <input type="checkbox"/> y	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x <input type="checkbox"/> y
10. External Corrosion Protection: (steel tanks ONLY) (1) Sacrificial Anodes (2) Impressed Current (3) External Coating (4) None (x) Unknown	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x
11. Interior Lining (excluding paint) (steel tanks ONLY) (1) Yes (2) No (x) Unknown	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x
12. Secondary Containment System: (check all that apply) (1) Double Walled Tank (2) Excavation Liner (3) Vault (4) None (x) Unknown	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x
13. Overfill/Spill Protection: (check all that apply) (1) Catch Basin (2) Overfill Prevention Device (3) Not Applicable (no fill pipe) (4) None (x) Unknown	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x

14. Leak Testing: (1) Yes (2) No Date: (YY/MM/DD) Method: Result: (3) No Leak (4) Leak (5) Inconclusive	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5

15. Manifolded Tanks: If Yes, which tanks	<input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No # _____ to # _____ # _____ to # _____ # _____ to # _____
---	---

16. Leak Detection Devices Installed at This Site (check all that apply): <input type="checkbox"/> 1 Piezometer(s) <input type="checkbox"/> 5 None <input type="checkbox"/> 2 Vapor Detection <input type="checkbox"/> x Unknown <input type="checkbox"/> 3 Automatic Tank Gauging <input type="checkbox"/> y Other (specify): _____ <input type="checkbox"/> 4 Interstitial Monitoring	
--	--

SECTION C: PIPING SYSTEM INFORMATION

1. Piping Material: <input type="checkbox"/> 1 Bare Steel <input checked="" type="checkbox"/> 2 Galvanized Steel <input type="checkbox"/> 3 Fibreglass	<input type="checkbox"/> x Unknown <input type="checkbox"/> y Other (specify): _____
2. Piping Coatings: <input type="checkbox"/> 1 Tar/Bitumen <input checked="" type="checkbox"/> 2 Yellow Jacket <input type="checkbox"/> 3 Pipe Wrap	<input type="checkbox"/> 4 None <input type="checkbox"/> x Unknown <input type="checkbox"/> y Other (specify): _____
3. Secondary Containment: <input type="checkbox"/> 1 Double Walled Pipe <input type="checkbox"/> 2 Excavation Liner <input checked="" type="checkbox"/> 3 None	<input type="checkbox"/> x Unknown <input type="checkbox"/> y Other (specify): _____
4. Cathodic Corrosion Protection: <input type="checkbox"/> 1 Sacrificial Anodes <input type="checkbox"/> 2 Impressed Current	<input checked="" type="checkbox"/> 3 None <input type="checkbox"/> x Unknown
5. Type of Pumping System: <input checked="" type="checkbox"/> 1 Suction <input type="checkbox"/> 2 Submersible Turbine (Pressure)	<input type="checkbox"/> x Unknown
6. Line Leak Detector Installed (Submersible Turbine System Only): <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No <input type="checkbox"/> x Unknown	

SECTION D: SITE SENSITIVITY

1. Surrounding Land Use:

a) Facility located within municipal boundary of a village, summer village, hamlet, town, new town or city. ☒ ¹ Yes ☐ ² No

b) Please answer the following:

i) Residential land use within 100 metres of tank excavation.

☒ ¹ Yes ☐ ² No If Yes, distance 75 (metres).

ii) Institutional land use within 100 metres of tank excavation.

☐ ¹ Yes ☒ ² No If Yes, distance _____ (metres).

iii) Commercial/Public land use within 100 metres of tank excavation.

☐ ¹ Yes ☒ ² No If Yes, distance _____ (metres).

iv) Industrial land use within 100 metres of tank excavation.

☐ ¹ Yes ☒ ² No If Yes, distance _____ (metres).

2. Groundwater:

a) Tank excavation located within 500 metres of a water well.

☐ ¹ Yes ☒ ² No

b) If Yes to (a), please answer the following:

i) Distance to nearest offsite water well _____ (metres).

ii) Number of offsite water wells (within 500 metres) _____

iii) Groundwater well onsite ☐ ¹ Yes ☐ ² No

3. Surface Water:

a) Tank excavation located within 200 metres of a surface water body.

☐ ¹ Yes ☒ ² No

b) If Yes to (a), please answer the following:

i) Distance to nearest water body _____ (metres).

ii) Type of surface water (check all that apply):

☐ ¹ River

☐ ⁴ Lake

☐ ⁷ Reservoir

☐ ² Creek

☐ ⁵ Pond/Slough

☐ ^y Other (specify): _____

☐ ³ Stream

☐ ⁶ Dugout

4. Major Underground Structures:

a) Tank excavation located within 150 metres of a major underground structure.

☐ ¹ Yes ☒ ² No

b) If Yes to (a), please answer the following:

i) Distance to nearest underground structure _____ (metres).

ii) Type of structure (check all that apply):

☐ ¹ Parkade

☐ ³ Sub-basement

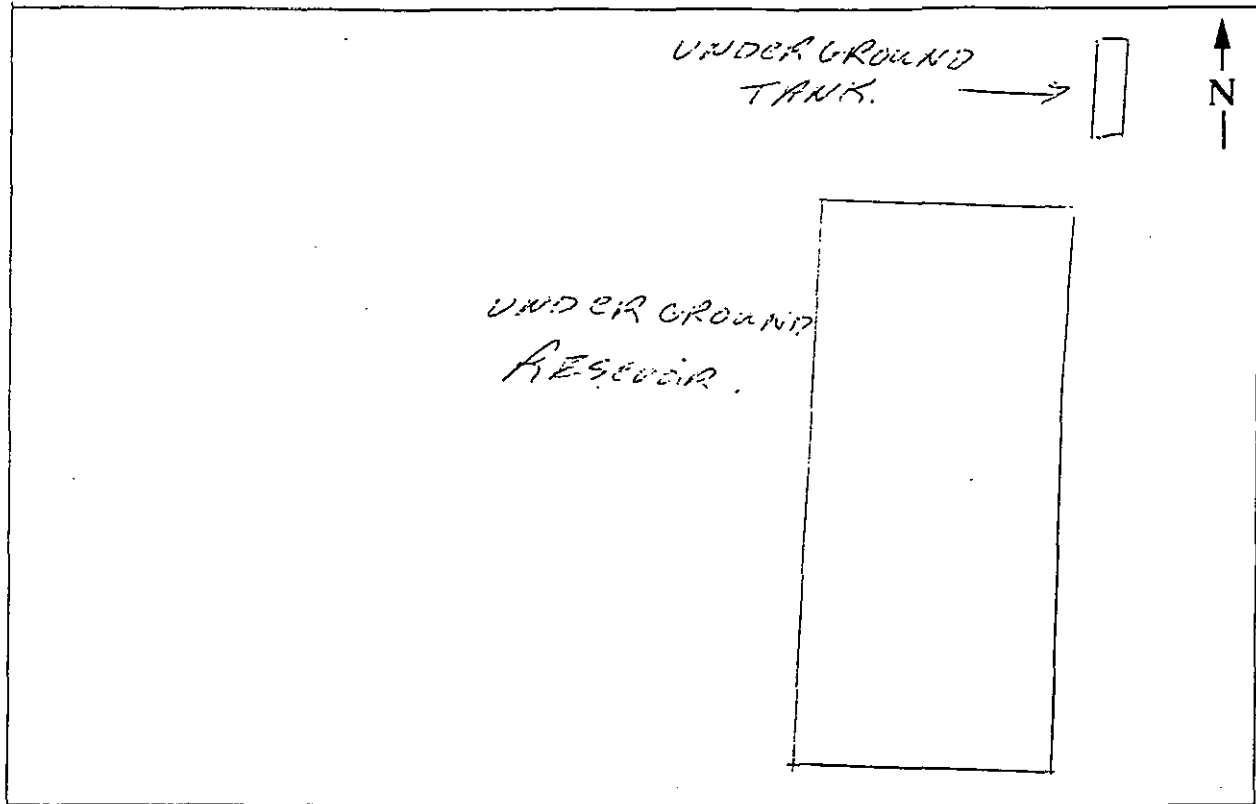
☐ ² Subway

☐ ^y Other (specify): _____

SECTION E:
OTHER INFORMATION

1. Site Diagram:

PLAN 830 LOT 102.2



2. Comments:

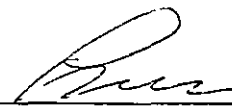
3. Questionnaire Completed By:

H. BRUNES
(Name, Please Print)

874/6522
(Bus. Phone #)

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

9/01/24
(YY:MM:DD)


Signature (Owner of Tank(s) or
Authorized Representative)



OFM Reg. No. UG-003-109

**UNDERGROUND PETROLEUM STORAGE TANK FACILITY
REGISTRATION CERTIFICATE
UNDER
THE FIRE PREVENTION ACT**

Facility Owner: TOWN OF HAY RIVER
Facility Location: LOT 643, PLAN 365
Business Name: TOWN GARAGE
BAG 5000
HAY RIVER, N.W.T., XOE ORO
Type of Facility: MUNICIPAL
No. of U/G Tanks on Site: TWO
Tank Capacities: #1 - 5 000L, #2 - 5 000L

Date MARCH 27, 1991

Fire Marshal 

- Note 1. Alterations, changes or repairs to tanks may be made only on approval of the Fire Marshal.
Note 2. Damage or leaks at facility must be reported to the Fire Marshal.
Note 3. This certificate must be posted in facility office.

The certificate must be returned if facility is destroyed, closed, modified, sold or if certificate is revoked for any other reason.



Northwest
Territories Safety and Public Services

ACKNOWLEDGEMENT OF UNDERGROUND TANK INFORMATION

Be advised that your tank system located at:

Property Name: Town of Hay River Town Garage

Address:

Lot Description: Lot 643 Plan 365

Community: Hay River, N.W.T.

has been assigned facility code # UG-003-109.

A certificate of registration will be mailed to you upon review and acceptance of the information provided.

Office of the Fire Marshal

Date: March 20, 1991



Northwest
Territories Canada

Underground Storage Tank Site Information Questionnaire

INSTRUCTIONS: Please type or print in ink all responses. This questionnaire is to be completed for each facility containing underground petroleum product storage tanks. A guide is available to assist you in completing this questionnaire.

Facility Code # UG-003-109
(For Gov't. Use Only)

Return Completed Form To:

Office of the Fire Marshal
Safety & Public Services
Box 1320
Yellowknife, N.W.T.
X1A 2L9

(For Gov't. Use Only)

SECTION A: GENERAL INFORMATION

1. Business Name of Facility:

Town 11th River
Garage

2. Facility Location:

a) If this facility is located in an urban area, please provide street address of facility:

(Street Address)

(City/Town/Village)

b) If this facility is located in a rural area, please state:

Legal Land Description:

c) Where available, please indicate the lot, block, and plan number on which the tanks are located:

Lot 643 Block _____ Plan 365

SECTION B: UNDERGROUND TANK INFORMATION

Note: If your facility contains seven or more tanks, please duplicate Section B and complete as necessary. Assign an ID number and complete the questionnaire for each tank whether currently in use or not.

1. Tank I.D. Number:	# <u>1</u>	# <u>2</u>	# <u>3</u>	#	#	#
2. Tank ULC Serial #: (if available)	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____
3. Status of Tank: (1) Currently in service (2) Temporarily out of service (3) Permanently out of service If tanks are permanently out of service, state year last used:	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 _____	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 _____	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 _____
4. Year of Installation: (1) Known (2) Estimated (x) Unknown	<u>1980</u> <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x	<u>1980</u> <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x	<u>1990</u> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x
5. Condition of Tank at Time of Installation: (1) New (2) Used - length of previous service: (x) Unknown	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 _____ <input type="checkbox"/> x	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 _____ <input type="checkbox"/> x	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 _____ <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 _____ <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 _____ <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 _____ <input type="checkbox"/> x
6. Tank Material: (1) Steel (2) Fibreglass (x) Unknown (y) Other - please specify:	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/> y _____	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/> y _____	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/> y _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/> y _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/> y _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/> y _____
7. Contents: Gasoline (1) - leaded (2) - unleaded (3) Diesel (4) Aviation Fuel (5) Alcohol Blends (6) Heating/Furnace Oil (7) Waste Oil (8) Bulk Lube Oil (9) Allied Petroleum Products - please specify:	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 _____	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 _____

8. Tank Capacity: (1) 2,500 litres (500 gal.) (2) 13,600 litres (3,000 gal.) (3) 15,000 litres (4) 22,700 litres (5,000 gal.) (5) 25,000 litres (6) 36,400 litres (8,000 gal.) (7) 35,000 litres (8) 45,500 litres (10,000 gal.) (9) 50,000 litres (x) Unknown (y) Other - specify in litres (1 gal = 4.55 L):	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> x <input type="checkbox"/> y	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> x <input type="checkbox"/> y	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> x <input type="checkbox"/> y	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> x <input type="checkbox"/> y	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> x <input type="checkbox"/> y	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> x <input type="checkbox"/> y
	<u>5000</u>	<u>5000</u>				
9. Tank Construction Specifications: (1) ULC 603 (2) ULC 603.1 (3) ULC 615 (4) API 650 (x) Unknown (y) Other - please specify:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> x <input type="checkbox"/> y	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> x <input type="checkbox"/> y	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x <input type="checkbox"/> y	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x <input type="checkbox"/> y	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x <input type="checkbox"/> y	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x <input type="checkbox"/> y
10. External Corrosion Protection: (steel tanks ONLY) (1) Sacrificial Anodes (2) Impressed Current (3) External Coating (4) None (x) Unknown	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x
11. Interior Lining (excluding paint) (steel tanks ONLY) (1) Yes (2) No (x) Unknown	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x
12. Secondary Containment System: (check all that apply) (1) Double Walled Tank (2) Excavation Liner (3) Vault (4) None (x) Unknown	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x
13. Overfill/Spill Protection: (check all that apply) (1) Catch Basin (2) Overfill Prevention Device (3) Not Applicable (no fill pipe) (4) None (x) Unknown	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x

14. Leak Testing: (1) Yes (2) No Date: (YY/MM/DD) Method: Result: (3) No Leak (4) Leak (5) Inconclusive	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5

15. Manifolded Tanks: If Yes, which tanks	<input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No # _____ to # _____ # _____ to # _____ # _____ to # _____
---	---

16. Leak Detection Devices Installed at This Site (check all that apply):	
<input type="checkbox"/> 1 Piezometer(s) <input type="checkbox"/> 2 Vapor Detection <input type="checkbox"/> 3 Automatic Tank Gauging <input type="checkbox"/> 4 Interstitial Monitoring	<input checked="" type="checkbox"/> 5 None <input type="checkbox"/> x Unknown <input type="checkbox"/> y Other (specify): _____

SECTION C: PIPING SYSTEM INFORMATION

- 1. Piping Material:**
☐ 1 Bare Steel
☒ 2 Galvanized Steel
☐ 3 Fibreglass
☐ x Unknown
☐ y Other (specify): _____
- 2. Piping Coatings:**
☐ 1 Tar/Bitumen
☐ 2 Yellow Jacket
☐ 3 Pipe Wrap
☒ 4 None
☐ x Unknown
☐ y Other (specify): _____
- 3. Secondary Containment:**
☐ 1 Double Walled Pipe
☐ 2 Excavation Liner
☒ 3 None
☐ x Unknown
☐ y Other (specify): _____
- 4. Cathodic Corrosion Protection:**
☐ 1 Sacrificial Anodes
☐ 2 Impressed Current
☒ 3 None
☐ x Unknown
- 5. Type of Pumping System:**
☒ 1 Suction
☐ 2 Submersible Turbine (Pressure)
☐ x Unknown
- 6. Line Leak Detector Installed (Submersible Turbine System Only):**
☐ 1 Yes
☒ 2 No
☐ x Unknown

SECTION D: SITE SENSITIVITY

1. Surrounding Land Use:

a) Facility located within municipal boundary of a village, summer village, hamlet, town, new town or city. ☒ ¹ Yes ☐ ² No

b) Please answer the following:

i) Residential land use within 100 metres of tank excavation.

☐ ¹ Yes ☒ ² No If Yes, distance _____ (metres).

ii) Institutional land use within 100 metres of tank excavation.

☐ ¹ Yes ☒ ² No If Yes, distance _____ (metres).

iii) Commercial/Public land use within 100 metres of tank excavation.

☐ ¹ Yes ☒ ² No If Yes, distance _____ (metres).

iv) Industrial land use within 100 metres of tank excavation.

☒ ¹ Yes ☐ ² No If Yes, distance 75 (metres).

2. Groundwater:

a) Tank excavation located within 500 metres of a water well.

☐ ¹ Yes ☒ ² No

b) If Yes to (a), please answer the following:

i) Distance to nearest offsite water well _____ (metres).

ii) Number of offsite water wells (within 500 metres) _____.

iii) Groundwater well onsite ☐ ¹ Yes ☐ ² No

3. Surface Water:

a) Tank excavation located within 200 metres of a surface water body.

☐ ¹ Yes ☒ ² No

b) If Yes to (a), please answer the following:

i) Distance to nearest water body _____ (metres).

ii) Type of surface water (check all that apply):

☐ ¹ River

☐ ⁴ Lake

☐ ⁷ Reservoir

☐ ² Creek

☐ ⁵ Pond/Slough

☐ ^y Other (specify): _____

☐ ³ Stream

☐ ⁶ Dugout

4. Major Underground Structures:

a) Tank excavation located within 150 metres of a major underground structure.

☐ ¹ Yes ☒ ² No

b) If Yes to (a), please answer the following:

i) Distance to nearest underground structure _____ (metres).

ii) Type of structure (check all that apply):

☐ ¹ Parkade

☐ ³ Sub-basement

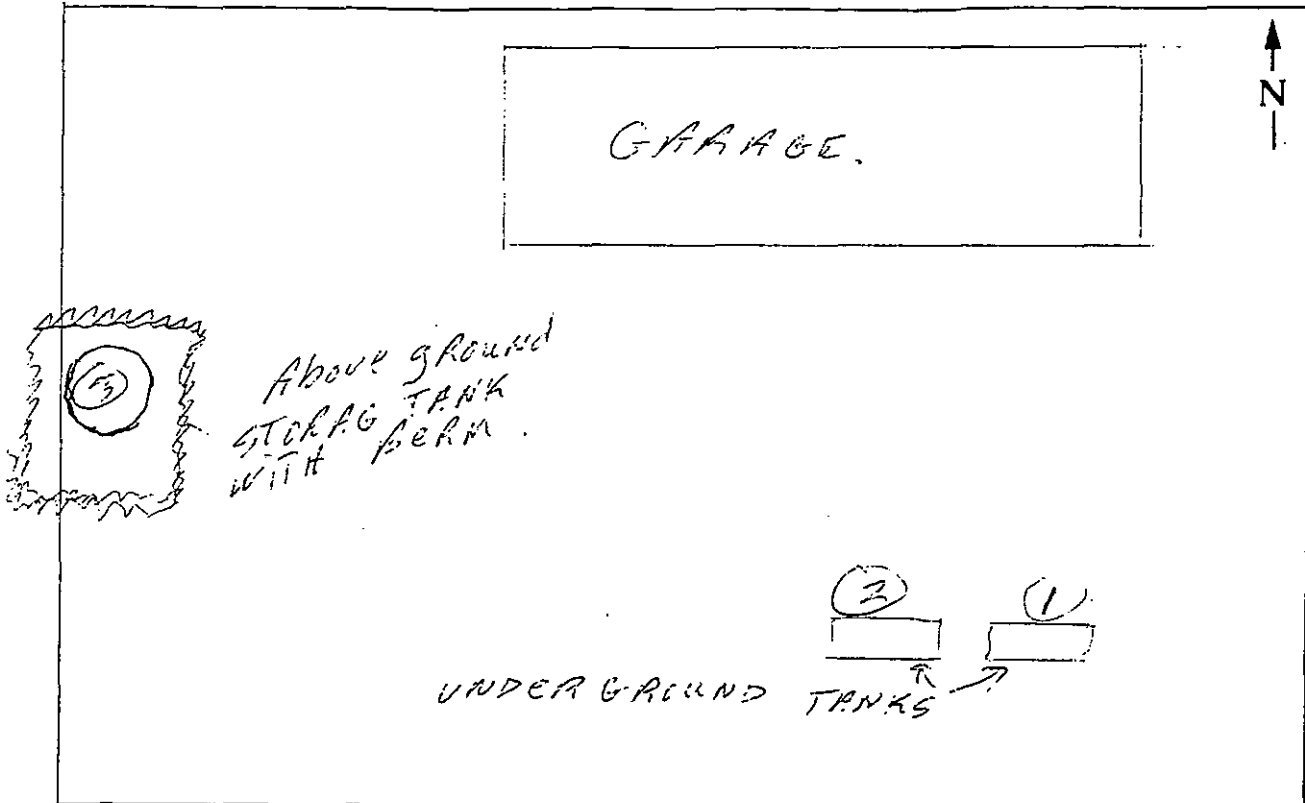
☐ ² Subway

☐ ^y Other (specify): _____

SECTION E:
OTHER INFORMATION

1. Site Diagram:

PLAN 365 LOT 643



2. Comments:

Tank #3 will be emptied and removed in late 91

3. Questionnaire Completed By:

L. BRUNES

(Name, Please Print)

8746522

(Bus. Phone #)

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

91 01 29

(YY:MM:DD)

[Signature]

Signature (Owner of Tank(s) or
Authorized Representative)



OFM Reg. No. UG-004-109

**UNDERGROUND PETROLEUM STORAGE TANK FACILITY
REGISTRATION CERTIFICATE
UNDER
THE FIRE PREVENTION ACT**

Facility Owner: TOWN OF HAY RIVER
Facility Location: LOT 754, PLAN 397
Business Name: HAY RIVER TOWN HALL
BAG 5000
HAY RIVER, N.W.T., XOE ORO
Type of Facility: MUNICIPAL GOVERNMENT
No. of U/G Tanks on Site: TWO
Tank Capacities: #1 - 5 000L, #2 - 1 200L

Date MARCH 27, 1991

Fire Marshal 

- Note 1. Alterations, changes or repairs to tanks may be made only on approval of the Fire Marshal.
Note 2. Damage or leaks at facility must be reported to the Fire Marshal.
Note 3. This certificate must be posted in facility office.

The certificate must be returned if facility is destroyed, closed, modified, sold or if certificate is revoked for any other reason.



Northwest
Territories Safety and Public Services

ACKNOWLEDGEMENT OF UNDERGROUND TANK INFORMATION

Be advised that your tank system located at:

Property Name: Town of Hay River Town Hall

Address:

Lot Description: Lot 754 Plan 397

Community: Hay River, N.W.T.

has been assigned facility code # UG-004-109.

A certificate of registration will be mailed to you upon review and acceptance of the information provided.

Office of the Fire Marshal

Date: March 20, 1991



Northwest
Territories Canada

Underground Storage Tank Site Information Questionnaire

INSTRUCTIONS: Please type or print in ink all responses. This questionnaire is to be completed for each facility containing underground petroleum product storage tanks. A guide is available to assist you in completing this questionnaire.

Facility Code # UG-004-109
(For Gov't. Use Only)

Return Completed Form To:

Office of the Fire Marshal
Safety & Public Services
Box 1320
Yellowknife, N.W.T.
X1A 2L9

(For Gov't. Use Only)

SECTION A: GENERAL INFORMATION

1. Business Name of Facility:

TOWN OF HAY RIVER
TOWN HALL

2. Facility Location:

a) If this facility is located in an urban area, please provide street address of facility:

(Street Address)

(City/Town/Village)

b) If this facility is located in a rural area, please state:

Legal Land Description:

c) Where available, please indicate the lot, block, and plan number on which the tanks are located:

Lot 754 Block _____ Plan 397

SECTION B: UNDERGROUND TANK INFORMATION

Note: If your facility contains seven or more tanks, please duplicate Section B and complete as necessary. Assign an ID number and complete the questionnaire for each tank whether currently in use or not.

1. Tank I.D. Number:	#	#	#	#	#	#
2. Tank ULC Serial #: (if available)						
3. Status of Tank: (1) Currently in service (2) Temporarily out of service (3) Permanently out of service If tanks are permanently out of service, state year last used:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <u>1998</u>	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <u>1990</u>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
4. Year of Installation: (1) Known (2) Estimated (x) Unknown	<u>1968</u> <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x	<u>1990</u> <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x
5. Condition of Tank at Time of Installation: (1) New (2) Used - length of previous service: (x) Unknown	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x
6. Tank Material: (1) Steel (2) Fibreglass (x) Unknown (y) Other - please specify:	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/> y _____	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/> y _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/> y _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/> y _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/> y _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/> y _____
7. Contents: Gasoline (1) - leaded (2) - unleaded (3) Diesel (4) Aviation Fuel (5) Alcohol Blends (6) Heating/Furnace Oil (7) Waste Oil (8) Bulk Lube Oil (9) Allied Petroleum Products - please specify:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 _____

8. Tank Capacity: (1) 2,500 litres (500 gal.) (2) 13,600 litres (3,000 gal.) (3) 15,000 litres (4) 22,700 litres (5,000 gal.) (5) 25,000 litres (6) 36,400 litres (8,000 gal.) (7) 35,000 litres (8) 45,500 litres (10,000 gal.) (9) 50,000 litres (x) Unknown (y) Other - specify in litres (1 gal = 4.55 L):	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> x <input type="checkbox"/> y	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> x <input type="checkbox"/> y	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> x <input type="checkbox"/> y	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> x <input type="checkbox"/> y	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> x <input type="checkbox"/> y	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> x <input type="checkbox"/> y
	5000	1200				
9. Tank Construction Specifications: (1) ULC 603 (2) ULC 603.1 (3) ULC 615 (4) API 650 (x) Unknown (y) Other - please specify:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> x <input type="checkbox"/> y	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> x <input type="checkbox"/> y	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x <input type="checkbox"/> y	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x <input type="checkbox"/> y	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x <input type="checkbox"/> y	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x <input type="checkbox"/> y
10. External Corrosion Protection: (steel tanks ONLY) (1) Sacrificial Anodes (2) Impressed Current (3) External Coating (4) None (x) Unknown	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x
11. Interior Lining (excluding paint) (steel tanks ONLY) (1) Yes (2) No (x) Unknown	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x
12. Secondary Containment System: (check all that apply) (1) Double Walled Tank (2) Excavation Liner (3) Vault (4) None (x) Unknown	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x
13. Overfill/Spill Protection: (check all that apply) (1) Catch Basin (2) Overfill Prevention Device (3) Not Applicable (no fill pipe) (4) None (x) Unknown	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x

14. Leak Testing: <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No Date: _____ (YY/MM/DD) Method: _____ Result: <input type="checkbox"/> 3 No Leak <input type="checkbox"/> 4 Leak <input type="checkbox"/> 5 Inconclusive	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5

15. Manifolded Tanks: If Yes, which tanks	<input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No # _____ to # _____ # _____ to # _____ # _____ to # _____
---	---

16. Leak Detection Devices Installed at This Site (check all that apply): <input type="checkbox"/> 1 Piezometer(s) <input checked="" type="checkbox"/> 5 None <input type="checkbox"/> 2 Vapor Detection <input type="checkbox"/> x Unknown <input type="checkbox"/> 3 Automatic Tank Gauging <input type="checkbox"/> y Other (specify): _____ <input type="checkbox"/> 4 Interstitial Monitoring	
---	--

SECTION C: PIPING SYSTEM INFORMATION

- 1. Piping Material:**
☐ 1 Bare Steel ☐ x Unknown
☐ 2 Galvanized Steel ☐ y Other (specify): Copper
☐ 3 Fibreglass
- 2. Piping Coatings:**
☐ 1 Tar/Bitumen ☒ 4 None
☐ 2 Yellow Jacket ☐ x Unknown
☐ 3 Pipe Wrap ☐ y Other (specify): _____
- 3. Secondary Containment:**
☐ 1 Double Walled Pipe ☐ x Unknown
☐ 2 Excavation Liner ☐ y Other (specify): _____
☐ 3 None
- 4. Cathodic Corrosion Protection:**
☐ 1 Sacrificial Anodes ☒ 3 None
☐ 2 Impressed Current ☐ x Unknown
- 5. Type of Pumping System:**
☒ 1 Suction ☐ x Unknown
☐ 2 Submersible Turbine (Pressure)
- 6. Line Leak Detector Installed (Submersible Turbine System Only):**
☐ 1 Yes
☒ 2 No
☐ x Unknown

SECTION D: SITE SENSITIVITY

1. Surrounding Land Use:

- a) Facility located within municipal boundary of a village, summer village, hamlet, town, new town or city. ☒ ¹ Yes ☐ ² No
- b) Please answer the following:
- i) Residential land use within 100 metres of tank excavation.
☐ ¹ Yes ☒ ² No If Yes, distance _____ (metres).
 - ii) Institutional land use within 100 metres of tank excavation.
☒ ¹ Yes ☐ ² No If Yes, distance 100 (metres).
 - iii) Commercial/Public land use within 100 metres of tank excavation.
☒ ¹ Yes ☐ ² No If Yes, distance 100 (metres).
 - iv) Industrial land use within 100 metres of tank excavation.
☐ ¹ Yes ☒ ² No If Yes, distance _____ (metres).

2. Groundwater:

- a) Tank excavation located within 500 metres of a water well.
☐ ¹ Yes ☒ ² No
- b) If Yes to (a), please answer the following:
- i) Distance to nearest offsite water well _____ (metres).
 - ii) Number of offsite water wells (within 500 metres) _____
 - iii) Groundwater well onsite ☐ ¹ Yes ☐ ² No

3. Surface Water:

- a) Tank excavation located within 200 metres of a surface water body.
☐ ¹ Yes ☒ ² No
- b) If Yes to (a), please answer the following:
- i) Distance to nearest water body _____ (metres).
 - ii) Type of surface water (check all that apply):

<input type="checkbox"/> ¹ River	<input type="checkbox"/> ⁴ Lake	<input type="checkbox"/> ⁷ Reservoir
<input type="checkbox"/> ² Creek	<input type="checkbox"/> ⁵ Pond/Slough	<input type="checkbox"/> ^y Other (specify): _____
<input type="checkbox"/> ³ Stream	<input type="checkbox"/> ⁶ Dugout	

4. Major Underground Structures:

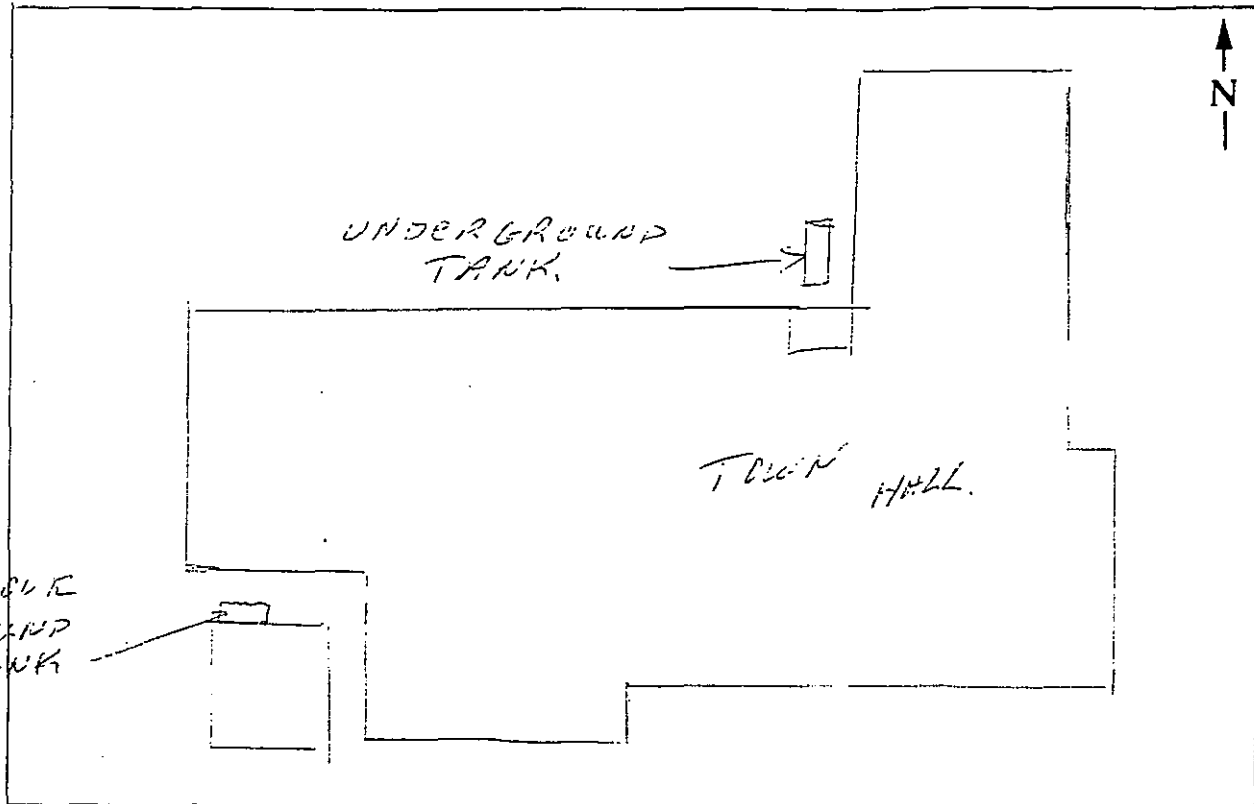
- a) Tank excavation located within 150 metres of a major underground structure.
☐ ¹ Yes ☒ ² No
- b) If Yes to (a), please answer the following:
- i) Distance to nearest underground structure _____ (metres).
 - ii) Type of structure (check all that apply):

<input type="checkbox"/> ¹ Parkade	<input type="checkbox"/> ³ Sub-basement
<input type="checkbox"/> ² Subway	<input type="checkbox"/> ^y Other (specify): _____

**SECTION E:
OTHER INFORMATION**

1. Site Diagram:

PHAN 397 LOT 754



2. Comments:

Underground tank is not being
used plan to remove in 1991

3. Questionnaire Completed By:

L. BRUNES

(Name, Please Print)

874/6522

(Bus. Phone #)

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

9/01/29

(YY/MM/DD)

[Signature]

Signature (Owner of Tank(s) or
Authorized Representative)



OFM Reg. No. UG-005-109

**UNDERGROUND PETROLEUM STORAGE TANK FACILITY
REGISTRATION CERTIFICATE
UNDER
THE FIRE PREVENTION ACT**

Facility Owner: TOWN OF HAY RIVER
Facility Location: LOT 504, PLAN 360
Business Name: HAY RIVER LIPT STATION
BAG 5000
HAY RIVER, N.W.T., XOE ORO
Type of Facility: MUNICIPAL GOVERNMENT
No. of U/G Tanks on Site: ONE
Tank Capacities: 5,000L.

Date MARCH 27, 1991

Fire Marshal 

- Note 1. Alterations, changes or repairs to tanks may be made only on approval of the Fire Marshal.
Note 2. Damage or leaks at facility must be reported to the Fire Marshal.
Note 3. This certificate must be posted in facility office.

The certificate must be returned if facility is destroyed, closed, modified, sold or if certificate is revoked for any other reason.



Northwest
Territories Safety and Public Services

ACKNOWLEDGEMENT OF UNDERGROUND TANK INFORMATION

Be advised that your tank system located at:

Property Name: Town of Hay River Lift Station

Address:

Lot Description: Lot 504 Plan 360

Community: Hay River, N.W.T.

has been assigned facility code # UG-005-109.

A certificate of registration will be mailed to you upon review and acceptance of the information provided.

Office of the Fire Marshal

Date: March 20, 1991



Northwest
Territories Canada

Underground Storage Tank Site Information Questionnaire

INSTRUCTIONS: Please type or print in ink all responses. This questionnaire is to be completed for each facility containing underground petroleum product storage tanks. A guide is available to assist you in completing this questionnaire.

Facility Code # UG-005-109
(For Gov't. Use Only)

Return Completed Form To:

Office of the Fire Marshal
Safety & Public Services
Box 1320
Yellowknife, N.W.T.
X1A 2L9

(For Gov't. Use Only)

SECTION A: GENERAL INFORMATION

TOWN OF HAY RIVER
1. Business Name of Facility: LIFT STATION

2. Facility Location:

a) If this facility is located in an urban area, please provide street address of facility:

(Street Address) (City/Town/Village)

b) If this facility is located in a rural area, please state:

Legal Land Description:

c) Where available, please indicate the lot, block, and plan number on which the tanks are located:

Lot 504 Block _____ Plan 360

SECTION B: UNDERGROUND TANK INFORMATION

Note: If your facility contains seven or more tanks, please duplicate Section B and complete as necessary. Assign an ID number and complete the questionnaire for each tank whether currently in use or not.

1. Tank I.D. Number:	#	#	#	#	#	#
2. Tank ULC Serial #: (if available)	_____	_____	_____	_____	_____	_____
3. Status of Tank: (1) Currently in service (2) Temporarily out of service (3) Permanently out of service If tanks are permanently out of service, state year last used:	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 _____
4. Year of Installation: (1) Known (2) Estimated (x) Unknown	<u>1975</u> <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x
5. Condition of Tank at Time of Installation: (1) New (2) Used - length of previous service: (x) Unknown	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 _____ <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 _____ <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 _____ <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 _____ <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 _____ <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 _____ <input type="checkbox"/> x
6. Tank Material: (1) Steel (2) Fibreglass (x) Unknown (y) Other - please specify:	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/> y _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/> y _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/> y _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/> y _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/> y _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/> y _____
7. Contents: Gasoline (1) - leaded (2) - unleaded (3) Diesel (4) Aviation Fuel (5) Alcohol Blends (6) Heating/Furnace Oil (7) Waste Oil (8) Bulk Lube Oil (9) Allied Petroleum Products - please specify:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 _____

8. Tank Capacity: (1) 2,500 litres (500 gal.) (2) 13,600 litres (3,000 gal.) (3) 15,000 litres (4) 22,700 litres (5,000 gal.) (5) 25,000 litres (6) 36,400 litres (8,000 gal.) (7) 35,000 litres (8) 45,500 litres (10,000 gal.) (9) 50,000 litres (x) Unknown (y) Other - specify in litres (1 gal = 4.55 L): <u>5000</u>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> x <input type="checkbox"/> y	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> x <input type="checkbox"/> y	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> x <input type="checkbox"/> y	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> x <input type="checkbox"/> y	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> x <input type="checkbox"/> y	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> x <input type="checkbox"/> y
9. Tank Construction Specifications: (1) ULC 603 (2) ULC 603.1 (3) ULC 615 (4) API 650 (x) Unknown (y) Other - please specify:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> x <input type="checkbox"/> y	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x <input type="checkbox"/> y	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x <input type="checkbox"/> y	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x <input type="checkbox"/> y	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x <input type="checkbox"/> y	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x <input type="checkbox"/> y
10. External Corrosion Protection: (steel tanks ONLY) (1) Sacrificial Anodes (2) Impressed Current (3) External Coating (4) None (x) Unknown	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x
11. Interior Lining (excluding paint) (steel tanks ONLY) (1) Yes (2) No (x) Unknown	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x
12. Secondary Containment System: (check all that apply) (1) Double Walled Tank (2) Excavation Liner (3) Vault (4) None (x) Unknown	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x
13. Overfill/Spill Protection: (check all that apply) (1) Catch Basin (2) Overfill Prevention Device (3) Not Applicable (no fill pipe) (4) None (x) Unknown	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x

14. Leak Testing: <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No Date: _____ (YY/MM/DD) Method: _____ Result: <input type="checkbox"/> 3 No Leak <input type="checkbox"/> 4 Leak <input type="checkbox"/> 5 Inconclusive	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	<input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

15. Manifolded Tanks: If Yes, which tanks	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No # _____ to # _____ # _____ to # _____ # _____ to # _____
---	--

16. Leak Detection Devices Installed at This Site (check all that apply): <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> 1 Piezometer(s) <input type="checkbox"/> 2 Vapor Detection <input type="checkbox"/> 3 Automatic Tank Gauging <input type="checkbox"/> 4 Interstitial Monitoring </div> <div style="width: 45%;"> <input type="checkbox"/> 5 None <input type="checkbox"/> x Unknown <input type="checkbox"/> y Other (specify): _____ </div> </div>
--

SECTION C:

PIPING SYSTEM INFORMATION

- | | |
|---|--|
| 1. Piping Material:
<input type="checkbox"/> 1 Bare Steel
<input checked="" type="checkbox"/> 2 Galvanized Steel
<input type="checkbox"/> 3 Fibreglass | <input type="checkbox"/> x Unknown
<input type="checkbox"/> y Other (specify): _____ |
| 2. Piping Coatings:
<input checked="" type="checkbox"/> 1 Tar/Bitumen
<input type="checkbox"/> 2 Yellow Jacket
<input type="checkbox"/> 3 Pipe Wrap | <input type="checkbox"/> 4 None
<input type="checkbox"/> x Unknown
<input type="checkbox"/> y Other (specify): _____ |
| 3. Secondary Containment:
<input type="checkbox"/> 1 Double Walled Pipe
<input type="checkbox"/> 2 Excavation Liner
<input checked="" type="checkbox"/> 3 None | <input type="checkbox"/> x Unknown
<input type="checkbox"/> y Other (specify): _____ |
| 4. Cathodic Corrosion Protection:
<input type="checkbox"/> 1 Sacrificial Anodes
<input type="checkbox"/> 2 Impressed Current | <input checked="" type="checkbox"/> 3 None
<input type="checkbox"/> x Unknown |
| 5. Type of Pumping System:
<input checked="" type="checkbox"/> 1 Suction
<input type="checkbox"/> 2 Submersible Turbine (Pressure) | <input type="checkbox"/> x Unknown |
| 6. Line Leak Detector Installed (Submersible Turbine System Only):
<input type="checkbox"/> 1 Yes
<input checked="" type="checkbox"/> 2 No
<input type="checkbox"/> x Unknown | |

SECTION D: SITE SENSITIVITY

1. Surrounding Land Use:

- a) Facility located within municipal boundary of a village, summer village, hamlet, town, new town or city. ☒ ¹ Yes ☐ ² No
- b) Please answer the following:
- i) Residential land use within 100 metres of tank excavation.
☒ ¹ Yes ☐ ² No If Yes, distance 150 (metres).
 - ii) Institutional land use within 100 metres of tank excavation.
☐ ¹ Yes ☒ ² No If Yes, distance _____ (metres).
 - iii) Commercial/Public land use within 100 metres of tank excavation.
☐ ¹ Yes ☒ ² No If Yes, distance _____ (metres).
 - iv) Industrial land use within 100 metres of tank excavation.
☐ ¹ Yes ☒ ² No If Yes, distance _____ (metres).

2. Groundwater:

- a) Tank excavation located within 500 metres of a water well.
☐ ¹ Yes ☒ ² No
- b) If Yes to (a), please answer the following:
- i) Distance to nearest offsite water well _____ (metres).
 - ii) Number of offsite water wells (within 500 metres) _____.
 - iii) Groundwater well onsite ☐ ¹ Yes ☐ ² No

3. Surface Water:

- a) Tank excavation located within 200 metres of a surface water body.
☐ ¹ Yes ☒ ² No
- b) If Yes to (a), please answer the following:
- i) Distance to nearest water body _____ (metres).
 - ii) Type of surface water (check all that apply):

<input type="checkbox"/> ¹ River	<input type="checkbox"/> ⁴ Lake	<input type="checkbox"/> ⁷ Reservoir
<input type="checkbox"/> ² Creek	<input type="checkbox"/> ⁵ Pond/Slough	<input type="checkbox"/> ^y Other (specify): _____
<input type="checkbox"/> ³ Stream	<input type="checkbox"/> ⁶ Dugout	

4. Major Underground Structures:

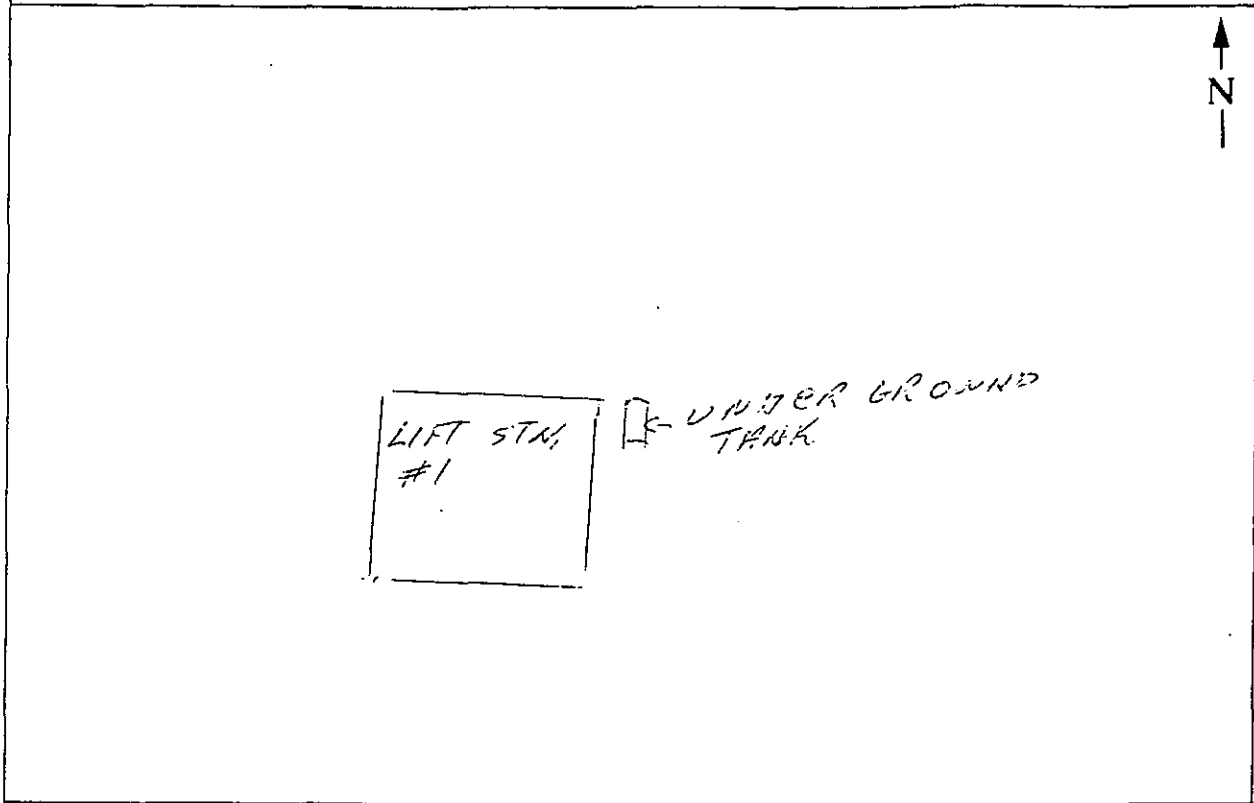
- a) Tank excavation located within 150 metres of a major underground structure.
☐ ¹ Yes ☒ ² No
- b) If Yes to (a), please answer the following:
- i) Distance to nearest underground structure _____ (metres).
 - ii) Type of structure (check all that apply):

<input type="checkbox"/> ¹ Parkade	<input type="checkbox"/> ³ Sub-basement
<input type="checkbox"/> ² Subway	<input type="checkbox"/> ^y Other (specify): _____

SECTION E:
OTHER INFORMATION

1. Site Diagram:

PLAN 360 PORTION LOT 504



2. Comments:

3. Questionnaire Completed By:

L. BRUNES

(Name, Please Print)

879 652.2

(Bus Phone #)

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

91 01 29

(YY/MM/DD)

Signature (Owner of Tank(s) or
Authorized Representative)



OFM Reg. No. JG-006-109

**UNDERGROUND PETROLEUM STORAGE TANK FACILITY
REGISTRATION CERTIFICATE
UNDER
THE FIRE PREVENTION ACT**

Facility Owner: TOWN OF HAY RIVER
Facility Location: PLAW 1380
Business Name: HAY RIVER NEW PUMP HOUSE
BAG 5000
HAY RIVER, N.W.T., XOE ORO
Type of Facility: MUNICIPAL GOVERNMENT
No. of U/G Tanks on Site: ONE
Tank Capacities: 90,000L

Date MARCH 27, 1991

Fire Marshal *R. Bell*

- Note 1. Alterations, changes or repairs to tanks may be made only on approval of the Fire Marshal.
Note 2. Damage or leaks at facility must be reported to the Fire Marshal.
Note 3. This certificate must be posted in facility office.

The certificate must be returned if facility is destroyed, closed, modified, sold or if certificate is revoked for any other reason.



Northwest
Territories Safety and Public Services

ACKNOWLEDGEMENT OF UNDERGROUND TANK INFORMATION

Be advised that your tank system located at:

Property Name: Town of Hay River New Pump House

Address:

Lot Description: Plan 1380

Community: Hay River, N.W.T.

has been assigned facility code # UG-006-109.

A certificate of registration will be mailed to you upon review and acceptance of the information provided.

Office of the Fire Marshal

Date: March 20, 1991



Northwest
Territories Canada

Underground Storage Tank Site Information Questionnaire

INSTRUCTIONS: Please type or print in ink all responses. This questionnaire is to be completed for each facility containing underground petroleum product storage tanks. A guide is available to assist you in completing this questionnaire.

Facility Code # UG-006-109
(For Gov't. Use Only)

Return Completed Form To:

Office of the Fire Marshal
Safety & Public Services
Box 1320
Yellowknife, N.W.T.
X1A 2L9

(For Gov't. Use Only)

SECTION A: GENERAL INFORMATION

1. Business Name of Facility: Town of Han River
New pump house
2. Facility Location:
- a) If this facility is located in an urban area, please provide street address of facility:

(Street Address)

(City/Town/Village)

- b) If this facility is located in a rural area, please state:

Legal Land Description:

- c) Where available, please indicate the lot, block, and plan number on which the tanks are located:

Lot _____ Block _____ Plan 1380

SECTION B: UNDERGROUND TANK INFORMATION

Note: If your facility contains seven or more tanks, please duplicate Section B and complete as necessary. Assign an ID number and complete the questionnaire for each tank whether currently in use or not.

1. Tank I.D. Number:	#	#	#	#	#	#
2. Tank ULC Serial #: (if available)	_____	_____	_____	_____	_____	_____
3. Status of Tank: (1) Currently in service (2) Temporarily out of service (3) Permanently out of service If tanks are permanently out of service, state year last used:	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 _____
4. Year of Installation: (1) Known (2) Estimated (x) Unknown	<u>1976</u> <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x
5. Condition of Tank at Time of Installation: (1) New (2) Used - length of previous service: (x) Unknown	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 _____ <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 _____ <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 _____ <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 _____ <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 _____ <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 _____ <input type="checkbox"/> x
6. Tank Material: (1) Steel (2) Fibreglass (x) Unknown (y) Other - please specify:	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/> y _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/> y _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/> y _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/> y _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/> y _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/> y _____
7. Contents: Gasoline (1) - leaded (2) - unleaded (3) Diesel (4) Aviation Fuel (5) Alcohol Blends (6) Heating/Furnace Oil (7) Waste Oil (8) Bulk Lube Oil (9) Allied Petroleum Products - please specify:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 _____

8. Tank Capacity: (1) 2,500 litres (500 gal.) (2) 13,600 litres (3,000 gal.) (3) 15,000 litres (4) 22,700 litres (5,000 gal.) (5) 25,000 litres (6) 36,400 litres (8,000 gal.) (7) 35,000 litres (8) 45,500 litres (10,000 gal.) (9) 50,000 litres (x) Unknown (y) Other - specify in litres (1 gal = 4.55 L):	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> x <input type="checkbox"/> y	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> x <input type="checkbox"/> y	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> x <input type="checkbox"/> y	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> x <input type="checkbox"/> y	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> x <input type="checkbox"/> y	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> x <input type="checkbox"/> y
9. Tank Construction Specifications: (1) ULC 603 (2) ULC 603.1 (3) ULC 615 (4) API 650 (x) Unknown (y) Other - please specify:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x <input type="checkbox"/> y	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x <input type="checkbox"/> y	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x <input type="checkbox"/> y	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x <input type="checkbox"/> y	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x <input type="checkbox"/> y	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x <input type="checkbox"/> y
10. External Corrosion Protection: (steel tanks ONLY) (1) Sacrificial Anodes (2) Impressed Current (3) External Coating (4) None (x) Unknown	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x
11. Interior Lining (excluding paint) (steel tanks ONLY) (1) Yes (2) No (x) Unknown	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x
12. Secondary Containment System: (check all that apply) (1) Double Walled Tank (2) Excavation Liner (3) Vault (4) None (x) Unknown	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x
13. Overfill/Spill Protection: (check all that apply) (1) Catch Basin (2) Overfill Prevention Device (3) Not Applicable (no fill pipe) (4) None (x) Unknown	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x

14. Leak Testing: (1) Yes (2) No Date: (YY/MM/DD) Method: Result: (3) No Leak (4) Leak (5) Inconclusive	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5

15. Manifolded Tanks: If Yes, which tanks	<input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No # _____ to # _____ # _____ to # _____ # _____ to # _____
---	---

16. Leak Detection Devices Installed at This Site (check all that apply):	
<input type="checkbox"/> 1 Piezometer(s) <input type="checkbox"/> 2 Vapor Detection <input type="checkbox"/> 3 Automatic Tank Gauging <input type="checkbox"/> 4 Interstitial Monitoring	<input checked="" type="checkbox"/> 5 None <input type="checkbox"/> x Unknown <input type="checkbox"/> y Other (specify): _____

SECTION C: PIPING SYSTEM INFORMATION

- 1. Piping Material:**
☐ 1 Bare Steel
☒ 2 Galvanized Steel
☐ 3 Fibreglass
☐ x Unknown
☐ y Other (specify): _____
- 2. Piping Coatings:**
☐ 1 Tar/Bitumen
☐ 2 Yellow Jacket
☒ 3 Pipe Wrap
☐ 4 None
☐ x Unknown
☐ y Other (specify): _____
- 3. Secondary Containment:**
☐ 1 Double Walled Pipe
☐ 2 Excavation Liner
☒ 3 None
☐ x Unknown
☐ y Other (specify): _____
- 4. Cathodic Corrosion Protection:**
☐ 1 Sacrificial Anodes
☐ 2 Impressed Current
☒ 3 None
☐ x Unknown
- 5. Type of Pumping System:**
☒ 1 Suction
☐ 2 Submersible Turbine (Pressure)
☐ x Unknown
- 6. Line Leak Detector Installed (Submersible Turbine System Only):**
☐ 1 Yes
☒ 2 No
☐ x Unknown

SECTION D: SITE SENSITIVITY

1. Surrounding Land Use:

- a) Facility located within municipal boundary of a village, summer village, hamlet, town, new town or city. ☒ ¹ Yes ☐ ² No
- b) Please answer the following:
- i) Residential land use within 100 metres of tank excavation.
☐ ¹ Yes ☒ ² No If Yes, distance _____ (metres).
 - ii) Institutional land use within 100 metres of tank excavation.
☐ ¹ Yes ☒ ² No If Yes, distance _____ (metres).
 - iii) Commercial/Public land use within 100 metres of tank excavation.
☐ ¹ Yes ☒ ² No If Yes, distance _____ (metres).
 - iv) Industrial land use within 100 metres of tank excavation.
☐ ¹ Yes ☒ ² No If Yes, distance _____ (metres).

2. Groundwater:

- a) Tank excavation located within 500 metres of a water well.
☐ ¹ Yes ☒ ² No
- b) If Yes to (a), please answer the following:
- i) Distance to nearest offsite water well _____ (metres).
 - ii) Number of offsite water wells (within 500 metres) _____
 - iii) Groundwater well onsite ☐ ¹ Yes ☐ ² No

3. Surface Water:

- a) Tank excavation located within 200 metres of a surface water body.
☒ ¹ Yes ☐ ² No
- b) If Yes to (a), please answer the following:
- i) Distance to nearest water body 200 (metres).
 - ii) Type of surface water (check all that apply):

<input type="checkbox"/> ¹ River	<input checked="" type="checkbox"/> ⁴ Lake	<input type="checkbox"/> ⁷ Reservoir
<input type="checkbox"/> ² Creek	<input type="checkbox"/> ⁵ Pond/Slough	<input type="checkbox"/> ⁸ Other (specify): _____
<input type="checkbox"/> ³ Stream	<input type="checkbox"/> ⁶ Dugout	

4. Major Underground Structures:

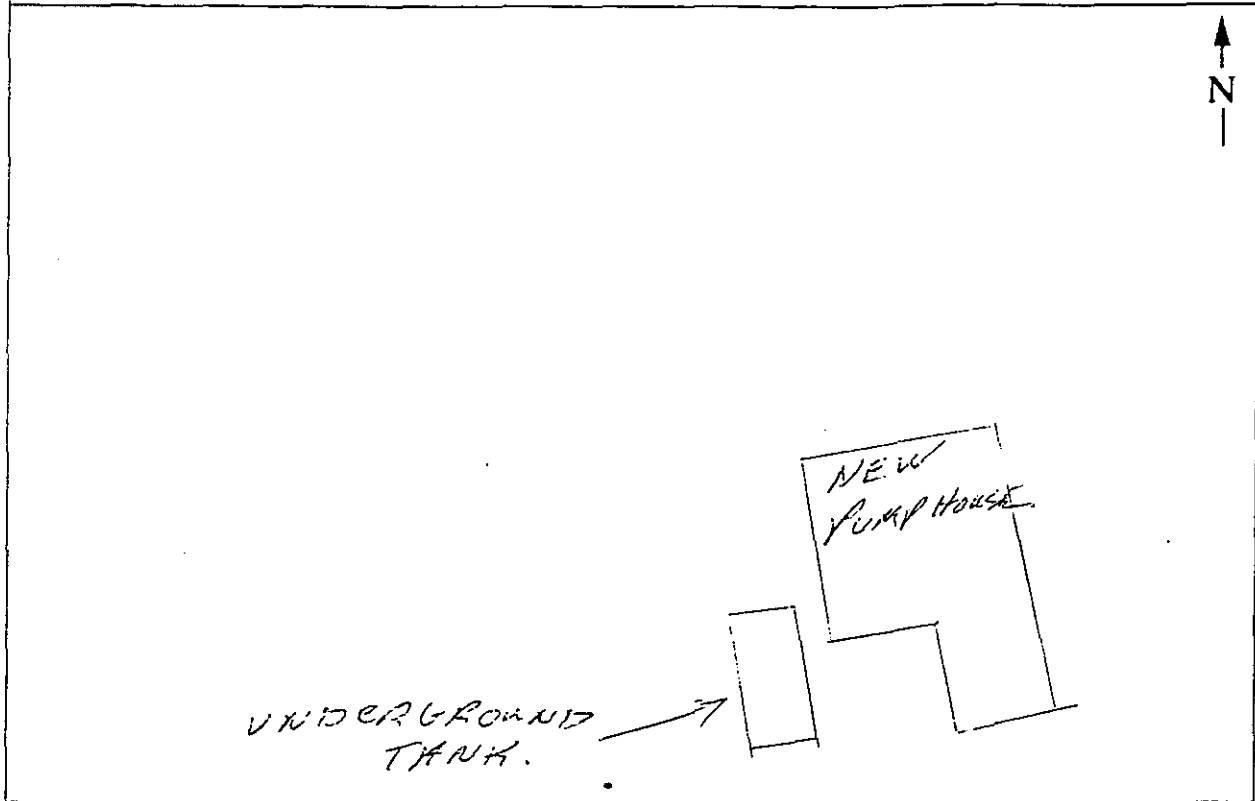
- a) Tank excavation located within 150 metres of a major underground structure.
☐ ¹ Yes ☒ ² No
- b) If Yes to (a), please answer the following:
- i) Distance to nearest underground structure _____ (metres).
 - ii) Type of structure (check all that apply):

<input type="checkbox"/> ¹ Parkade	<input type="checkbox"/> ³ Sub-basement
<input type="checkbox"/> ² Subway	<input type="checkbox"/> ⁴ Other (specify): _____

SECTION E:
OTHER INFORMATION

1. Site Diagram:

PLAN 1380



2. Comments:

Tank has a concrete wall
around it.

3. Questionnaire Completed By:

L. BRUNES

(Name, Please Print)

8746522

(Bus. Phone #)

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

9/01/29

(YY/MM/DD)

Brunes

Signature (Owner of Tank(s) or
Authorized Representative)



OFM Reg. No. UG-007-109

**UNDERGROUND PETROLEUM STORAGE TANK FACILITY
REGISTRATION CERTIFICATE
UNDER
THE FIRE PREVENTION ACT**

Facility Owner: TOWN OF HAY RIVER
Facility Location: LOT 1037, PLAN 365
Business Name: HAY RIVER CARPENTER SHOP
BAG 5000
HAY RIVER, N.W.T., XOE ORO
Type of Facility: MUNICIPAL GOVERNMENT
No. of U/G Tanks on Site: ONE
Tank Capacities: 2,500L

Date MARCH 27, 1991

Fire Marshal 

- Note 1. Alterations, changes or repairs to tanks may be made only on approval of the Fire Marshal.
Note 2. Damage or leaks at facility must be reported to the Fire Marshal.
Note 3. This certificate must be posted in facility office.

The certificate must be returned if facility is destroyed, closed, modified, sold or if certificate is revoked for any other reason.

August 4, 1993

Government Services Canada
1000 - 9700 Jasper Avenue
Edmonton, AB
T5J 4E2

Attn: Ray Kropp, FMTSG

Re: Federal Underground Fuel Storage Tanks - NWT

As per our discussion of July 30, 1993 be advised that based on our file information the installation dates of the Federal UST tanks listed below is as follows:

1. Greenhouse - 5604 - 50 Avenue YK UG-111-105 (1959)
2. Justice Apts. - 5114 - 53 Street YK UG-112-105 (1959)
3. Plywood Plaza - 5204 - 51 Street YK UG-113-105 (1976)
4. PWC Area Office - 5013 - 51 Street YK UG-114-105 (1982)
5. PWC Trade Shop - 44St. & 50 Avenue YK UG-115-105 (1961)
6. Federal Building - Ft. Smith - UG-032-100 (1986)
7. Federal Building - Hay River - (REMOVED)
8. Federal Building - YK - TO BE REMOVED SUMMER 1993* (1955)

From a regulatory requirement it should be understood that the time frames selected for compliance are not being set on the basis of priority. Priority removals now include those tanks which have shown evidence of leakage and those tanks that are older than 25 years.

In consideration of the installation dates listed above tanks 1, 2, 5 and 8* will need to be removed by August 30, 1995. As these tanks are single walled steel tanks over 25 years of age they must be removed in their entirety and destroyed. They are not to be re-used for any purpose whatsoever.

Tanks 3 and 4 are to be replaced and or upgraded to the full requirements of the Environmental Code of Practice by no later than August 30, 1997.

.../2

Tank 6 is to be replaced or upgraded to the full requirements of the Environmental Code of Practice by August 30, 1998.

In accordance with Part 5 of the Environmental Code of Practice it will be necessary to remove associated piping where tanks are removed and to upgrade and/or replace associated piping where the underground tank is upgraded or replaced.

I trust the aforementioned time frames will fit in with your planned scheduling. Please contact the undersigned direct should you require additional information or clarification.

Yours truly,

A handwritten signature in dark ink, appearing to read 'E.P.R. Kieken', written over a horizontal line.

E.P.R. Kieken
Fire Marshal

ACKNOWLEDGEMENT OF UNDERGROUND TANK INFORMATION

Be advised that your tank system located at:

Property Name: Town of Hay River Carpenter Shop

Address:

Lot Description: Lot 1037 Plan 365

Community: Hay River, N.W.T.

has been assigned facility code # UG-007-109.

A certificate of registration will be mailed to you upon review and acceptance of the information provided.

Office of the Fire Marshal

Date: March 20, 1991



Northwest
Territories Canada

Underground Storage Tank Site Information Questionnaire

INSTRUCTIONS: Please type or print in ink all responses. This questionnaire is to be completed for each facility containing underground petroleum product storage tanks. A guide is available to assist you in completing this questionnaire.

Facility Code # UG-007-109
(For Gov't. Use Only)

Return Completed Form To:

Office of the Fire Marshal
Safety & Public Services
Box 1320
Yellowknife, N.W.T.
X1A 2L9

(For Gov't. Use Only)

SECTION A: GENERAL INFORMATION

1. Business Name of Facility:

*Joseph & Helen Rivier
Carpenter Shop*

2. Facility Location:

a) If this facility is located in an urban area, please provide street address of facility:

(Street Address)

(City/Town/Village)

b) If this facility is located in a rural area, please state:

Legal Land Description:

c) Where available, please indicate the lot, block, and plan number on which the tanks are located:

Lot 1037 Block _____ Plan 365

SECTION B: UNDERGROUND TANK INFORMATION

Note: If your facility contains seven or more tanks, please duplicate Section B and complete as necessary. Assign an ID number and complete the questionnaire for each tank whether currently in use or not.

1. Tank I.D. Number:	#	#	#	#	#	#
2. Tank ULC Serial #: (if available)	_____	_____	_____	_____	_____	_____
3. Status of Tank: (1) Currently in service (2) Temporarily out of service (3) Permanently out of service If tanks are permanently out of service, state year last used:	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 _____
4. Year of Installation: (1) Known (2) Estimated (x) Unknown	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x _____
5. Condition of Tank at Time of Installation: (1) New (2) Used - length of previous service: (x) Unknown	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 _____ <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 _____ <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 _____ <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 _____ <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 _____ <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 _____ <input type="checkbox"/> x
6. Tank Material: (1) Steel (2) Fibreglass (x) Unknown (y) Other - please specify:	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/> y _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/> y _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/> y _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/> y _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/> y _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/> y _____
7. Contents: Gasoline (1) - leaded (2) - unleaded (3) Diesel (4) Aviation Fuel (5) Alcohol Blends (6) Heating/Furnace Oil (7) Waste Oil (8) Bulk Lube Oil (9) Allied Petroleum Products - please specify:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 _____

8. Tank Capacity: (1) 2,500 litres (500 gal.) (2) 13,600 litres (3,000 gal.) (3) 15,000 litres (4) 22,700 litres (5,000 gal.) (5) 25,000 litres (6) 36,400 litres (8,000 gal.) (7) 35,000 litres (8) 45,500 litres (10,000 gal.) (9) 50,000 litres (x) Unknown (y) Other - specify in litres (1 gal = 4.55 L):	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> x <input type="checkbox"/> y <u>29,500</u>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> x <input type="checkbox"/> y	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> x <input type="checkbox"/> y	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> x <input type="checkbox"/> y	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> x <input type="checkbox"/> y	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> x <input type="checkbox"/> y
9. Tank Construction Specifications: (1) ULC 603 (2) ULC 603.1 (3) ULC 615 (4) API 650 (x) Unknown (y) Other - please specify:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> x <input type="checkbox"/> y	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x <input type="checkbox"/> y	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x <input type="checkbox"/> y	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x <input type="checkbox"/> y	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x <input type="checkbox"/> y	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x <input type="checkbox"/> y
10. External Corrosion Protection: (steel tanks ONLY) (1) Sacrificial Anodes (2) Impressed Current (3) External Coating (4) None (x) Unknown	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x
11. Interior Lining (excluding paint) (steel tanks ONLY) (1) Yes (2) No (x) Unknown	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x
12. Secondary Containment System: (check all that apply) (1) Double Walled Tank (2) Excavation Liner (3) Vault (4) None (x) Unknown	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x
13. Overfill/Spill Protection: (check all that apply) (1) Catch Basin (2) Overfill Prevention Device (3) Not Applicable (no fill pipe) (4) None (x) Unknown	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x

14. Leak Testing: (1) Yes (2) No <input checked="" type="checkbox"/> Date: (YY/MM/DD) Method: Result: (3) No Leak (4) Leak (5) Inconclusive	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5

15. Manifolded Tanks: If Yes, which tanks	<input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No # _____ to # _____ # _____ to # _____ # _____ to # _____
---	---

16. Leak Detection Devices Installed at This Site (check all that apply): <input type="checkbox"/> 1 Piezometer(s) <input type="checkbox"/> 2 Vapor Detection <input type="checkbox"/> 3 Automatic Tank Gauging <input type="checkbox"/> 4 Interstitial Monitoring <input checked="" type="checkbox"/> 5 None <input type="checkbox"/> x Unknown <input type="checkbox"/> y Other (specify): _____
--

SECTION C: PIPING SYSTEM INFORMATION

- 1. Piping Material:**
☐ 1 Bare Steel
☐ 2 Galvanized Steel
☐ 3 Fibreglass
☐ x Unknown
☐ y Other (specify): Copper
- 2. Piping Coatings:**
☐ 1 Tar/Bitumen
☐ 2 Yellow Jacket
☐ 3 Pipe Wrap
☒ 4 None
☐ x Unknown
☐ y Other (specify): _____
- 3. Secondary Containment:**
☐ 1 Double Walled Pipe
☐ 2 Excavation Liner
☒ 3 None
☐ x Unknown
☐ y Other (specify): _____
- 4. Cathodic Corrosion Protection:**
☐ 1 Sacrificial Anodes
☐ 2 Impressed Current
☐ 3 None
☐ x Unknown
- 5. Type of Pumping System:**
☒ 1 Suction
☐ 2 Submersible Turbine (Pressure)
☐ x Unknown
- 6. Line Leak Detector Installed (Submersible Turbine System Only):**
☐ 1 Yes
☒ 2 No
☐ x Unknown

SECTION D: SITE SENSITIVITY

1. Surrounding Land Use:

- a) Facility located within municipal boundary of a village, summer village, hamlet, town, new town or city. ☒ ¹ Yes ☐ ² No
- b) Please answer the following:
- i) Residential land use within 100 metres of tank excavation.
☐ ¹ Yes ☒ ² No If Yes, distance _____ (metres).
 - ii) Institutional land use within 100 metres of tank excavation.
☐ ¹ Yes ☒ ² No If Yes, distance _____ (metres).
 - iii) Commercial/Public land use within 100 metres of tank excavation.
☐ ¹ Yes ☒ ² No If Yes, distance _____ (metres).
 - iv) Industrial land use within 100 metres of tank excavation.
☒ ¹ Yes ☐ ² No If Yes, distance 100 (metres).

2. Groundwater:

- a) Tank excavation located within 500 metres of a water well.
☐ ¹ Yes ☒ ² No
- b) If Yes to (a), please answer the following:
- i) Distance to nearest offsite water well _____ (metres).
 - ii) Number of offsite water wells (within 500 metres) _____.
 - iii) Groundwater well onsite ☐ ¹ Yes ☐ ² No

3. Surface Water:

- a) Tank excavation located within 200 metres of a surface water body.
☐ ¹ Yes ☒ ² No
- b) If Yes to (a), please answer the following:
- i) Distance to nearest water body _____ (metres).
 - ii) Type of surface water (check all that apply):

<input type="checkbox"/> ¹ River	<input type="checkbox"/> ⁴ Lake	<input type="checkbox"/> ⁷ Reservoir
<input type="checkbox"/> ² Creek	<input type="checkbox"/> ⁵ Pond/Slough	<input type="checkbox"/> ⁸ Other (specify): _____
<input type="checkbox"/> ³ Stream	<input type="checkbox"/> ⁶ Dugout	

4. Major Underground Structures:

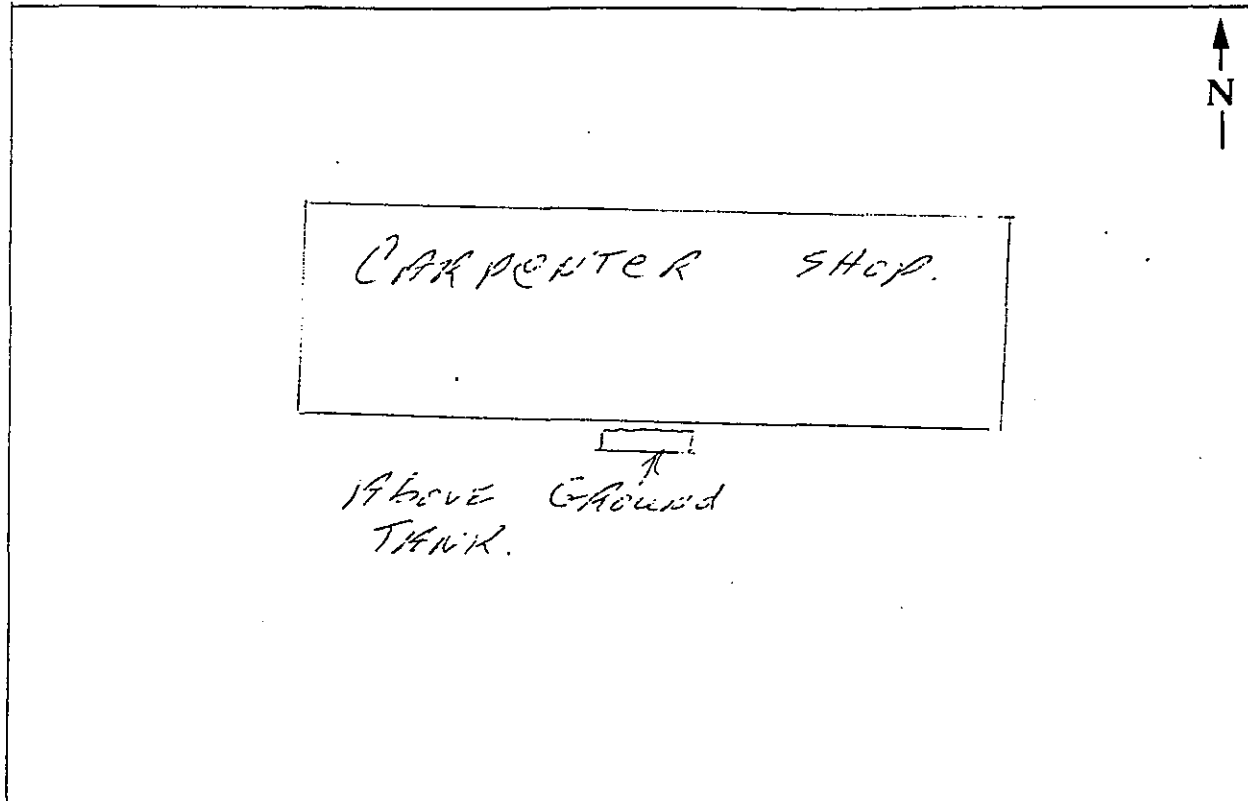
- a) Tank excavation located within 150 metres of a major underground structure.
☐ ¹ Yes ☒ ² No
- b) If Yes to (a), please answer the following:
- i) Distance to nearest underground structure _____ (metres).
 - ii) Type of structure (check all that apply):

<input type="checkbox"/> ¹ Parkade	<input type="checkbox"/> ³ Sub-basement
<input type="checkbox"/> ² Subway	<input type="checkbox"/> ⁴ Other (specify): _____

**SECTION E:
OTHER INFORMATION**

1. Site Diagram:

Plan 365 Lot 1037



2. Comments:

above ground tank for heating fuel

3. Questionnaire Completed By:

L. BRUNES
(Name, Please Print)

8746523
(Bus. Phone #)

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

91 01 29
(YY:MM/DD)

[Signature]
Signature (Owner of Tank(s) or
Authorized Representative)



OFM Reg. No. UG-008-109

**UNDERGROUND PETROLEUM STORAGE TANK FACILITY
REGISTRATION CERTIFICATE
UNDER
THE FIRE PREVENTION ACT**

Facility Owner: TOWN OF HAY RIVER
Facility Location: LOT 554, PLAN 247
Business Name: HAY RIVER OLD PUMP HOUSE
BAG 5000
HAY RIVER, N.W.T., XOE ORO
Type of Facility: MUNICIPAL GOVERNMENT
No. of U/G Tanks on Site: TWO
Tank Capacities: #1 - 34 000L, #2 - 1 200L

Date MARCH 27, 1991

Fire Marshal 

- Note 1. Alterations, changes or repairs to tanks may be made only on approval of the Fire Marshal.
Note 2. Damage or leaks at facility must be reported to the Fire Marshal.
Note 3. This certificate must be posted in facility office.

The certificate must be returned if facility is destroyed, closed, modified, sold or if certificate is revoked for any other reason.



Northwest
Territories Safety and Public Services

ACKNOWLEDGEMENT OF UNDERGROUND TANK INFORMATION

Be advised that your tank system located at:

Property Name: Town of Hay River Old Pump House

Address:

Lot Description: Lot 554 Plan 247

Community: Hay River, N.W.T.

has been assigned facility code # UG-008-109.

A certificate of registration will be mailed to you upon review and acceptance of the information provided.

Office of the Fire Marshal

Date: March 20, 1991



Northwest
Territories Canada

Underground Storage Tank Site Information Questionnaire

INSTRUCTIONS: Please type or print in ink all responses. This questionnaire is to be completed for each facility containing underground petroleum product storage tanks. A guide is available to assist you in completing this questionnaire.

Facility Code # UG-008-109
(For Gov't. Use Only)

Return Completed Form To:

Office of the Fire Marshal
Safety & Public Services
Box 1320
Yellowknife, N.W.T.
X1A 2L9

(For Gov't. Use Only)

SECTION A: GENERAL INFORMATION

1. Business Name of Facility:

Town of Hay River
Old Pump House

2. Facility Location:

a) If this facility is located in an urban area, please provide street address of facility:

(Street Address)

(City/Town/Village)

b) If this facility is located in a rural area, please state:

Legal Land Description:

c) Where available, please indicate the lot, block, and plan number on which the tanks are located:

Lot 554 Block _____ Plan 247

SECTION B: UNDERGROUND TANK INFORMATION

Note: If your facility contains seven or more tanks, please duplicate Section B and complete as necessary. Assign an ID number and complete the questionnaire for each tank whether currently in use or not.

1. Tank I.D. Number:	#	#	#	#	#	#
2. Tank ULC Serial #: (if available)	_____	_____	_____	_____	_____	_____
3. Status of Tank: (1) Currently in service (2) Temporarily out of service (3) Permanently out of service If tanks are permanently out of service, state year last used:	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 _____	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 _____
4. Year of Installation: (1) Known (2) Estimated (x) Unknown	<u>1974</u> <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x	<u>1976</u> <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x	_____ <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x	_____ <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x	_____ <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x	_____ <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x
5. Condition of Tank at Time of Installation: (1) New (2) Used - length of previous service: (x) Unknown	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 _____ <input type="checkbox"/> x	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 _____ <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 _____ <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 _____ <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 _____ <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 _____ <input type="checkbox"/> x
6. Tank Material: (1) Steel (2) Fibreglass (x) Unknown (y) Other - please specify:	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/> y _____	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/> y _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/> y _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/> y _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/> y _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/> y _____
7. Contents: Gasoline (1) - leaded (2) - unleaded (3) Diesel (4) Aviation Fuel (5) Alcohol Blends (6) Heating/Furnace Oil (7) Waste Oil (8) Bulk Lube Oil (9) Allied Petroleum Products - please specify:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 _____

8. Tank Capacity: (1) 2,500 litres (500 gal.) (2) 13,600 litres (3,000 gal.) (3) 15,000 litres (4) 22,700 litres (5,000 gal.) (5) 25,000 litres (6) 36,400 litres (8,000 gal.) (7) 35,000 litres (8) 45,500 litres (10,000 gal.) (9) 50,000 litres (x) Unknown (y) Other - specify in litres (1 gal = 4.55 L):	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> x <input type="checkbox"/> y	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> x <input type="checkbox"/> y	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> x <input type="checkbox"/> y	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> x <input type="checkbox"/> y	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> x <input type="checkbox"/> y	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> x <input type="checkbox"/> y
	<u>34,000</u>	<u>17,000</u>				
9. Tank Construction Specifications: (1) ULC 603 (2) ULC 603.1 (3) ULC 615 (4) API 650 (x) Unknown (y) Other - please specify:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> x <input type="checkbox"/> y	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> x <input type="checkbox"/> y	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x <input type="checkbox"/> y	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x <input type="checkbox"/> y	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x <input type="checkbox"/> y	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x <input type="checkbox"/> y
10. External Corrosion Protection: (steel tanks ONLY) (1) Sacrificial Anodes (2) Impressed Current (3) External Coating (4) None (x) Unknown	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x
11. Interior Lining (excluding paint) (steel tanks ONLY) (1) Yes (2) No (x) Unknown	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> x
12. Secondary Containment System: (check all that apply) (1) Double Walled Tank (2) Excavation Liner (3) Vault (4) None (x) Unknown	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x
13. Overfill/Spill Protection: (check all that apply) (1) Catch Basin (2) Overfill Prevention Device (3) Not Applicable (no fill pipe) (4) None (x) Unknown	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> x

14. Leak Testing: (1) Yes (2) No Date: (YY/MM/DD) Method: Result: (3) No Leak (4) Leak (5) Inconclusive	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5

15. Manifolded Tanks: If Yes, which tanks	<input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No
	# _____ to # _____
	# _____ to # _____
	# _____ to # _____

16. Leak Detection Devices Installed at This Site (check all that apply):	
<input type="checkbox"/> 1 Piezometer(s) <input type="checkbox"/> 2 Vapor Detection <input type="checkbox"/> 3 Automatic Tank Gauging <input type="checkbox"/> 4 Interstitial Monitoring	<input checked="" type="checkbox"/> 5 None <input type="checkbox"/> x Unknown <input type="checkbox"/> y Other (specify): _____

SECTION C: PIPING SYSTEM INFORMATION

1. Piping Material: <input type="checkbox"/> 1 Bare Steel <input checked="" type="checkbox"/> 2 Galvanized Steel <input type="checkbox"/> 3 Fibreglass	<input type="checkbox"/> x Unknown <input type="checkbox"/> y Other (specify): _____
2. Piping Coatings: <input type="checkbox"/> 1 Tar/Bitumen <input type="checkbox"/> 2 Yellow Jacket <input type="checkbox"/> 3 Pipe Wrap	<input type="checkbox"/> 4 None <input type="checkbox"/> x Unknown <input type="checkbox"/> y Other (specify): <u>Copper</u>
3. Secondary Containment: <input type="checkbox"/> 1 Double Walled Pipe <input type="checkbox"/> 2 Excavation Liner <input checked="" type="checkbox"/> 3 None	<input type="checkbox"/> x Unknown <input type="checkbox"/> y Other (specify): _____
4. Cathodic Corrosion Protection: <input type="checkbox"/> 1 Sacrificial Anodes <input type="checkbox"/> 2 Impressed Current	<input checked="" type="checkbox"/> 3 None <input type="checkbox"/> x Unknown
5. Type of Pumping System: <input checked="" type="checkbox"/> 1 Suction <input type="checkbox"/> 2 Submersible Turbine (Pressure)	<input type="checkbox"/> x Unknown
6. Line Leak Detector Installed (Submersible Turbine System Only): <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No <input type="checkbox"/> x Unknown	

SECTION D: SITE SENSITIVITY

1. Surrounding Land Use:

a) Facility located within municipal boundary of a village, summer village, hamlet, town, new town or city. ☒ ¹ Yes ☐ ² No

b) Please answer the following:

- i) Residential land use within 100 metres of tank excavation.
☐ ¹ Yes ☒ ² No If Yes, distance _____ (metres).
- ii) Institutional land use within 100 metres of tank excavation.
☐ ¹ Yes ☒ ² No If Yes, distance _____ (metres).
- iii) Commercial/Public land use within 100 metres of tank excavation.
☐ ¹ Yes ☒ ² No If Yes, distance _____ (metres).
- iv) Industrial land use within 100 metres of tank excavation.
☐ ¹ Yes ☒ ² No If Yes, distance _____ (metres).

2. Groundwater:

a) Tank excavation located within 500 metres of a water well.
☐ ¹ Yes ☒ ² No

b) If Yes to (a), please answer the following:

- i) Distance to nearest offsite water well _____ (metres).
- ii) Number of offsite water wells (within 500 metres) _____.
- iii) Groundwater well onsite ☐ ¹ Yes ☐ ² No

3. Surface Water:

a) Tank excavation located within 200 metres of a surface water body.
☒ ¹ Yes ☐ ² No

b) If Yes to (a), please answer the following:

- i) Distance to nearest water body 150 (metres).
- ii) Type of surface water (check all that apply):
 - ☐ ¹ River ☒ ⁴ Lake ☐ ⁷ Reservoir
 - ☐ ² Creek ☐ ⁵ Pond/Slough ☐ ^y Other (specify): _____
 - ☐ ³ Stream ☐ ⁶ Dugout

4. Major Underground Structures:

a) Tank excavation located within 150 metres of a major underground structure.
☐ ¹ Yes ☒ ² No

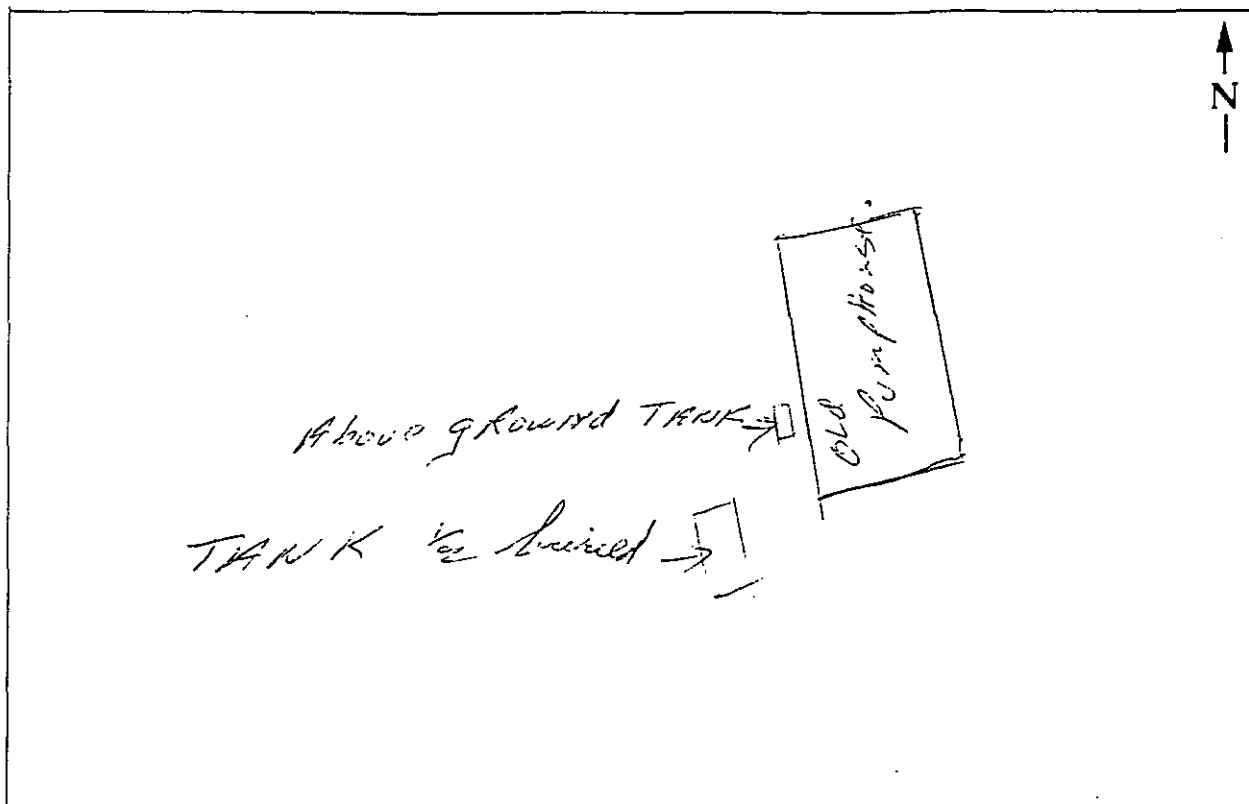
b) If Yes to (a), please answer the following:

- i) Distance to nearest underground structure _____ (metres).
- ii) Type of structure (check all that apply):
 - ☐ ¹ Parkade ☐ ³ Sub-basement
 - ☐ ² Subway ☐ ^y Other (specify): _____

SECTION E:
OTHER INFORMATION

1. Site Diagram:

LOT 554 Plan 247



2. Comments:

Only small tank being used for
kitchen fuel. Large tank is
presently not being used.

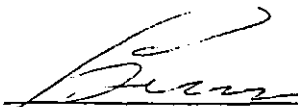
3. Questionnaire Completed By:

L. BRUCE
(Name, Please Print)

8746522
(Bus. Phone #)

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

91 01 29
(YY/MM/DD)


Signature (Owner of Tank(s) or
Authorized Representative)