pennsylvania
DEPARTMENT OF LABOR & INDUSTRY

BUREAU OF OCCUPATIONAL & INDUSTRIAL SAFETY

Permit # _____
Date _____
FCA

ABOVEGROUND TANKS/PUMPS/DISPENSERS

A. INSTALLATION LOCATION

Name (Firm/Corporation/Person) _____

Street Address _____

City _____ State _____ Zip Code _____

Phone ( ) _____ County _____

Municipality Name _____ Type: ☐ Borough ☐ City ☐ Township

B. TANKS: EXISTING, NEW AND TO-BE-REMOVED

(Attach a separate 8 ½ " x 11" sheet with information listed below if space provided is insufficient to describe installation.)

HOW MANY?	**CAPACITY** (GALLONS)	**STATUS** (Indicate Existing, New or To-Be-Removed)	**PERMIT #** (if existing)	**LENGTH OR HEIGHT**	**DIAMETER**	**LIQUID TO BE HANDLED**	**FLASH POINT** (° Fahrenheit)

1. **If shop-built,** which UL Standard will it comply with? ☐ UL-142 ☐ UL-2080 ☐ UL-2085
2. **If field-erected,** will it comply with all applicable American Petroleum Institute requirements? …….. ☐ Yes ☐ No
3. **If a pressure tank,** will operating pressure range between 0.5 and 15 psig? …… ☐ Yes ☐ No

   If "Yes," to what construction standard was tank built? _____
4. Will tanks be installed in a vault? …… ☐ Yes ☐ No
5. Will tanks be constructed of steel? ……..... ☐ Yes ☐ No

   If "No," describe in detail material to be used: _____

C. INSTALLATION SPECIFICATIONS

Provide distances between tanks (if more than one on site) and to nearest building (including applicant's building), adjoining property line and/or public way. Distance must be shown from northern-most tank to closest building, property line/public way, from eastern-most tank to closest building, property line/public way, etc. These distances must also be shown if only one tank is installed.

Distance Between Tanks	**Distance to Building**	**Distance to Property Line or Public Way**
☐ Only One Tank		
Tank # _____ and Tank # _____ = _____ Feet	North _____ Feet	North _____ Feet
Tank # _____ and Tank # _____ = _____ Feet	East _____ Feet	East _____ Feet
Tank # _____ and Tank # _____ = _____ Feet	South _____ Feet	South _____ Feet
Tank # _____ and Tank # _____ = _____ Feet	West _____ Feet	West _____ Feet
Tank # _____ and Tank # _____ = _____ Feet		

Fill Pipe Size _____ Withdrawal Pipe Size _____ Normal Vent Size _____

NOTE: Normal vent size must be as large as fill or withdrawal pipe size, whichever is larger.

1. Will emergency vents for all tanks be provided in accordance with regulations? ……... ☐ Yes ☐ No
2. Will exposed steel tank supports be protected by fire-resistive materials to provide a fire resistive rating of not less than 2 hours? …… ☐ Yes ☐ No
3. Dikes (retaining walls) are made of (check one): ☐ Earth ☐ Steel ☐ Concrete ☐ Solid Masonry

C. INSTALLATION SPECIFICATIONS (Continued)

4. Maximum height of dikes above grade: _____ feet
5. Will each diked area (including the area beneath the tank) be designed to be liquid-tight and contain the volume of liquid that can be released from the largest tank?…….. ☐ Yes ☐ No
6. Will each diked area be provided with manually-controlled drainage facilities?…… ☐ Yes ☐ No
7. If no diking is provided, are tanks double-walled?…… ☐ Yes ☐ No
8. Will an interstitial vapor monitor (capable of sounding an audible alarm and cutting power to dispensing operations) be installed on site?…… ☐ Yes ☐ No
9. Will tanks be hard-piped to heating or power devices?……..…… ☐ Yes ☐ No

D. DISPENSERS, PUMPS, MOTOR ASSEMBLIES AND LOADING ARMS

List new and existing dispenser, pumps, motor assemblies and loading arms. If existing, provide permit number. Locations must be shown on drawings submitted with this application.

HOW MANY?	MAKE AND MODEL	STATUS (Existing or New)	PERMIT # (If Existing)	SINGLE, MULTI OR BULK LOADING	HOW OPERATED (Electric or Manually)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

1. If backflow during discharge of liquids into storage tanks is possible, will each connection to piping be provided with an automatic check valve to prevent backflow? …….. ☐ Yes ☐ No
2. Indicate method of prevention of tank overfilling when filling from mainline pipeline or marine vessel:
   ☐ Gauge/Communication ☐ Personnel Access to High-Level Alarm ☐ Automatic Shutdown High-Level Alarm
3. Will drawing off of liquids be done through a self-closing valve?…….…… ☐ Yes ☐ No
4. Will each pipe connection located below normal liquid level be provided with an approved control valve located as practical as possible to tank shell?…….... ☐ Yes ☐ No
5. Will each filling operation (including containers) be provided with an approved method of static protection? …... ☐ Yes ☐ No
6. Provide distance from loading rack to nearest of each of the following:
   Building _____ Property Line _____ Tank _____
7. Will loading be done using approved equipment specifically designed for this use? …… ☐ Yes ☐ No
8. Will all tanks be tested for strength and tightness before placed in service or returned to services, in accordance with the standards under which they were built?…… ☐ Yes ☐ No
9. Will all electrical equipment comply with the applicable provisions of the *National Electric Code*? …… ☐ Yes ☐ No
10. Will each tank system be electrically grounded in an approved manner?……...…….…. ☐ Yes ☐ No
11. Number, type and rating of chemical fire extinguishers on premises:
    _____
    _____
12. Will all piping, valves and fittings comply with current regulatory requirements, as applicable? …… ☐ Yes ☐ No
13. Is location subject to flooding? ☐ Yes ☐ No If "Yes," indicate depth of highest known flood level: _____ Feet
14. If subject to flooding, will tanks be constructed and installed (including all safeguards) with current regulatory requirements? …… ☐ Yes ☐ No

E. APPLICANT ACKNOWLEDGEMENT OF COMPLIANCE RESPONSIBILITIES

By signing this form, I acknowledge that I understand that approval of this installation is contingent upon compliance with all requirements (including any related to financial responsibility) found in Pennsylvania statute or regulation and that use of this installation requires a site inspection and final approval issued by the Department of Labor & Industry.

_____	_____	_____
Signature of Applicant	**Title of Applicant**	**Date Signed**
( ) _____	_____	
Phone Number	**E-mail**	