

Commonwealth of the Northern Mariana Islands

OFFICE OF THE GOVERNOR

Bureau of Environmental and Coastal Quality

DEQ: P.O. Box 501304 Saipan, MP 96950 Tel.: (670) 664-8500/01; Fax: (670) 664-8540

DCRM: P.O. Box 10007, Saipan, MP 96950 Tel.: (670) 664-8300; Fax: (670) 664-8315

www.deq.gov.mp and www.crm.gov.mp



ABOVEGROUND STORAGE TANK (AST) PERMIT TO INSTALL

GENERAL INSTRUCTIONS		FOR BECQ USE ONLY	
<p>TO THE APPLICANT: It is the responsibility of the applicant to completely answer all fields in the application form and attach the required supporting documents. If a question is not applicable, "N/A" should be placed in the appropriate space. BECQ will not file or act on the application if information is incomplete. The processing fee is \$500.00 per tank, valid for a six (6) month period. There will be a maximum thirty (30) calendar day processing period for any AST Permit to Install application from the time BECQ-DEQ determines the application is complete. § NMIAC 65-5-101 (d)</p>		Amount Paid:	
		Receipt No:	
		AST Facility ID:	
		AST Permit No:	
1. OWNERSHIP OF TANK(S) INFORMATION		2. FACILITY/SITE INFORMATION	
Tank Owner Name	Facility Name		
Mailing Address	Street Address		
City / State / Zip	City / State / Zip		
Phone Number	Phone Number		
Email Address	Email Address		
3. LAND OWNER (If different than Tank Owner)		4. CONTACT PERSON (In charge of Tank[s])	
Land Owner Name	Contact Name / Title		
Mailing Address	Mailing Address		
City / State / Zip	City / State / Zip		
Phone Number	Phone Number		
Email Address	Email Address		
5. TYPE OF FACILITY			
<input type="checkbox"/> Hotel/Resort	<input type="checkbox"/> Car Dealer	<input type="checkbox"/> Residential/ Apartment / Dormitory	
<input type="checkbox"/> Market/Store	<input type="checkbox"/> Restaurant/Bakery/Food Vendor	<input type="checkbox"/> Health Clinic	
<input type="checkbox"/> Commercial Building	<input type="checkbox"/> Fuel Service Station	<input type="checkbox"/> Temporary Construction Site	
<input type="checkbox"/> Golf Course	<input type="checkbox"/> Oil Change/Auto Shop	<input type="checkbox"/> Construction Company	
<input type="checkbox"/> Government	<input type="checkbox"/> Petroleum Bulk Distributor	<input type="checkbox"/> Other (Explain):	
6. CERTIFICATION			
<p>I, the undersigned, do hereby agree to conduct the installation of any aboveground storage tank(s) under my control in conformance with the CNMI Aboveground Storage Tank Regulations. All answers in this application are true and accurate to the best of my knowledge. I also understand that any knowing and willful false statement, representation, or answer on this application may be considered grounds for permit denial and/or a civil or criminal penalty not to exceed \$50,000.00 or one (1) year imprisonment or both (2 CMC 3131(d)(2)).</p>			
Owner/Applicant Name	Signature	Date	

7. TANK INFORMATION

Tank Identification Number	Tank No.									
Status of Tank (mark only one)										
New Tank	<input type="checkbox"/>									
Currently in Use	<input type="checkbox"/>									
Temporarily out-of-service	<input type="checkbox"/>									
Permanently Closed	<input type="checkbox"/>									
Date of Installation (month/year)										
Capacity of Tank in Gallons										
Tank Design (mark all that apply)										
Steel Indoor Tank	<input type="checkbox"/>									
Single Wall Steel Tank	<input type="checkbox"/>									
Double Wall Steel Tank	<input type="checkbox"/>									
Fire Resistant Tank (Flame shield)	<input type="checkbox"/>									
Protected Tank (Fireguard)	<input type="checkbox"/>									
Vaulted Tank	<input type="checkbox"/>									
Field-Fabricated Steel Tank	<input type="checkbox"/>									
Oil Filled Electrical Equipment	<input type="checkbox"/>									
Unknown	<input type="checkbox"/>									
Steel Secondary Containment	<input type="checkbox"/>									
Concrete Secondary Containment	<input type="checkbox"/>									
Earthen Secondary Containment	<input type="checkbox"/>									
Piping Material (mark all that apply)	Pri	Sec								
Copper	<input type="checkbox"/>									
Carbon Steel/Black Iron	<input type="checkbox"/>									
Galvanized Steel	<input type="checkbox"/>									
Stainless Steel	<input type="checkbox"/>									
Cathodically Protected Steel	<input type="checkbox"/>									
Fiberglass Reinforced Plastic (FRP)	<input type="checkbox"/>									
Flex Plastic Piping	<input type="checkbox"/>									
Unknown	<input type="checkbox"/>									
Other, Please Specify:										
Piping Type (mark all that apply)										
Aboveground	<input type="checkbox"/>									
Underground	<input type="checkbox"/>									
Double-walled	<input type="checkbox"/>									
Steel piping with secondary containment	<input type="checkbox"/>									
Substance Stored										
Gasoline	<input type="checkbox"/>									
Aviation Gas	<input type="checkbox"/>									
Kerosene	<input type="checkbox"/>									
Jet Fuel	<input type="checkbox"/>									
Diesel	<input type="checkbox"/>									
Bio-Diesel	<input type="checkbox"/>									
#2 Heating Oil	<input type="checkbox"/>									
#6 Heating Oil	<input type="checkbox"/>									
Lubrication Oil	<input type="checkbox"/>									
Used Oil	<input type="checkbox"/>									
Asphalt	<input type="checkbox"/>									
Other, Please Specify										

	Tank No.	Tank No.	Tank No.	Tank No.	Tank No.
Corrosion Protection (NMIAC § 65-5-415) (mark all that apply)					
Elevated Tank Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically Protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrosion Resistant Coating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior is Coated or Lined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overfill Protection (NMIAC § 65-5-420) (mark all that apply)					
High Level Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic Shut Off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glass Gauge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual Stick During Transfer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Release Detection (NMIAC § 65-5-435) (mark all that apply)					
Automatic Sensing Device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical Device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monthly Visual Exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other DEQ Approved Method	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. CERTIFICATION OF COMPLIANCE					
1. Have you obtained a BECQ-DEQ "ONE START" Earthmoving Permit? (Consult with the BECQ-DEQ WEEC Branch)	<input type="checkbox"/> YES <input type="checkbox"/> NO		PERMIT NUMBER:		
2. Is your facility in compliance with the CNMI's Department of Fire and Emergency Medical Services (DFEMS) Fire Code and NFPA Code 30 and 30A (§ 65-5-215 Setback Requirements)? (Consult with DFEMS)	<input type="checkbox"/> YES <input type="checkbox"/> NO		PERMIT NUMBER:		
3. Have you consulted with the BECQ-DEQ Safe Drinking Water Branch, to determine the location of your facility and what the GMZ is?					
A. Select the appropriate Groundwater Management Zone where the facility is located:	<input type="checkbox"/> Class 1 Groundwater Management Zone <input type="checkbox"/> Class 2 Groundwater Management Zone <input type="checkbox"/> Class 3 Groundwater Management Zone <input type="checkbox"/> Other				
B. Distance to the nearest public or private drinking water well:	_____ FEET				
C. DEQ Well Permit No. (for assistance, consult with BECQ-DEQ Safe Drinking Water Program)	PERMIT NUMBER:				
D. Is the AST within 500 feet of:					
• A wetland or wetland boundary?	<input type="checkbox"/> YES		<input type="checkbox"/> NO		
• A surface water body where public drinking water is collected?	<input type="checkbox"/> YES		<input type="checkbox"/> NO		
• An inland body of water?	<input type="checkbox"/> YES		<input type="checkbox"/> NO		
• The shoreline, as measured from the mean high water mark?	<input type="checkbox"/> YES		<input type="checkbox"/> NO		
• A tidal or storm inundation area?	<input type="checkbox"/> YES		<input type="checkbox"/> NO		
9. MAPS: SITE PLAN					
1. Have you provided a map displaying the proposed location of the AST(s) in relation to wetlands, surface water, and shoreline?	<input type="checkbox"/> YES		<input type="checkbox"/> NO		
2. Have you provided a separate piping diagram for each tank with pipe, vent and valve specification identified on the diagram, as well as manufacturer and model numbers?	<input type="checkbox"/> YES		<input type="checkbox"/> NO		

10. TANK CERTIFICATION

Nationally recognized codes and standards shall be used in conjunction with manufacturer's specifications. They are:

- | | | |
|--|---|---|
| American Concrete Institute (ACI) | American Society for Nondestructive Testing (ASNT) | Petroleum Equipment Institute (PEI) |
| American National Standards Institute (ANSI) | American Society for Testing and Materials (ASTM) | Steel Structures Painting Council (SSPC) |
| American Petroleum Institute (API) | National Association of Corrosion Engineers (NACE) | Steel Tank Institute (STI) |
| American Society of Mechanical Engineers (ASME) | National Fire Protection Association (NFPA) | Underwriters Laboratory (UL) |

Provide copies of the most current installer certificates for the personnel who will be performing the tank(s) and/or piping(s) installation, based on the above standards. YES NO

11. TANK INSTALLATION FEE AND CERTIFICATION

§ 65-5-101 of the CNMI Aboveground Storage Tank Regulations require a fee of \$500.00 per tank proposed to be installed. The required fee must accompany this "Permit to Install" application. Your check or money order should be made payable to the "CNMI Treasury".

I, the undersigned, do hereby agree to conduct the installation of any aboveground storage tank(s) under my control in conformance with the CNMI Aboveground Storage Tank Regulations.

These regulations govern the use and operation of aboveground storage tank systems for the purpose of leak prevention, leak detection, release response and closure. As a necessary condition for the issuance of a permit pursuant to the CNMI AST Regulations, the Permittee agrees to allow representatives from the CNMI Bureau of Environmental and Coastal Quality [BECQ] to collect samples from any facility, or any other property of premises subject to this Permit to Install. Any sample collected may be used as evidence in enforcement action.

All answers in this application are true and accurate to the best of my knowledge. I also understand that any knowing and willful false statement, representation, or answer on this application may be considered grounds for permit denial and/or a civil or criminal penalty not to exceed \$50,000.00 or one (1) year imprisonment or both (2 CMC 3131(d)(2)).

Owner/Applicant Name

Signature

Date

This application for "AST Permit to Install" must be signed by the applicant or his designated representative. The signature of the designated representative will only be accepted with a legal instrument granting the representative power to act for the applicant in such matters. The legal instrument will not preclude BECQ from taking action against either the representative or the applicant in the event of violations.