



Commonwealth of the Northern Mariana Islands

OFFICE OF THE GOVERNOR

Bureau of Environmental and Coastal Quality

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# ABOVEGROUND STORAGE TANKS APPLICATION FOR A PERMIT TO OPERATE

## TO THE APPLICANT:

It is the responsibility of the applicant to completely answer all fields in the application form and attach the required supporting materials. 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 application process is approximately 30-business days. **The processing fee is \$100.00 per tank, valid for a FIVE-YEAR period.**

For BECQ Use Only	
Amount Paid:	
BECQ Receipt No:	

## Section 1. APPLICANT (Tank Owner) INFORMATION

\*Owner: any person who owns the AST system used for storage, use or dispensing; OR any person who is the title holder of the property where the AST system is located.

Name of Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Ext.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

Name of Representative/Applicant: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Information (if different from company phone number above): \_\_\_\_\_

## Section 2. FACILITY/SITE INFORMATION

\*Operator: any person in control of, or having responsibility for, the daily operation of the AST system.

Name of Facility: \_\_\_\_\_

Name of Operator: \_\_\_\_\_

Street/Intersection of Facility: \_\_\_\_\_

Village: \_\_\_\_\_

Island: \_\_\_\_\_

Type of Business:

Fueling (gas) Station

Residential Apartment

Commercial Government

Other: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Ext.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

### Section 3. TANK INFORMATION

Total Number of Tanks: _____								
	Tank #1		Tank #2		Tank #3		Tank #4	
<b>Capacity</b>								
<b>Wall Type</b>	<input type="checkbox"/> Double-wall <input type="checkbox"/> Single-wall		<input type="checkbox"/> Double-wall <input type="checkbox"/> Single-wall		<input type="checkbox"/> Double-wall <input type="checkbox"/> Single-wall		<input type="checkbox"/> Double-wall <input type="checkbox"/> Single-wall	
<b>Product Stored</b>	<input type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Used Oil <input type="checkbox"/> Other: _____ _____ _____		<input type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Used Oil <input type="checkbox"/> Other: _____ _____ _____		<input type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Used Oil <input type="checkbox"/> Other: _____ _____ _____		<input type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Used Oil <input type="checkbox"/> Other: _____ _____ _____	
<b>Manufacturer</b>								
<b>Manufacturer Standard</b>								
<b>Length/Height (Feet)</b>								
<b>Diameter (Feet)</b>								
	<input type="checkbox"/> Vertical <input type="checkbox"/> Horizontal <input type="checkbox"/> Compartmentalized <input type="checkbox"/> Vaulted		<input type="checkbox"/> Vertical <input type="checkbox"/> Horizontal <input type="checkbox"/> Compartmentalized <input type="checkbox"/> Vaulted		<input type="checkbox"/> Vertical <input type="checkbox"/> Horizontal <input type="checkbox"/> Compartmentalized <input type="checkbox"/> Vaulted		<input type="checkbox"/> Vertical <input type="checkbox"/> Horizontal <input type="checkbox"/> Compartmentalized <input type="checkbox"/> Vaulted	

### Section 4. TANK TIGHTNESS TESTING

Is your AST single wall?  YES  NO

Is your single wall AST(s) fifteen (15) years or older?  YES  NO

If you answered YES to both questions above, then you are required to submit the results of the tank tightness test that has been performed on your AST. The test must have been performed on all ASTs at the facility at least 6 months prior to submitting this renewal application. Did you submit this?  
 YES  
 NO

**Single-wall Horizontal:**  
• Test at a gauge pressure of 3 to 5 psi for 1 hour.

**Double-wall Horizontal:**  
• Test primary (inner) tank at a gauge pressure of 3 to 5 psi for 1 hour.

**Single-wall Vertical:**  
• Test at a gauge pressure of 1.5 to 2.5 psi for 1 hour.

**Double-wall Vertical:**  
• Test primary (inner) tank at a gauge pressure of 1.5 to 2.5 psi for 1 hour.

**Rectangular:**  
• Follow manufacturer instructions.

• Test secondary tank (interstitial) at a gauge pressure of 3 to 5 psi OR 2.6 psi vacuum for 1 hour.

• Test secondary tank (interstitial) at a gauge pressure of 1.5 to 2.5 psi OR 2.6 psi vacuum for 1 hour.

### Section 5. TANK MODIFICATIONS

Has the AST system been modified since installation?

- YES
- NO

Explain how the equipment or installation layout differs from the information provided in the application for a “Permit to Install Aboveground Storage Tanks”

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### Section 6. SPILL PREVENTION, CONTROL AND COUNTERMEASURE

You are required to submit a Spill Prevention, Control and Countermeasure (SPCC) plan if your tanks exceed 1,320 gallons.

Did you submit this?

- YES
- NO

You are required to have the Spill Prevention, Control and Countermeasure (SPCC) plan signed by a Professional Engineer (PE) if your tanks exceed 10,000 gallons.

Did you submit this?

- YES
- NO

### Section 7. TANK OPERATION AND CERTIFICATION

*Read and Sign after completing Sections 1-6:*

CNMI Aboveground Storage Tank Regulation Part 5.2.2 requires a fee of \$100 per AST proposed for operation. The required fee must accompany this application for a “Permit to Operate”. Your check or money order should be made payable to the “CNMI Treasury”.

I, the undersigned, do hereby agree to conduct the operation of any aboveground storage tank(s) under my control in conformance with the CNMI Aboveground Storage Tank Regulations. These regulations governs the use and operation of aboveground storage tank systems for the purpose of leak prevention, leak detection, and release response and remediation, and all other CNMI and Federal regulations as applicable. As a necessary condition for the issuance of a permit pursuant to the CNMI AST Regulations, the Permittee agrees to allow representatives from the Bureau of Environmental and Coastal Quality to collect samples from any facility, or any other property of premises subject to this Permit to Operate. Any sample collected may be used as evidence in an 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 “Permit to Operate” must be signed by the applicant or 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.