



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



Storage Tanks Program ABOVEGROUND STORAGE TANK (AST) PERMIT TO OPERATE			BECQ USE ONLY
			Amount Paid:
TYPE OF ACTION			Receipt No:
<input type="checkbox"/> NEW	\$100.00/per tank	AST Permit to Operate: 5 YEARS	AST Facility ID#:
<input type="checkbox"/> RENEWAL			AST Permit No:
<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. There will be a maximum thirty (30) calendar day processing period for any AST Permit to Operate application from the time BECQ-DEQ determines the application is complete. § NMIAC 65-5-105 (c)</p>			
SECTION 1. APPLICANT (Tank Owner) INFORMATION			
<p>*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.</p>			
Name of Company			
Mailing Address			
Phone Number		Extension (Ext.)	Fax Number
Name of Representative/Applicant			
Email Address		Contact Information (if different from company phone number above)	
SECTION 2. FACILITY/SITE INFORMATION			
<p>*Operator: any person in control of, or having responsibility for, the daily operation of the AST system.</p>			
Name of Facility			
Name of Operator			
Street/Intersection of Facility		Village	Island
Type of Business	<input type="checkbox"/> Service (Gas) Station	<input type="checkbox"/> Apartment	<input type="checkbox"/> Government
	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Other:
Contact Person			
Email Address			
Phone Number		Extension (Ext.)	Fax Number

SECTION 3. TANK INFORMATION

Total Number of Tanks:

*If your facility has more than four (4) tanks, please attach additional sheet(s) of the tank information to the application.

	Tank #1	Tank #2	Tank #3	Tank #4
Status of Tank				
Currently in Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporarily Closed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanently Closed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of Installation (month/year)				
Capacity				
Wall Type	<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
Product Stored	<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: _____
Manufacturer				
Manufacturer Standard				
Length/Height (feet)				
Diameter (feet)				
Type of Tank	<input type="checkbox"/> Vertical Tank <input type="checkbox"/> Horizontal Tank <input type="checkbox"/> Compartmentalized <input type="checkbox"/> Vaulted	<input type="checkbox"/> Vertical Tank <input type="checkbox"/> Horizontal Tank <input type="checkbox"/> Compartmentalized <input type="checkbox"/> Vaulted	<input type="checkbox"/> Vertical Tank <input type="checkbox"/> Horizontal Tank <input type="checkbox"/> Compartmentalized <input type="checkbox"/> Vaulted	<input type="checkbox"/> Vertical Tank <input type="checkbox"/> Horizontal Tank <input type="checkbox"/> Compartmentalized <input type="checkbox"/> Vaulted

SECTION 4. TANK MODIFICATIONS

YES NO

Has the Aboveground Storage Tank (AST) system been modified since installation?

If "YES", explain how the equipment or installation layout differs from the information provided in the application for a "Permit to Install Aboveground Storage Tanks"

SECTION 5. TANK TIGHTNESS TESTING

<input type="checkbox"/> YES <input type="checkbox"/> NO	Is your Aboveground Storage Tank (AST) system single-walled?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Is your single-walled Aboveground Storage Tank (AST) fifteen (15) years or older?
Did you submit a Tank Tightness Test? <input type="checkbox"/> YES <input type="checkbox"/> 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 six (6) months prior to submitting this application.

TANK TIGHTNESS TESTING FOR TYPES OF ASTs

Single-wall Horizontal	Double-wall Horizontal	Single-wall Vertical	Double-wall Vertical	Rectangular
<ul style="list-style-type: none"> Test at a gauge pressure of 3 to 5 psi for one (1) hour. 	<ul style="list-style-type: none"> Test primary (inner) tank at a gauge pressure of 3 to 5 psi for (1) hour; Test secondary tank (interstitial) at a gauge pressure of 3 to 5 psi OR 2.6 psi vacuum for one (1) hour. 	<ul style="list-style-type: none"> Test at a gauge pressure of 1.5 to 2.5 psi for one (1) hour. 	<ul style="list-style-type: none"> Test primary (inner) tank at a gauge pressure of 1.5 to 2.5 psi for (1) hour; Test secondary tank (interstitial) at a gauge pressure of 1.5 to 2.5 psi OR 2.6 psi vacuum for one (1) hour. 	<ul style="list-style-type: none"> Follow manufacturer instructions.

SECTION 6. LINE TIGHTNESS TESTING

Did you submit a Line Tightness Test? <input type="checkbox"/> YES <input type="checkbox"/> NO	All ASTs shall be tested for tightness in accordance with manufacturer's specifications and current codes of practice developed by nationally recognized associations; the tightness testing shall be completed as part of the installation process, witnessed by DEQ, before an AST Permit to Operate is issued. § NMIAC 65-5-401(a)
---	---

SECTION 7. SPILL PREVENTION, CONTROL AND COUNTERMEASURE (SPCC)

<input type="checkbox"/> YES <input type="checkbox"/> NO	Is the total capacity of all aboveground storage tanks at your facility greater than 1,320 gallons? (If you responded "NO", then you are not required to submit an SPCC Plan).
--	--

If you responded "YES" in the previous question, that the total capacity of the ASTs at your facility is greater than 1,320 gallons, then you are required to submit a completed SPCC plan as required for the prevention of, preparedness for, and response to oil discharges as part of the Oil Pollution Prevention regulation (40 CFR Part 112). **Read the "Qualified Facility Applicability" section below to determine whether you qualify as a Tier I or Tier II Qualified Facility.** https://www.epa.gov/sites/production/files/2013-08/documents/qualfac_fs.pdf

QUALIFIED FACILITY APPLICABILITY (USEPA SPCC Qualified Facilities Guidelines Fact Sheet, May 2011)

If the facility total aboveground oil storage capacity is 10,000 gallons or less...

And...	And the facility has...	Then the facility is a:
Within three years prior to the Plan certification date, or since becoming subject to the SPCC rule if in operation for less than three years, the facility has not had: <ul style="list-style-type: none"> A single discharge of oil to navigable waters or adjoining shorelines exceeding 1,000 gallons, or Two discharges of oil to navigable waters or adjoining shorelines each exceeding 42 gallons within any 12-month period. 	No individual aboveground oil containers greater than 5,000 gallons;	Tier I Qualified Facility: Complete and self-certify Plan template (Appendix G to 40 CFR part 112) in lieu of a full PE-certified Plan or other self-certified SPCC Plan.
	Any individual aboveground oil container greater than 5,000 gallons.	Tier II Qualified Facility: Prepare a self-certified Plan in accordance with all applicable requirements of §112.7 and subparts B or C of the rule, in lieu of a PE-certified Plan.

Did you submit a Tier I Qualified Facility SPCC Plan? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is the total capacity of all aboveground storage tanks at your facility greater than 1,320 gallons, but less than 5,000 gallons? (If "YES", your facility qualifies as a Tier I Qualified Facility and you are required to submit a SPCC plan).
---	---

Did you submit a Tier II Qualified Facility SPCC Plan? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is the capacity of all aboveground storage tanks at your facility 10,000 gallons or less? (If "YES", your facility qualifies as a Tier II Qualified Facility and you are required to submit a SPCC plan certified by a Professional Engineer [PE]).
--	---

SECTION 8. TANK OPERATION AND CERTIFICATION

CNMI Aboveground Storage Tank Regulation requires a fee of \$100 per AST proposed for operation (NMIAC § 65-5-105(b)). The required fee must accompany this application for an AST "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.