

CITY OF WILLISTON
PO Box 1306, Willison, ND 58802-1360
701 577-8100

LICENSE APPLICATION for BULK STORAGE & HANDLING OF
FLAMMABLE LIQUIDS & HAZARDOUS MATERIALS

To the Board of City Commissioners of the City of Williston, North Dakota: The undersigned hereby makes application to engage in the business Bulk Storage of Flammable Liquids & Hazardous Materials on the premises hereinafter described, for the period beginning _____ and will be valid through December 31st of that same year.

Company Name: _____

Mailing Address: _____

Facility Premises/Physical Address: _____

Authorized Signor/Principle Name: _____

Contact Name, if different: _____

Contact Email: _____

Contact Phone: _____

OFFICIAL OFFICE USE ONLY:

APPROVED DENIED _____ _____
Fire Inspector Date

Compliance Deadline Date, if any: _____

Inspector Remarks _____

Date Received: _____ Fee received: \$ _____ PBA #: _____

City Auditor Date

GENERAL FACILITY INFORMATION

1. How many employees handle hazardous materials at this site? _____
2. Status of Business / Facility:
 Currently in operation New, in-progress construction: expected completion date _____
3. Activity at site which involve hazardous materials – check all that apply:
 Generation Use storage Handling Processing Manufacturing Disposal
4. Is the facility now, or will it be, a large quantity generator of hazardous waste? Yes No
5. If this site is a transfer station, indicate facility type:
 Sludge Discarded hazardous material Biomedical waste
6. Are there any monitoring wells on site?
 Yes, number of wells: _____ No N/A
7. Is this facility a Tier II Reporting Facility? Yes No
If Yes, please attach a copy of most recent report filed.

ASSOCIATIONS - list all companies used to haul, transfer and dispose of hazardous materials to and from this site

Company Name	Contact Name	Phone Number	Address	Method of Transportation

INVENTORY OF MATERIALS - make additional copies of this page, if needed

Trade Name	Chemical Name	Container Size	Max Quantity	Max Monthly Usage

ABOVE GROUND STORAGE INFORMATION (tanks, totes, barrels, etc.)

(Make additional copies of these pages, as needed)

Are there any above ground storage containers on this site?

Yes Existing will be removed, date _____ No New will be installed, date _____

Additional information regarding containers to be closed and/or new to be installed:

	Container 1	Container 2	Container 3	Container 4	Container 5
CONFIGURATION	<input type="checkbox"/> Horizontal	<input type="checkbox"/> Horizontal	<input type="checkbox"/> Horizontal	<input type="checkbox"/> Horizontal	<input type="checkbox"/> Horizontal
	<input type="checkbox"/> Vertical	<input type="checkbox"/> Vertical	<input type="checkbox"/> Vertical	<input type="checkbox"/> Vertical	<input type="checkbox"/> Vertical
	<input type="checkbox"/> On Ground	<input type="checkbox"/> On Ground	<input type="checkbox"/> On Ground	<input type="checkbox"/> On Ground	<input type="checkbox"/> On Ground
	<input type="checkbox"/> Elevated	<input type="checkbox"/> Elevated	<input type="checkbox"/> Elevated	<input type="checkbox"/> Elevated	<input type="checkbox"/> Elevated
Type of supports if elevated more than 12"					
Substance to be stored					
Height/Length					
Diameter					
Gallon Capacity					
Number of relief valves					
Relief valve capacity					
SDS - Safety Data Sheet - Attached to container?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Alarm System Current	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

LOCATION	Container 1	Container 2	Container 3	Container 4	Container 5
Distance in feet from container to					
Nearest Building					
Fuel Dispenser					
Near Side of Public Way					
Property Line which is, or may be built upon					
Delivery Vehicle during tank filling operations					
Adjacent Above Ground Containers					
Nearest LP-Gas, Container (if any)					

VENTING	Container 1	Container 2	Container 3	Container 4	Container 5
Normal Vent Size					
Emergency Vent Size					
Vent Termination Point above ground level					

PUMP SYSTEM	Container 1	Container 2	Container 3	Container 4	Container 5
Type of supports if elevated more than 12"	<input type="checkbox"/> Remote <input type="checkbox"/> Suction	<input type="checkbox"/> Remote <input type="checkbox"/> Suction	<input type="checkbox"/> Remote <input type="checkbox"/> Suction	<input type="checkbox"/> Remote <input type="checkbox"/> Suction	<input type="checkbox"/> Remote <input type="checkbox"/> Suction

Valves Check all to be installed	Container 1	Container 2	Container 3	Container 4	Container 5
Solenoid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire/Impact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure Regulating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internal Fire Valve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
External Fire Valve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Block Valve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPILL CONTROL - If method of spill control is other than diking, attach description

Dike Length (in feet)	Dike Width (in feet)	Dike Height (in feet)
Dike walls constructed of: <input type="checkbox"/> Clay <input type="checkbox"/> Masonry <input type="checkbox"/> Concrete <input type="checkbox"/> Steel <input type="checkbox"/> Dirt <input type="checkbox"/> Other - Explain:		
Dike walls constructed of: <input type="checkbox"/> Clay <input type="checkbox"/> Dirt <input type="checkbox"/> Concrete <input type="checkbox"/> Liner <input type="checkbox"/> <input type="checkbox"/> Other - Explain:		
Is Secondary System in Place? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:		
Is there a Vapor Recovery System? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the dispenser, manufacturer and model?		

PIPING

Piping Supports? <input type="checkbox"/> Yes <input type="checkbox"/> No	Corrosion Pipe? <input type="checkbox"/> Yes <input type="checkbox"/> No
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DISPENSING

Attended <input type="checkbox"/>	Unattended <input type="checkbox"/>	Emergency Shut-off Location (feet from dispenser)
Hose Length (in feet)		If Remote Pump System, is Leak Detection Device in place? <input type="checkbox"/> Yes <input type="checkbox"/> No

FILLING

Provisions to sound an audible alarm at 90% tank/container capacity	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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AND

Provisions to automatically stop liquid flow at 98% tank/container capacity	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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OR

Provisions to restrict liquid flow to 2.5 GPM at 95% tank/container capacity	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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PHYSICAL PROTECTION

Containers enclosed with 6' high chain link fence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Containers and fence separated by at least 10'?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Properly secured gate at all times?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dispensing area, piping, and tank area protected against vehicular collision?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a break away?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a primary shut-off?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there customer operating instructions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

UNDERGROUND TANK INFORMATION

(Make additional copies of these pages, as needed)

Are there any underground storage tanks on this site?

Yes Existing tanks will be closed, date _____ No New tanks will be installed, date _____

Additional information regarding tanks to be closed and/or new tanks to be installed:

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UNDERGROUND TANKS

Tank Number	Year Installed	Size (Gallons)	Contents (Product Last Stored)	Corrosion - Describe (rust, pitting, holes, etc.)	Evidence of Leakage (holes, spills, overfills)	Currently in Use
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Bulk Storage Facility License & Inspection Fee = \$250.00

Total Fee Calculations

Fee Types	Amount
Bulk Storage Facility	\$ 250
Re-inspection Fee	
<u>TOTAL INSPECTION FEE</u>	\$

Re-inspection Fees, if applicable

Re-inspection Type	Fee	Check if Applicable
First re-inspection	No Charge	
Second re-inspection	\$ 100	
Third re-inspection	\$ 250	
4 or more re-inspections	\$ 500	
<u>RE-INSPECTION FEE TOTAL</u>	\$	

ADDITIONAL REQUIRMENTS FOR THIS APPLICATION

Attach appropriate documents as specified below.

1. Copy of facility property site plan. Include main features of the property – building locations, roadways, fencing, tank locations, emergency shut-off locations, etc.
2. Copy of current emergency evacuation and notification plan for this site.
 - a. List testing dates conducted for the past year:

3. Copy of emergency evacuation training schedule.
4. Copy of Commercial Business Liability Insurance declarations/certificate page.
5. Copy of ND State business license/registration.
6. Enclose payment with this application. Make checks payable to 'City of Williston'.
 - Applications can be mailed to: PO Box 1306, Williston, ND 58802
 - Hand delivered to: 22 E Broadway, Williston, ND 58801

I agree that the above statements are true and correct to the best of my knowledge.

I agree to comply with the provisions of Ordinances 299, 300, 506 and 1014; and Chapter 8 of the Williston Code of Ordinances including all sections as is or as amended.

Dated at Williston, North Dakota this _____ day of _____, 20_____.

Applicant Printed Name, Title

Applicant Signature