TR-WM-139 (3/24)
Formerly ERS-10778

Wisconsin Department of Agriculture, Trade and Consumer Protection
Bureau of Weights and Measures, Storage Tank Regulation
2811 Agriculture Drive, PO Box 7837, Madison, WI 53707-7837
Phone: (608) 224-4942

Under Wis. Admin. Code § ATCP 93.510(2)(a) and (c), this form TR-WM-139 must be completed every 12 months. Under Wis. Stat. § 168.26, failure to do so is subject to a civil forfeiture of not less than $10 nor more than $5,000. Each day of a continued violation is a separate offense.

FOR OFFICE USE ONLY

UNDERGROUND TANK SYSTEM FUNCTIONALITY VERIFICATION

PLEASE TYPE OR PRINT CLEARLY - *Personal information you provide might be used for purposes other than that which it was originally collected.*

A. OWNER INFORMATION

NAME	TELEPHONE ( ) -	EMAIL
COMPANY NAME		

NUMBER AND STREET	CITY	STATE	ZIP

SITE INFORMATION

FACILITY ID #	FACILITY NAME

SITE STREET	CITY	STATE	ZIP

ASSIGNED ANNIVERSARY MONTH	DATE OF TESTING/SERVICING

CONTRACTOR INFORMATION

CONTRACTOR NAME	TELEPHONE/CELL ( ) -

CONTACT PERSON	EMAIL	WORK ORDER NUMBER

This form must be used to document functionality testing of monitoring equipment. ***A separate verification or report must be prepared for each monitoring system control panel*** by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must retain these records in accordance with ATCP 93.510(2).

B. RESULTS OF TESTING/SERVICING

TECH'S MANUFACTURER'S CERTIFICATION NUMBER: _____ LEVEL: _____

ATG MAKE AND MODEL: _____ ☐ CSLD SOFTWARE VERSION INSTALLED: _____

ALL EQUIPMENT TESTED: ☐ YES ☐ NO

ALL EQUIPMENT VERIFIED AS FUNCTIONAL: ☐ YES ☐ NO

ARE ALL DEFICIENCIES CORRECTED? ☐ YES ☐ NO ☐ NA

NOTE: ***If response is "No" for any question above***; within 5 business days, send this form to DATCP at: DATCPStorageTanks@wisconsin.gov

IN SECTION BELOW, DESCRIBE HOW AND WHEN DEFICIENCIES WERE OR WILL BE CORRECTED.

Operator was advised to hire contractor to correct deficiencies or service items not inspected or verified: ☐ YES ☐ NO ☐ NA (No deficiencies or items not inspected or verified)

Certification - I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines and the system is set up correctly. Attached to this report is additional documentation (e.g. manufacturers' checklists) necessary to verify that this information is correct. For any equipment capable of generating such reports, I have also attached a copy of the following; *(check all that apply):*

☐ Set-up as found ☐ Set-up as left (corrections made: ☐ YES ☐ NO) ☐ Alarm History

TECHNICIAN NAME (PRINT)	SIGNATURE	DATE

FACILITY REPRESENTATIVE(PRINT)	SIGNATURE	DATE

FACILITY NAME: DATE:

C. Inventory of Tank Equipment *Below check and write in the appropriate boxes.*

Tank Product: ____ ☐ Manifolded Tank				Tank Product: ____ ☐ Manifolded Tank			
☐ YES	☐ NO	☐ NA	In-Tank Gauging Probe.	☐ YES	☐ NO	☐ NA	In-Tank Gauging Probe.
	Make /Model #:				Make /Model #:		
☐ YES	☐ NO	☐ NA	Tank Interstitial Sensor is functioning properly. ☐ Float Type	☐ YES	☐ NO	☐ NA	Tank Interstitial Sensor is functioning properly. ☐ Float Type
☐ YES	☐ NO	☐ NA	Tank Sump Sensor installed:	☐ YES	☐ NO	☐ NA	Tank Sump Sensor installed:
☐ YES	☐ NO	☐ NA	Mechanical Line Leak Detector installed.	☐ YES	☐ NO	☐ NA	Mechanical Line Leak Detector installed.
	Model:				Model:		
☐ YES	☐ NO	☐ NA	Electronic Leak Detector installed.	☐ YES	☐ NO	☐ NA	Electronic Leak Detector installed.
	Model:				Model:		
☐ YES	☐ NO		Tank Overfill - 90% alert installed.	☐ YES	☐ NO		Tank Overfill - 90% alert installed.
☐ YES	☐ NO	☐ NA	Tank Overfill - 95% auto shut-off drop tube	☐ YES	☐ NO	☐ NA	Tank Overfill - 95% auto shut-off drop tube
	Make /Model #:				Make /Model #:		

Tank Product: ____ ☐ Manifolded Tank				Tank Product: ____ ☐ Manifolded Tank			
☐ YES	☐ NO	☐ NA	In-Tank Gauging Probe.	☐ YES	☐ NO	☐ NA	In-Tank Gauging Probe.
	Make /Model #:				Make /Model #:		
☐ YES	☐ NO	☐ NA	Tank Interstitial Sensor is functioning properly. ☐ Float Type	☐ YES	☐ NO	☐ NA	Tank Interstitial Sensor is functioning properly. ☐ Float Type
☐ YES	☐ NO	☐ NA	Tank Sump Sensor installed:	☐ YES	☐ NO	☐ NA	Tank Sump Sensor installed:
☐ YES	☐ NO	☐ NA	Mechanical Line Leak Detector installed.	☐ YES	☐ NO	☐ NA	Mechanical Line Leak Detector installed.
	Model:				Model:		
☐ YES	☐ NO	☐ NA	Electronic Leak Detector installed.	☐ YES	☐ NO	☐ NA	Electronic Leak Detector installed.
	Model:				Model:		
☐ YES	☐ NO		Tank Overfill - 90% alert installed.	☐ YES	☐ NO		Tank Overfill - 90% alert installed.
☐ YES	☐ NO	☐ NA	Tank Overfill - 95% auto shut-off drop tube	☐ YES	☐ NO	☐ NA	Tank Overfill - 95% auto shut-off drop tube
	Make /Model #:				Make /Model #:		

D. OVERFILL ☐ NA

☐ YES	☐ NO	Is an outdoor audible and visual alarm to alert when the tanks has reached the 90% fill level installed and functional? (Check appropriate box(s)) ☐ Audible operating ☐ Visual operating
☐ YES	☐ NO	Overfill auto shut-off drop tubes were removed, inspected, reinstalled and are operational for 95% maximum tank fill. (Attach setpoint calculation sheet for each tank)
☐ YES	☐ NO ☐ NA	Ball floats on all tanks have been removed or set higher than the 95% auto shut-off drop tube valve.

E. CONTAINMENT

☐ YES	☐ NO	☐ NA	Are all spill buckets intact with no evident holes, cracks, bulges, collapsed walls?
☐ YES	☐ NO	☐ NA	If spill bucket is designed with a plunger, is it functional?
☐ YES	☐ NO	☐ NA	All tank, dispenser, and transition sump sensors were visually inspected, functionally tested, and are confirmed operational.
☐ YES	☐ NO	☐ NA	Are all sensors installed according to manufacturer's specifications or at lowest point of secondary containment and positioned so that nothing will interfere with their proper operation?
☐ YES	☐ NO	☐ NA	Have all "stand-alone" sensors been tested and determined to be functional?
☐ YES	☐ NO	☐ NA	For pressurized piping systems, does the turbine automatically shut down if the piping secondary containment monitoring system detects a leak? If yes, which sensor location activates shutdown? ☐ Sump sensor ☐ Dispenser sensor Did you confirm a positive shut-down? ☐ YES ☐ NO
The double-wall interstitial pipe is installed with the intention of functioning as an: ☐ Open system ☐ Closed system			
☐ YES	☐ NO	☐ NA	Test ports/fittings/boots removed or left open on secondary containment "open" interstitial piping?
☐ YES	☐ NO	☐ NA	Submersible or dispenser containment's inspection indicates holes, cracks, bulges, collapsed walls or failed penetration boots (NOTE: Liquid tight sumps must be in place by Dec 31, 2020)

FACILITY NAME: DATE:

☐ YES	☐ NO	☐ NA	Was liquid found inside any secondary containment system? ☐ Product ☐ Water *If yes describe how resolved in comments?*

F. GENERAL

☐ YES	☐ NO		Monitoring system set-up was reviewed to ensure proper settings. Corrections made? ☐ YES ☐ NO *Attach set up reports and a description of set-up corrections in section B, if applicable.*
☐ YES	☐ NO		Are there any current alarms? What:
☐ YES	☐ NO	☐ NA	If alarms are relayed to a remote monitoring station is all communications equipment (e.g. modem) operational.
☐ YES	☐ NO		Was any monitoring equipment replaced? *If yes, identify specific sensors, probes, or other equipment replaced and list the manufacturer name and model for all replacement parts in comment section.*
☐ YES	☐ NO		ATG or monitoring system's visual and audible alarm(s) are operational and functioning.
☐ YES	☐ NO		Emergency shut-off (e-stop) tested as functional and disables equipment as required by NFPA 30A, 6.7.
☐ YES	☐ NO	☐ NA	Are all dual point adaptor and vapor recovery poppet and caps functional with gaskets?
	In-Tank Gauging		☐ **Check this box if no tank gauging equipment installed.** ☐ **Check this box if tank gauge is not functioning.**
☐ YES	☐ NO	☐ NA	ATG battery tested?
☐ YES	☐ NO		All input wiring has been visually inspected for proper entry?
☐ YES	☐ NO		All tank gauging probes, visually inspected for damage and residue buildup?
☐ YES	☐ NO		Accuracy of system product level readings tested?
☐ YES	☐ NO		Have all the tanks been checked for water? Has the water been removed? ☐ YES ☐ NO ☐ NA
☐ YES	☐ NO		All probes reinstalled properly and verified as operational. All cap, gasket and grommet fittings are watertight?
☐ YES	☐ NO	☐ NA	All items on the equipment manufacturer's maintenance checklist completed?
	Leak Detector		*This section is in addition to the annual functionality test of MLLD or ELLD.* ☐ **Check this box if no line leak detection equipment is installed.** ☐ **Check this box if line leak detection is not functioning.**
☐ YES	☐ NO		Each Electronic Line Leak Detector automatically alarms or shuts off the submersible if the ELLD detects a 3gph leak?
☐ YES	☐ NO		Each continuous electronic vacuum monitored interstitial leak detection system alarms or shuts off the submersible if a 3.0gph leak is detected.
☐ YES	☐ NO	☐ NA	For Electronic Line Leak Detectors have all accessible wiring connections been visually inspected?

G. DISPENSER INFORMATION

Dispenser ID: ____________ Dispenser Containment Sensor - Model: ____________ or ☐ NA ☐ YES ☐ NO Shear Valve(s) properly anchored & tripped to verify operation ☐ YES ☐ NO Dispenser containment ☐ Manufactured or ☐ Field constructed	**Dispenser ID:** ____________ Dispenser Containment Sensor - Model: ____________ or ☐ NA ☐ YES ☐ NO Shear Valve(s) properly anchored & tripped to verify operation ☐ YES ☐ NO Dispenser containment ☐ Manufactured or ☐ Field constructed
Dispenser ID: ____________ Dispenser Containment Sensor - Model: ____________ or ☐ NA ☐ YES ☐ NO Shear Valve(s) properly anchored & tripped to verify operation ☐ YES ☐ NO Dispenser containment ☐ Manufactured or ☐ Field constructed	**Dispenser ID:** ____________ Dispenser Containment Sensor - Model: ____________ or ☐ NA ☐ YES ☐ NO Shear Valve(s) properly anchored & tripped to verify operation ☐ YES ☐ NO Dispenser containment ☐ Manufactured or ☐ Field constructed
Dispenser ID: ____________ Dispenser Containment Sensor - Model: ____________ or ☐ NA ☐ YES ☐ NO Shear Valve(s) properly anchored & tripped to verify operation ☐ YES ☐ NO Dispenser containment ☐ Manufactured or ☐ Field constructed	**Dispenser ID:** ____________ Dispenser Containment Sensor - Model: ____________ or ☐ NA ☐ YES ☐ NO Shear Valve(s) properly anchored & tripped to verify operation ☐ YES ☐ NO Dispenser containment ☐ Manufactured or ☐ Field constructed

FACILITY NAME: DATE:

Dispenser ID: ____________ Dispenser Containment Sensor - Model: ____________ or ☐ NA	**Dispenser ID:** ____________ Dispenser Containment Sensor - Model: ____________ or ☐ NA

☐ YES ☐ NO Shear Valve(s) properly anchored & tripped to verify operation

☐ YES ☐ NO Dispenser containment

☐ Manufactured or ☐ Field constructed

Dispenser ID:

Dispenser Containment Sensor - Model:

or ☐ NA

☐ YES ☐ NO Shear Valve(s) properly anchored & tripped to verify operation

☐ YES ☐ NO Dispenser containment

☐ Manufactured or ☐ Field constructed

If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility.