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| TR-WM-140 (11/23) Formerly ERS-8951 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **FOR OFFICE USE ONLY** | | | | |
|  | | | Wisconsin Department of Agriculture, Trade and Consumer Protection  Bureau of Weights and Measures P.O. Box 7837, Madison, WI 53707-7837 (608) 224-4942 Wis. Admin. Code § ATCP 93.560 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| TANK SYSTEM SERVICE AND CLOSURE ASSESSMENT REPORT  Completion of this form is mandatory. Failure to complete this form is subject to enforcement action under Wis. Admin. Code ch. ATCP 93. Personal information you provide may be used for purposes other than that for which it was originally collected (Wis. Stat. § 15.04(1)(m)).  **Complete One Form for Each System Service Event.**  FOR PORTIONS OF THE FORM THAT DO NOT APPLY, CHECK THE ‘N/A’ BOX | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CHECK ONE: | | | UNDERGROUND | | | | | | | | | ABOVEGROUND | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Part A – To be completed by contractor performing repair or closure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **TYPE OF SERVICE** | | | | | | CLOSURE | | | | | REPAIR/UPGRADE | | | | | | CHANGE-IN-SERVICE | | | | | | | | | | | | | | | | | | | | | | |
|  | Indicate portion of system being serviced if a repair, upgrade or change-in-service is being performed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Remote fill | | | Tank | | | Piping | | | | Transition/containment sump | | | | | | | | | Spill bucket | | | | | | | | | Dispenser | | | | | | | | | | |
| B. IDENTIFICATION | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | |
| OWNER INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OWNER NAME | | | | | | | | | | | | | | CONTACT NAME | | | | | | | | | | | | | | | | TITLE | | | | | | | | | |
| MAILING ADDRESS | | | | | | | | | | | | | | | | | | | | | | CITY  TOWN  VILLAGE | | | | | | | | | | | | | | | STATE | | ZIP |
| TELEPHONE:  (   )     - | | | | | | | | | | | | | | | | | | | | | | | | E-MAIL | | | | | | | | | | | | | | | |
| SITE INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FACILITY NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SITE ADDRESS (Not PO Box) | | | | | | | | | | | | | | | | | | | | | | CITY  TOWN  VILLAGE | | | | | | | | | | | | | | | STATE | | ZIP |
| SERVICE CONTRACTOR INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PRIMARY SERVICE CONTRACTOR Section A Above | | | | | | | | | | | | | | | | | | SERVICE CONTRACTOR CERT ID # | | | | | | | | | | | | | | TELEPHONE:  (   )     - | | | | | CELL:  (   )     - | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | CITY  TOWN  VILLAGE | | | | | | | | | | | | | | | STATE | | ZIP |
| 1. **TANK SYSTEM DETAIL (Complete for all service activities)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a | | b | | | | | | | c | | | | d | | | e | | | | f | | | | | | | g | | | | | | h | | | | | | |
| Tank ID # | | Type of Closure1 | | | | | | Tank Material  of Construction | | | | | Piping Material of Construction | | | Tank Capacity (gallons) | | | | Contents2 | | | | | | | Release - System Integrity Compromised (e.g. holes, cracks, loose connection, etc)? | | | | | | If “Yes” to “g”, Then Specify Source and Cause of Release5 | | | | | | |
| Source of Release3 | | | | | Cause of Release4 | |
|  | |  | | | | | |  | | | | |  | | |  | | | |  | | | | | | | | Yes | | | No | |  | | | | |  | |
|  | |  | | | | | |  | | | | |  | | |  | | | |  | | | | | | | | Yes | | | No | |  | | | | |  | |
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|  | |  | | | | | |  | | | | |  | | |  | | | |  | | | | | | | | Yes | | | No | |  | | | | |  | |
|  | |  | | | | | |  | | | | |  | | |  | | | |  | | | | | | | | Yes | | | No | |  | | | | |  | |
| 1. Indicate type of closure: P = Permanent, TOS = Temporarily Out-of-Service, CIP = Closure In-Place | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Indicate type of product: DL = Diesel, LG = Leaded Gasoline, UG = Unleaded Gasoline, FO = Fuel Oil, GH = Gasohol, AF = Aviation Fuel, K = Kerosene, PX = Premix, WO = Waste/Used Motor Oil, FCHZW = Flammable/Combustible Hazardous Waste, OC = Other Chemical (indicate the chemical name(s): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | |
| 1. CAS number(s): | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | |  | | | | |
| 1. Source of release: T = tank, P = piping, D = dispenser, STP = submersible turbine pump, DP = delivery problem, O = other, UNK = Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Cause of release:  S = spill, O = overfill, POMD = physical or mechanical damage, C = corrosion, IP = installation problem, O = other, UNK = Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Has release been reported to the Department of Natural Resources? | | | | | | | | | | | | | | | | | | | Yes | | | | No | | | Release not evident at this time (pending sample analysis) | | | | | | | | | | | | | | |

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| TR-WM-140 (11/23) Formerly ERS-8951 | | | | | | | | | | | | | | | | | | |
| 1. **CLOSURES (Check applicable box at right in response to all statements in section D)** | | | | | | | | | | | | | | | | | | |
| Written notification was provided to the local agent 5 days in advance of closure date. | | | | | | | Yes | No | | | | | | | | | | |
| All local permits were obtained before beginning closure. | | | Yes | | No | NA | | | | | | | | | | | | |
| UST Form TR-WM-137 or | AST Form TR-WM-118 filed by owner with the DATCP indicating closure. | | | | | | | | | Yes | | | No | | | NA | | |
| NOTE: TANK INVENTORY FORM TR-WM-137 or TR-WM-118 SIGNED BY THE OWNER MUST BE SUBMITTED  WITH EACH CLOSURE or CHANGE-IN-SERVICE CHECKLIST | | | | | | | | | | | | | | | | | | |
| D.  CLOSURE BY REMOVAL OR IN-PLACE | | | | | | | | | | | | | | | | | | |
| 1. General Requirements | | | | | | | | | Remover Verified | | | Inspector Verified | | | | | Inspector Not Present | NA |
| 1. Product from piping drained into tank (or other container). | | | | | | | | | Y | | N | Y | | N | | |  |  |
| 1. Piping disconnected from tank and removed. | | | | | | | | | Y | | N | Y | | N | | |  |  |
| 1. All liquid and residue removed from tank using explosion-proof pumps or hand pumps prior to removing tank from excavation. | | | | | | | | | Y | | N | Y | | N | | |  |  |
| 1. All pump motors and suction hoses bonded to tank or otherwise grounded. | | | | | | | | | Y | | N | Y | | N | | |  |  |
| 1. Fill pipes, gauge pipes, vapor recovery connections, submersible pumps and other fixtures removed. | | | | | | | | | Y | | N | Y | | N | | |  |  |
| 1. Vent lines left connected until tanks purged. | | | | | | | | | Y | | N | Y | | N | | |  |  |
| 1. Tank openings temporarily plugged so vapors exit through vent. | | | | | | | | | Y | | N | Y | | N | | |  |  |
| 1. Tank atmosphere reduced to 10% of the lower flammable range (LEL) - see Section E. | | | | | | | | | Y | | N | Y | | N | | |  |  |
| 1. Specific Closure-by-Removal Requirements | | | | | | | | | | | | | | | | | | |
| 1. Tank removed from excavation after PURGING/INERTING; placed on level ground and blocked to prevent movement. | | | | | | | | | Y | | N | Y | | N | | |  |  |
| 1. Tank cleaned before being removed from site. | | | | | | | | | Y | | N | Y | | N | | |  |  |
| 1. Tank labeled in full compliance with API 1604 after removal but before being moved from site. | | | | | | | | | Y | | N | Y | | N | | |  |  |
| NOTE: COMPLETE TANK LABELING SHOULD INCLUDE WARNING AGAINST REUSE; FORMER CONTENTS;  VAPOR STATE; VAPOR FREEING TREATMENT; MONTH/DAY/YEAR OF REMOVAL | | | | | | | | | | | | | | | | | | |
| 1. Tank vent hole (1/8” in uppermost part of tank) installed prior to moving the tank from site. | | | | | | | | | Y | | N | Y | | N | | |  |  |
| 1. Site security is provided while the excavation is open. | | | | | | | | | Y | | N | Y | | N | | |  |  |
| 1. Specific Closure-In-Place Requirements | | | | | | | | |  | |  |  | |  | | |  |  |
| NOTE: CLOSURES IN-PLACE ARE ONLY ALLOWED WITH THE PRIOR WRITTEN APPROVAL OF  THE DEPARTMENT OF AGRICULTURE, TRADE AND CONSUMER PROTECTION (DATCP) OR LOCAL AGENT. | | | | | | | | | | | | | | | | | | |
| 1. Tank properly cleaned to remove all sludge and residue. | | | | | | | | | Y | | N | Y | | N | | |  |  |
| 1. Solid inert material (sand, cyclone boiler slag, or pea gravel recommended) introduced and tank filled. | | | | | | | | | Y | | N | Y | | N | | |  |  |
| 1. Vent line disconnected or removed. | | | | | | | | | Y | | N | Y | | N | | |  |  |
| 1. Inventory form filed by owner with DATCP indicating closure in-place. | | | | | | | | | Y | | N | Y | | N | | |  |  |
| E.  REPAIR, UPGRADE OR CHANGE-IN-SERVICE | | | | | | | | | | | | | | | | | | |
| Written notification was provided to the local agent 5 days in advance of service date. | | | | | | | | | Y | | N | NA | | |  | |  |  |
| All local permits were obtained before beginning service. | | | | | | | | | Y | | N | NA | | |  | |  |  |
| Form TR-WM-137 or 0 TR-WM-118 filed by owner with DATCP indicating change-in-service. | | | | | | | | | Y | | N | NA | | |  | |  |  |
| F. METHOD OF VAPOR FREEING OF TANK | | | | | | | | | | | | | | | | | | |
| Displacement of vapors by eductor or diffused air blower. | | | | | | | | | | | | | | | | | | |
| Eductor driven by compressed air, bonded and drop tube left in place; vapors discharged minimum of 12 feet above ground.  Diffused air blower bonded and drop tube removed. Air pressure not exceeding 5 psig. | | | | | | | | | | | | | | | | | | |
| Inert gas using dry ice or liquid carbon dioxide. | | | | | | | | | | | | | | | | | | |
| Inert gas using CO2 or N2 NOTE: INERT GASSES PRODUCE AN OXYGEN DEFICIENT ATMOSPHERE. LEL METERS MAY NOT FUNCTION ACCURATELY. THE TANK MAY NOT BE ENTERED IN THIS STATE WITHOUT SPECIAL EQUIPMENT. | | | | | | | | | | | | | | | | | | |
| Gas introduced through a single opening at a point near the bottom of the tank at the end of the tank opposite the vent. | | | | | | | | | | | | | | | | | | |
| Gas introduced under low pressure not to exceed 5 psig to reduce static electricity. Gas introducing device grounded. | | | | | | | | | | | | | | | | | | |
| Readings of 10% or less of the lower flammable range (LEL) or <5% oxygen obtained before removing tank from ground. | | | | | | | | | | | | | | | | | | |
| Tank atmosphere monitored for flammable or combustible vapor levels prior to and during cleaning and cutting. | | | | | | | | | | | | | | | | | | |
| Calibrate combustible gas indicator and/or oxygen meter prior to use. Drop tube removed prior to checking atmosphere. Tank space monitored at bottom, middle and upper portion of tank. | | | | | | | | | | | | | | | | | | |
| G. REMOVER/CLEANER INFORMATION | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | |  | | | | | | |  | | | |
| REMOVER/CLEANER NAME (PRINT): | | REMOVER/CLEANER SIGNATURE | | | | | | CERTIFICATION # | | | | | | | DATE TANK REMOVED | | | |
| I attest that the procedures and information which I have provided as the tank closure contractor are correct and comply with Wis. Admin. Code ch. ATCP 93. | | | | | | | | | | | | | | | | | | |
| Company expected to perform soil contamination assessment | | | |  | | | | | | | | | | | | | | |

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| H. INSPECTOR INFORMATION | | | | | |
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| INSPECTOR NAME (PRINT): | INSPECTOR SIGNATURE | | INSPECTOR CERTIFICATION # | COMPANY NAME | |
|  | | (     )     - | | |  |
| FDID # FOR LOCATION WHERE INSPECTION PERFORMED | | INSPECTOR TELEPHONE:NUMBER | | | DATE SIGNED |
| INSPECTOR NOTES: | | | | | |
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| TR-WM-140 (11/23) Formerly ERS-8951 | | | | | | | | | | | | | |
| Part B – To be completed by environmental professional - Submit original Part B to the WDNR along with a copy of Part A | | | | | | | | | | | | | |
| I. TANK-SYSTEM SITE ASSESSMENT (TSSA) | | | | | | | | | | | | | |
| SITE NAME - Note: SITE NAME and address MUST MATCH with Part A Section 1. | | | | | | | | | | | | | |
| SITE ADDRESS (Not PO Box) | | | | | | | CITY  TOWN  VILLAGE | | | | STATE | | ZIP |
| To determine if a TSSA is required, see Wis. Admin. Code ch. ATCP 93 and section II part B of ASSESSMENT AND REPORTING OF SUSPECTED AND OBVIOUS RELEASES FROM UNDERGROUND AND ABOVEGROUND STORAGE TANK SYSTEMS. | | | | | | | | | | | | | |
| If a TSSA is required, then follow the procedures detailed in ASSESSMENT AND REPORTING OF SUSPECTED AND OBVIOUS RELEASES FROM UNDERGROUND AND ABOVEGROUND STORAGE TANK SYSTEMS | | | | | | | | | | | | | |
| 1. Site Information | | | | | | | | | | | | | |
| 1. Has there been a previously documented release at this site? | | | | Yes | No | | | | | | | | |
| If yes, provide the DATCP # |  | or | DNR Bureau for Remediation and Redevelopment Tracking System (BRRT’s #) | | | | | | | | |  | |
| 1. Number of active tanks at facility prior to completion of current services: | | | | | | USTs | |  | ASTs |  | | | |
| (NOTE 1: Do not include previously closed systems or system components.) | | | | | | | | | | | | | |
| 1. Excavation/trench dimensions (in feet). (Photos must be provided.) | | | | | | | | | | | | | |

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| EXCAVATION/TRENCH # | LENGTH | WIDTH | DEPTH |
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| 1. Visual Excavation/Trench Inspection (Photos must be provided for “Yes” responses, except item b.) | | | | | | | | | | | | | | | | | | | | | | | |
| Do any of the following conditions exist in or about the excavation(s)? | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Stained soils: | Yes | | No | 1. Petroleum odor: | | | | | | | Yes | | | No | | | 1. Water In excavation/trench: | | | | | Yes | No |
| 1. Free product in the excavation/trench: | | | | | Yes | | No | | | | | 1. Sheen or free product on water: | | | | | | | | Yes | No | | |
| 1. Geology/Hydrogeology | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Depth to groundwater | |  | | | | | | feet | | | | 1. Indicate type of geology2 | | | | | | |  | | | | |
| 1. Receptors | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Water supply well(s) within 250 feet of the facility? | | | | | | | | Yes | | No | | | | | If yes, specify: | | |  | | | | | |
| 1. Surface water(s) within 1000 feet of the facility? | | | | | | Yes | | | No | | | | If yes, specify: | | |  | | | | | | | |
| 1. Sampling | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Follow the procedures detailed in ASSESSMENT AND REPORTING OF SUSPECTED AND OBVIOUS RELEASES FROM UNDERGROUND AND ABOVEGROUND STORAGE TANK SYSTEMS. | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Complete Tables 1 and 2 as appropriate. (Attach chain-of-custody and laboratory analytical reports.) | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Attach a detailed map of site features and sample locations. | | | | | | | | | | | | | | | | | | | | | | | |

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| J. NOTE RELEVANT OBSERVATIONS, SPECIFIC PROBLEMS OR CONCERNS BELOW | | | | | | | | | |
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| TR-WM-140 (11/23) Formerly ERS-8951 | | | | | | | | | |
| TABLE 1 SOIL FIELD SCREENING & GRO/DRO LABORATORY ANALYTICAL RESULTS-FOR PETROLEUM PRODUCTS | | | | | | | | | |
| Sample ID # | Sample Location &  Soil/Geologic Description | Sample Collection Method | | | | Depth Below  Tank/Piping (feet) | Field Screening  Result (ppm) | GRO (mg/kg) | DRO (mg/kg) |
|  | Grab | Shelby Tube | Direct Push | Split Spoon |
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| TABLE 2 SOIL LABORATORY ANALYTICAL RESULTS-FOR PETROLEUM PRODUCTS | | | | | | | |
| Sample ID # | BENZENE | TOLUENE | ETHYLBENZENE | MTBE | TRIMETHYL - BENZENES  (TOTAL) | XYLENES (TOTAL) | NAPHTHALENE |
|  | **ug/kg** | **ug/kg** | **ug/kg** | **ug/kg** | **ug/kg** | **ug/kg** | **ug/kg** |
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| K. TANK-SYSTEM SITE ASSESSMENT INFORMATION | | | | |
| As a tank-system site assessor certified under Wis. Admin. Code § ATCP 93.240, it is my opinion that there is no indication of a release of a regulated substance to the environment.  Sampling at the site indicates there has been a release to the environment. Pursuant to Wis. Admin. Code § ATCP 93.585(2)(a) and Wis. Stat. § 292.11(2)(a), the owner or operator or contractor performing work under ch. ATCP 93 shall immediately report any release of a regulated substance to the Wisconsin Department of Natural Resources. Failure to do so may result in forfeitures of a minimum of $10 and a maximum of $5000 for each violation under Wis. Stat. § 168.26(5). Each day of continued violation and each tank are treated as separate offenses. | | | | |
|  | |  | |  |
| TANK-SYSTEM SITE ASSESSOR NAME (PRINT): | | TANK-SYS     TEM SITE ASSESSOR SIGNATURE | | CERTIFICATION NO. |
| (   )     - |  | |  | |
| TANK-SYSTEM SITE ASSESSOR TELEPHONE NUMBER | DATE SIGNED | | COMPANY NAME | |
| This document can be made available in alternate formats to individuals with disabilities upon request. | | | | |