CHECKLIST FOR ABOVEGROUND TANK INSTALLATION

Personal information you provide may be used for purposes other than those for which it was originally collected (s. 15.04(1)(m) Wis. Stats.). Complete one form for each tank and related piping.

This checklist covers the installation of: □ Tank □ Piping

IDENTIFICATION: (Please Print)

<table>
<thead>
<tr>
<th>FACILITY NAME</th>
<th>FACILITY ID #</th>
<th>COUNTY</th>
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INSTALLATION STREET ADDRESS (Not PO Box) □ CITY □ TOWN □ VILLAGE STATE ZIP

OWNER LEGAL NAME COUNTY TELEPHONE: ( ) - E-MAIL

OWNER STREET ADDRESS □ CITY □ TOWN □ VILLAGE STATE ZIP

PLAN APPROVAL

1. Plans have been approved. State plan number/LPO plan number is: □ □
2. Tank Capacity:        gallons. □ □
3. □ POS dispensing (include form TR-WM-130) □ Vehicle □ Marine craft □ Aircraft

TANK CONSTRUCTION

1. Tank exhibits recognized Listing, API or ASME marking label [ATCP 93.400]. □ □ □
2. Tank has been designed or certified for use by a Qualified Engineer □ □ □
3. Tank has vents installed and configured for: □ Class I, □ Class II, □ Class III product □ □ □
4. Emergency relief vent is provided where required Type: □ □ □
5. All normal and emergency vents terminate outside where required □ □ □
6. Overfill protection provided? [ATCP 93.410] Make/Model: □ □ □
    Type: □ 90 Alarm/B5 Alarm □ Alarm □ Fill Shut Off □ Site Gauge □ Vent Whistle □ □ □
7. Tank gauge is provided. □ □ □
8. Tank mounted pump □ Remote pump / dispenser independent of tank □ □ □

TANK HANDLING AND PRE-TESTING

1. Tank is used and has been tested for leaks. □ Pressure □ Vacuum □ Hydrostatic Length of test: min. □ □ □
2. Tank was tested after set in place for leakage per the manufacturer's recommendations. □ □ □

TANK SITE

1. Tank located per approved plans (walls, buildings, power lines, streets, well, etc.). □ □ □
2. Tank is spaced a minimum of 3 feet from any other tank. (NFPA 30 Table 22.4.2.1) □ □ □
3. Tank in diked containment is spaced a minimum of 2 feet from the toe of the dike wall. □ □ □
4. Tank (s) meet ATCP 93.615 setbacks □ □ □
5. Tank markings per ATCP 93.400(7) □ □ □

PROJECT SITE

1. Collision protection provided. □ □ □
2. Storage tank enclosure compliant □ □ □
3. Warning signs posted for dispersing area. □ □ □
4. 80 B:C rated fire extinguisher provided if motor vehicle fueling & within 100 ft travel distance. □ □ □
5. NFPA 704 emergency response hazard rating signage provided on tank □ □ □

PIPING

Pipe construction material: □ Fiberglass □ Steel □ Flexible □ Other (type): □ □ □

Pipe installation is: □ single wall (aboveground only) □ double wall □ □ □

Pipe installation is: □ Aboveground only □ Underground only □ Combination of aboveground and underground □ □ □

Pipe material Type: □ Pressurized piping with □ mechanical anti-siphon □ Solenoid valve □ □ □

Pipe installation Type: □ Suction piping with □ mechanical anti-siphon □ Solenoid valve; □ AST Gravity/Head pressure □ □ □


Manufacturer/Model:

Piping leak detection method: □ Aboveground visual □ Electronic interstitial monitoring – sump sensor or leak sensing cable □ □ □

Manufacturer/Sensor Model:

Continued on next page
### Aboveground Pipe

1. Coated to inhibit corrosion.
2. Supported and protected against physical damage and stress.
3. Piping was isolated from the tank and dispenser and air tested at 150% of operating pressures of the system (but not less than 50 p.s.i.) for 1 hour.

### Underground Pipe

1. Piping is sloped to a sump (min. 1/8 inch per foot).
2. Piping was isolated from the tank and dispenser and air tested at 150% of operating pressure of the system (but not less than 50 psig) for 1 hour prior to backfilling.
3. After backfilling, piping was isolated from the tank and dispenser and precision tested at 110% of operating pressure but not less than 50 psi for 1 hour.
4. Test stations have been installed for monitoring cathodic protection on piping.
5. Approved flexible connectors are installed below dispenser and at aboveground/belowground transition

### Secondary Containment

1. Tank secondary containment:  
   - Double Wall  
   - Diked  
   - Remote impounding
2. Dike material:  
   - Concrete  
   - Steel  
   - Engineered clay  
   - Engineered clay with liner  
   - Earthen with Liner  
   - Other:
3. Dike capacity:  
   - Weather protected meets 100%  
   - Yes  
   - No  
   - Unprotected meets 125%  
   - Yes  
   - No
4. Double wall or diked tank has interstitial monitor (visual or electronic):  
   - Yes  
   - No
5. Motor fuel dispenser has liquid tight sump with a sensor:  
   - Yes  
   - No
6. Pipe run is a combination of aboveground and underground pipe:  
   - Yes  
   - No  
   - Transition sump installed:  
   - Yes  
   - No

### Liquid Handling, Transfer and Use

1. Check valve installed in piping at connection/disconnection for tank vehicle
2. Tank is provided with minimum 5 gal. spill protection
3. Dispensing device is listed
4. Anti-siphon protection with pressure relief.
5. Shear valve installed in pressure system
6. Pressure Regulator valve with shear section installed in suction system
7. Aircraft fueling system provides bonding mechanism between aircraft and fueling equipment
8. Electric equipment and wiring is installed in accordance with SPS 316 (NFPA 70)
9. Emergency shutoff installed for bulk transfers and motor vehicle fueling is clearly identified and accessible per ATCP 93.370 or NFPA 30A 6.7.
10. Emergency electrical shutoff installed for bulk transfers (ATCP 93.370), identified and accessible
11. Where required, listed emergency breakaway, hose and dispensing devices are provided.
12. Dispensing nozzle at marine service stations shall be auto-closing without hold open device.

**A. Installer Certification**

<table>
<thead>
<tr>
<th>INSTALLATION COMPANY NAME (Please print)</th>
<th>INSTALLER CERTIFICATION NUMBER</th>
<th>TELEPHONE ( ) -</th>
<th>EMAIL</th>
</tr>
</thead>
<tbody>
<tr>
<td>INSTALLATION COMPANY MAILING ADDRESS STREET</td>
<td>CITY</td>
<td>STATE</td>
<td>ZIP</td>
</tr>
</tbody>
</table>

I certify that the tank system and related components have been installed according to the manufacturer’s instructions, conditionally approved plans, and complies with ATCP 93.

**INSTALLER SIGNATURE:**

**DATE SIGNED:**

**B. Inspector Information**

<table>
<thead>
<tr>
<th>INSPECTION DATES: 1.</th>
<th>2.</th>
<th>3.</th>
<th>4.</th>
<th>5.</th>
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<tr>
<th>INSPECTION COMPANY NAME:</th>
<th>FIRE DEPT PROVIDING COVERAGE:</th>
<th>FDID #:</th>
</tr>
</thead>
</table>

**INSPECTOR SIGNATURE:**

**INSPECTOR CERT #:**

**DATE SIGNED:**

**COMMENTS**