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| TR-WM-121 (8/23) Formerly ERS-919 | | | | | | | | | | | | | | | | | | | | FOR OFFICE USE ONLY | | |
|  | Wisconsin Department of Agriculture, Trade and Consumer Protection  Bureau of Weights and Measures  Storage Tank Regulation, PO Box 7837, Madison, WI 53707-7837  Phone: (608) 224-4942 | | | | | | | | | | | | | | | | | | | Wis. Admin. Code §ATCP 93.115 §ATCP 93.350 | | |
| ATCP 93 NOTIFICATION RECORD  Personal information you provide may be used for purposes other than that for which it was originally collected (s. 15.04(1)(m), Wis. Stats.). | | | | | | | | | | | | | | | | | | | | | | |
| TO: | | | | | | | OFFICE LOCATION: | | | | | | | | | | | | | | | |
| (Refer to <https://datcp.wi.gov/Pages/Programs_Services/StorageTankContacts.aspx> for a jurisdiction’s authorized agent/department.)  Form must be submitted at least 5 business days before project start date. Inspection dates must be filled in below before submitting form. Additionally, inspector must be notified at least 24 hours in advance for any changes to inspection dates.  Note: Only the notification form is required for non-flammable, non-combustible, hazardous liquid, or CERCLA tanks greater than or equal to 5,000 gallon capacity that are under the direct supervision of a qualified engineer. A plan review is not required. (ATCP 93.350(2)(b)).  Per the requirements of Wis. Stat. § 15.04(1)(m), the following notice is provided: This form is authorized by Wis. Stat. § 93.07(2) and Wis. Admin. Code ATCP §§ 93.115(2)(b)3., 93.350(2)(b), and 93.560(1), which were promulgated under authority of Wis. Stat. § 168.23. Per ATCP § 93.115(2)(b)3., at least 5 business days before starting the installation of new or replacement storage tanks or piping systems, form TR-WM-121 must be completed and filed with the department. Per ATCP § 93.560(1), at least 5 business days before starting permanent closure of a tank system, form TR-WM-121 must be completed and filed with the department. Pre-approved inspection dates must be identified in the completed form that is filed with the department. Any subsequent request to change an inspection date and time must be made at least one business day prior to the originally scheduled date and time listed in the filed form TR-WM-121; and the requested new date and time must be later than the originally scheduled date and time. Failure to comply with a rule in Wis. Admin. Code ATCP ch. 93 is subject to civil forfeitures under Wis. Stat. § 168.26. Information provided in this form may be subject to Wisconsin’s Public Records Law, Wis. Stat. §§ 19.31 to 19.39. To the extent permitted by law, DATCP will keep personally identifiable information provided in this form confidential. | | | | | | | | | | | | | | | | | | | | | | |
| LOCATION / IDENTIFICATION | | | | | | | | | | | | | | | | | | | | | | |
| SITE NAME | | | | | | FACILITY NUMBER | | | | | | FIRE DEPT. PROVIDING FIRE PROTECTION COVERAGE | | | | | | | | | | |
| SITE STREET ADDRESS | | | | | | CITY | | | TOWN | | | | VILLAGE | | | | STATE | ZIP | | | COUNTY | |
|  | | | | | | | | | | |
| OWNER NAME | | | | | | PHONE NUMBER  (   )     - | | | | | TANK OWNER EMAIL | | | | | | | | | | | |
| OWNER STREET ADDRESS | | | | | | CITY | | | | TOWN | | | | | | VILLAGE | | | STATE | | | ZIP |
|  | | | | | | | | | | | | |
| CONTRACTOR NAME | | | | PHONE NUMBER  (   )     - | | | | CELL NUMBER  (   )     - | | | | | | EMAIL | | | | | | | | |
| STREET ADDRESS | | | | | | CITY | | | | TOWN | | | | | | VILLAGE | | | STATE | | | ZIP |
|  | | | | | | | | | | | | |
| DATE WORK IS TO BEGIN | | DATE/TIME REQUESTED FOR TANK INSPECTION | | | ATCP 93 CERTIFIED INSTALLER SUPERVISOR OR QUALIFIED ENGINEER | | | | | | | | | | | | | | | | | |
| INSPECTION DATES | | | | | | | | | | | | | | | | | | | | | | |
| UST PRE-CONSTRUCTION/TANK INSTALL | | | PIPING/CONTAINMENT HYDROSTATIC TESTING | | | | | | | | | | | | UST FINAL INSPECTION | | | | | | | |
| AST FINAL INSPECTION | | | | | UST/AST CLOSURE INSPECTION | | | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| PROJECT WILL INVOLVE: (Check all that apply) | | | | Plan Approval No.: | | | Approval Date: |
|  | | UST | AST | | No. of Tanks | Comments: | |
| Tank Installation | |  |  | |  |  | |
| Dispenser POS Conversion | |  |  | |  |
| Piping Installation or Upgrade | |  |  | |  |
| Leak Detection Upgrade | |  |  | |  |
| Spill or Overfill Protection | |  |  | |  |
| Cathodic Protection or Interior Lining | |  |  | |  |
| CERCLA Chemical Tank(s) Only1 | |  |  | |  |
| Tank Closure | |  |  | |  |
| Alternative Fuel Storage Tank  Installation (see footnotes below) 2,4 | |  |  | |  |
| Alternative Fuel Storage Tank  Conversion (see footnotes below) 3,4 | |  |  | |  |
| 1Send Notice to DATCP (see address above). Installation inspection is not required if construction/installation is supervised by a qualified engineer.  2For DATCP installation inspections send notice to only the assigned DATCP Installation Inspector.  3Send notice to only the DATCP General Inspection Inspector.  4See Conditional Approval letter and Notification email for Installation or general inspector information. | | | | | | | |
| For USTs: If an Owner/Operator intends to begin operation immediately after the final inspection, they shall prepare and submit the documentation listed below at least 15 days prior to the final inspection:   * A TR-WM-137 Underground Flammable/Combustible Liquid Storage Tank Registration. * A Wisconsin Operator Training Designation form. * Affidavit of Financial Responsibility, certificate of insurance, and site schedule of covered locations and storage tanks. * Forms may be submitted to: [DATCPInstallClosure@wi.gov](mailto:DATCPInstallClosure@wi.gov) | | | | | | | |
| Site assessment conducted by |  | | | | | | |
| This document can be made available in alternate formats to individuals with disabilities upon request. | | | | | | | |