



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

**FOR OFFICE USE ONLY**

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](https://datcp.wi.gov/Pages/Programs_Services/StorageTankContacts.aspx) for a jurisdiction's authorized agent/department.)

**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)).

## LOCATION / IDENTIFICATION

|                       |   |  |                               |   |       |     |        |
|-----------------------|---|--|-------------------------------|---|-------|-----|--------|
| SITE NAME             |   | FACILITY NUMBER  |                               | FIRE DEPT. PROVIDING FIRE PROTECTION COVERAGE |       |     |        |
| SITE STREET ADDRESS   |   | <input type="checkbox"/> CITY                                | <input type="checkbox"/> TOWN | <input type="checkbox"/> VILLAGE              | STATE | ZIP | COUNTY |
| OWNER NAME            |   | PHONE NUMBER<br>( ) -  |                               | TANK OWNER EMAIL                              |       |     |        |
| OWNER STREET ADDRESS  |   | <input type="checkbox"/> CITY                                | <input type="checkbox"/> TOWN | <input type="checkbox"/> VILLAGE              | STATE | ZIP |        |
| CONTRACTOR NAME       |   | PHONE NUMBER<br>( ) -  | CELL NUMBER<br>( ) -          | EMAIL   |       |     |        |
| STREET ADDRESS        |   | <input type="checkbox"/> CITY                                | <input type="checkbox"/> TOWN | <input type="checkbox"/> VILLAGE              | STATE | ZIP |        |
| DATE WORK IS TO BEGIN | DATE/TIME REQUESTED FOR TANK INSPECTION | ATCP 93 CERTIFIED INSTALLER SUPERVISOR OR QUALIFIED ENGINEER |                               |   |       |     |        |

**PROJECT WILL INVOLVE:** (Check all that apply)      Plan Approval No.: \_\_\_\_\_      Approval Date: \_\_\_\_\_

|   | UST                      | AST                      | No. of Tanks | Comments: |
|---|--------------------------|--------------------------|--------------|-----------|
| Tank Installation   | <input type="checkbox"/> | <input type="checkbox"/> |              |           |
| Dispenser POS Conversion  | <input type="checkbox"/> | <input type="checkbox"/> |              |           |
| Piping Installation or Upgrade  | <input type="checkbox"/> | <input type="checkbox"/> |              |           |
| Leak Detection Upgrade  | <input type="checkbox"/> | <input type="checkbox"/> |              |           |
| Spill or Overfill Protection  | <input type="checkbox"/> | <input type="checkbox"/> |              |           |
| Cathodic Protection or Interior Lining  | <input type="checkbox"/> | <input type="checkbox"/> |              |           |
| CERCLA Chemical Tank(s) Only <sup>1</sup>   | <input type="checkbox"/> | <input type="checkbox"/> |              |           |
| Tank Closure  | <input type="checkbox"/> | <input type="checkbox"/> |              |           |
| Alternative Fuel Storage Tank Installation <sup>2,3,5</sup> (see footnotes below) | <input type="checkbox"/> | <input type="checkbox"/> |              |           |
| Alternative Fuel Storage Tank Conversion <sup>4,5</sup> (see footnotes below)     | <input type="checkbox"/> | <input type="checkbox"/> |              |           |

<sup>1</sup>Send Notice to DATCP (see address above). Installation inspection is not required if construction/installation is supervised by a qualified engineer.  
<sup>2</sup>For LPO installations send notice to both the assigned LPO and DATCP General Inspection Inspector. DATCP General Inspection Inspector will be at the final inspection only. Alternative fuel storage tank systems shall not begin operation until the DATCP General Inspection Inspector has granted approval.  
<sup>3</sup>For DATCP installation inspections send notice to only the assigned DATCP Installation Inspector. Alternative fuel storage tank systems shall not begin operation until the DATCP general inspector has granted approval.  
<sup>4</sup>Send notice to only the DATCP General Inspection Inspector.  
<sup>5</sup>See Conditional Approval letter and Notification email for Installation and 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.

Site assessment conducted by: \_\_\_\_\_  
 This document can be made available in alternate formats to individuals with disabilities upon request.