



Wisconsin Department of Agriculture, Trade and Consumer Protection  
 Bureau of Weights and Measures  
 P O Box 7837 Madison, WI 53707-7837  
 (608) 224-4942

FOR OFFICE USE ONLY	
DATE REC'D:	
UNIQUE DOC #:	
REVIEWER:	
<i>Wis. Admin. Code §ATCP 93.630</i>	

# FARM AND CONSTRUCTION ABOVEGROUND STORAGE TANK INSTALLATION NOTIFICATION *(less than 1,000 gallons)*

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.).

**INSTRUCTIONS:** Fill in ALL applicable data. Failure to complete the form entirely may cause additional delay. Submit this form with the appropriate fee as determined below to the authority with jurisdiction for the site location. For a listing of program inspection agencies and their addresses, visit the Department of Agriculture, Trade and Consumer Protection (DATCP) website at:

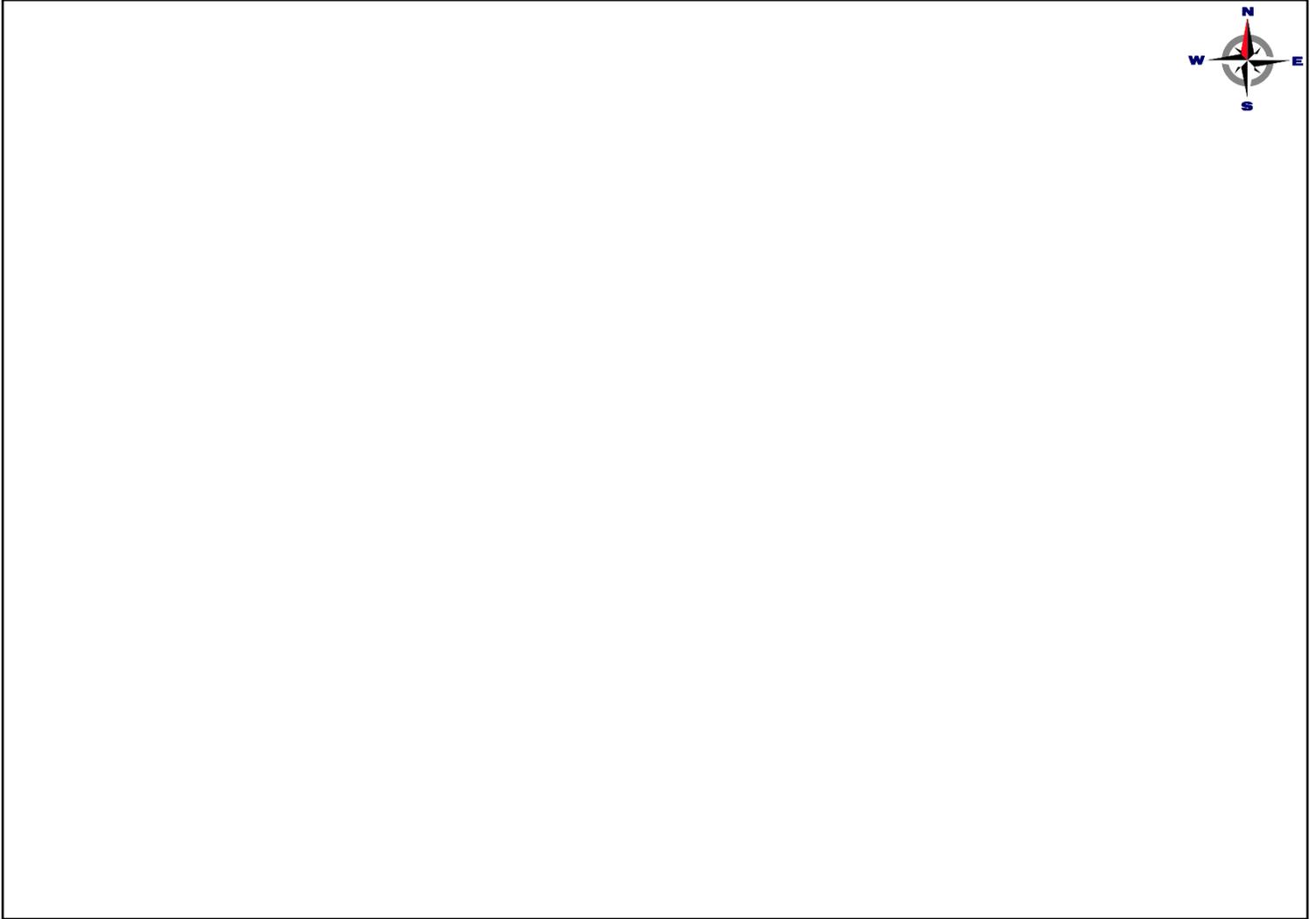
[https://datcp.wi.gov/Pages/Programs\\_Services/PetroleumHazStorageTanksOwnerOperatorResources.aspx](https://datcp.wi.gov/Pages/Programs_Services/PetroleumHazStorageTanksOwnerOperatorResources.aspx)

**Consult local ordinances for any additional requirements.**

<b>IDENTIFICATION (Please Print)</b>			
SITE OWNER NAME		COUNTY	PHONE ( ) -
SITE STREET ADDRESS		<input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TOWN OF:	STATE ZIP
TANK LOCATION ADDRESS		<input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TOWN OF:	STATE ZIP
FIRE DEPT. PROVIDING FIRE COVERAGE		FDID#	
CONTRACTOR NAME	CONTACT NAME	EMAIL	PHONE ( ) -
STREET ADDRESS		<input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TOWN OF:	STATE ZIP
<b>TANK SPECIFICATIONS:</b>			
Tank is for: <input type="checkbox"/> Farm application <input type="checkbox"/> Construction project		Tank is: <input type="checkbox"/> Temporary – Term of project: <input type="checkbox"/> Permanent	
Tank capacity (less than 1,00 gal.)		Tank contents: Will tank be relocated onsite? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Tank steel gauge thickness:		Manufacturer (if known)	
Overfill protection consists of: <input type="checkbox"/> Vent whistle or <input type="checkbox"/> Site gauge		Tanks are separated from each other by at least 3 feet? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Normal vent diameter <input type="checkbox"/> 1 1/2" <input type="checkbox"/> 2" <input type="checkbox"/> 2 1/2" <input type="checkbox"/> 3"		Emergency vent size (NFPA 30-22.7): inch	
Markings include "KEEP 40 FT FROM BUILDINGS" and "FLAMMABLE -- KEEP FIRE AND FLAME AWAY" and the tank contents? <input type="checkbox"/> YES			
<b>ANCILLARY EQUIPMENT:</b>			
<b>Top Opening Tanks:</b>			
Pump is approved for proposed use and is permanently affixed to the tank?		<input type="checkbox"/> Yes <input type="checkbox"/> Insp. Ver.	
Pump is equipped with an antisiphoning device or the dispensing nozzle is of a self-closing type?		<input type="checkbox"/> Yes <input type="checkbox"/> Insp. Ver.	
The pump or hanger is equipped so that at least one can be padlocked to prevent tampering?		<input type="checkbox"/> Yes <input type="checkbox"/> Insp. Ver.	
The hose is approved for the proposed use?		<input type="checkbox"/> Yes <input type="checkbox"/> Insp. Ver.	
The electrical wiring servicing the pump and immediate area meets SPS 316?		<input type="checkbox"/> Yes	
<b>Gravity Dispensing Tanks</b>			
The discharge connection valve is a heat-activated, self-closing valve designed to close in the event of a fire?		<input type="checkbox"/> Yes <input type="checkbox"/> Insp. Ver.	
The discharge connection valve can be manually closed or is attached to a valve that can be manually closed?		<input type="checkbox"/> Yes <input type="checkbox"/> Insp. Ver.	
The hose is approved for the proposed use and is equipped with a self-closing nozzle?		<input type="checkbox"/> Yes <input type="checkbox"/> Insp. Ver.	
The hose is equipped so that it can be padlocked to the hanger?		<input type="checkbox"/> Yes <input type="checkbox"/> Insp. Ver.	
Are the support bases at grade level? <input type="checkbox"/> Yes <input type="checkbox"/> Insp. Ver.		Type of Tank Supports (must be non-combust.)	
<b>SETBACKS</b>			
Tank and dispensing system comply with setback requirements of ATCP 93.630?		<input type="checkbox"/> Yes <input type="checkbox"/> Insp. Ver.	
Tank and any vehicle that will be fueling from the tank meet setbacks from all buildings, haystacks, and other combustible structures?		<input type="checkbox"/> Yes <input type="checkbox"/> Insp. Ver.	
Tank located in an easement or right-of-way inhibiting such use (utility easement, etc.)?		<input type="checkbox"/> No <input type="checkbox"/> Insp. Ver.	
<b>FEE</b> Submission of this form must include the appropriate fee as determined below. <b>Without the appropriate fee, this form will not be processed.</b>			
Inspection Fee (inspection within 5 working days)		\$75	
If applicable, additional expedited inspection fee (inspection within 2 working days)		\$25	
<b>Total Amount Enclosed \$</b>			

**Complete diagram and signatures on back of this form.**

**In the space provided, complete a drawing of the proposed tank installation.** Sketch a blueprint of the proposed location of the farm tank. In the drawing, include all roads, buildings, other combustible structures, well location(s), and utility easements within 500' of the proposed location. All drawings must include at least one roadway.



**COMMENTS:**

**As the installer, I certify that the information contained herein is true and accurate to the best of my knowledge.**

\_\_\_\_\_  
SIGNED

\_\_\_\_\_  
CERT. #

\_\_\_\_\_  
DATE

\_\_\_\_\_  
INSPECTOR'S SIGNATURE

\_\_\_\_\_  
ID #

\_\_\_\_\_  
LPO AGENT #

\_\_\_\_\_  
DATE