

## **PRE-CONSTRUCTION UST/PIPE INSTALLATION CHECKLIST**

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.). Return completed form to the address above.

FACILITY IDENTIFICATION: (Please Pl	rint)					
FACILITY NAME	FACILITY ID #	COUNTY		TELEPHONE:		
SITE STREET ADDRESS (not PO Box)				STATE ZIP		
OWNER IDENTIFICATION						
TANK OWNER LEGAL NAME:		COUNTY	EMAIL:	TELEPHONE:		
STREET ADDRESS:				STATE ZIP		
CONTRACTOR IDENTIFICATION				VVI		
INSTALLATION CONTRACTOR COMPANY NAME:		COUNTY		TELEPHONE:		
CONTRACTOR STREET ADDRESS:				STATE ZIP		
LEAD CONTRACTOR CONTACT PERSON:		CONTACT PHONE:		CELL PHONE:		
SECONDARY CONTRACTOR CONTACT PERSON:			CONTACT PHONE:	CELL PHONE:		
LEAD INSPECTOR NAME:			CONTACT PHONE:	CELL PHONE:		
SECONDARY INSPECTOR CONTACT NAME			CONTACT PHONE:	CELL PHONE:		
PRE-CONSTRUCTION MEETING DATE:						
TANK CONSTRUCTION						
State plan number/LPO plan number is:						
Tank is new and carries UL or other national testing label. – Listing Org. & Number:						
Tank is used, but has been recertified to meet the EPA new tank standard – Recert by:						
Tank corrosion protection via: Fiberglass Composite tank						
Pipe corrosion protection via: Fiberglass Non corrosive material: Coating Polymer piping						
TANK HANDLING AND TESTING						
Pre installation test of double-walled tank: in accordance with manufacturer's specifications and ATCP 93 adopted Yes No standards. Use TR-WM-138 Checklist for Underground Tank/Pipe Installation.						
TANK SITE AND BACKFILL						
Installation is in an area of high furnished.	water table or subject to flooding a	and tank is anchored or ove	er-burden calculations	☐ Yes ☐ No ☐ NA		
Excavation is in a bog, swampy area or landfill and a filter fabric was used to prevent the migration of the backfill Yes No material.				Yes No NA		
Backfill for composite, fiberglass clad steel, or fiberglass tank is clean, washed, well-granulated sand, crushed rock, or is pea gravel naturally round with minimum diameter of 1/8 inch and maximum size of 3/4 inch, or crushed rock or gravel between 1/8 and 1/2 inch in size.						
PIPING TYPE						
Pressurized piping with	auto shutoff, 🗌 alarm or 🗌 fl	ow restrictor.	Will any piping be man	nifolded? 🗌 Yes 🗌 No		
Suction piping with check valve at pump and inspectable.						
Flexible connectors are used at the top of tank, between tank and vent pipe, below the dispenser and also where Yes No NA less than 4 feet of run exists between changes in direction with fiberglass piping.						
PRIMARY LEAK DETECTION (Check which applies under both TANK and PIPING)						
Tank: 🗌 Automatic tank gauging 🔄 Interstitial monitoring 🗌 Manual tank gauging (only for tanks of 1,000 gallons or less)						
Piping (pressurized or suction with check valve at tank): Pipe installation is: Single wall double walled						
Automatic line leak detectors Interstitial monitoring						
Equipment matches the plan review.						

## PRIMARY LEAK DETECTION (Check which applies under both TANK and PIPING)

1. Administrative aspects and how contractor will verify and document integrity and diagnostic tests, e.g., sump containment tightness, system leak detection, corrosion protection, overfill alarm, etc.

2. Verify that system is being installed within the restrictions of the respective Material Approval or Petition For Variance.

3. Verify tank, dispenser and emergency control locations and setbacks as reflected on the plan.

4. Potential plan revision items.

5. Agree on notification / inspection time parameters, flexibility, etc.

6. Third-party contractors that may be involved, e.g., fencing contractor, tightness tester, etc. Areas of the installation that are not under the responsibility of the tank system equipment contractor, e.g., electrical.

7. Who will be attending final inspection and what must be accessible and available.

## COMMENTS:

INSPECTOR INFORMATION		
INSPECTOR SIGNATURE:	INSPECTOR CERT#:	LPO AGENCY/COMPANY NAME
FIRE DEPARTMENT PROVIDING COVERAGE:		FDID#:
CONTRACTOR SIGNATURE:	CERT#:	DATE SIGNED

This document can be made available in alternate formats to individuals with disabilities upon request.