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| TR-WM-136 (3/24) Formerly ERS-10901 repair | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | FOR OFFICE USE ONLY | | | | | | | | | | |
|  | | Wisconsin Department of Agriculture, Trade and Consumer Protection  Bureau of Weights & Measures  P.O. Box 7837, Madison, WI 53707-7837  Phone: (608) 224-4942 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| TANK SYSTEM REPAIR REPORT  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.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Complete one form for each system repair event (guidance provided on back) FOR PORTIONS OF THE FORM THAT DO NOT APPLY, MARK ‘N/A’ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CHECK ONE: | | UNDERGROUND | | | | | | ABOVEGROUND | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| To be completed by contractor performing repair of tank system leaks or failed leak detection or containment equipment. Copy to be retained by operator for life of system. If the repair is to a leak detection system submit a copy to the department via email at [DATCPStorageTanks@wisconsin.gov](mailto:DATCPStorageTanks@wisconsin.gov). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A. PORTION OF SYSTEM BEING REPAIRED: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tank | Piping | | | | | Transition/containment sump | | | | | | | | | | | | | | | Spill bucket | | | | | | | | | | | Remote fill | | | | Dispenser | | | | | | | | | | | Leak Detection | |
| Overfill | Containment dike for AST | | | | | | | | | | | Other (describe): | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B. IDENTIFICATION (Please Print) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OWNER NAME | | | | | | | | | | | | | CONTACT NAME | | | | | | | | | | | | | | | | | | | | JOB TITLE | | | | | | | | | | | PHONE  (     )     - | | | | |
| STREET ADDRESS | | | | | | | | | | | | | CITY  TOWN  VILLAGE | | | | | | | | | | | | | | | | | | | | STATE | | ZIP | | | | | | | | COUNTY | | | | | |
| FACILITY NAME | | | | | | | | | | | | | FACILITY ID# | | | | | | | | | | | | | | | | | | | | MUNICIPALITY | | | | | | | | | | | | | | | |
| STREET ADDRESS (not PO Box) | | | | | | | | | | | | | CITY  TOWN  VILLAGE | | | | | | | | | | | | | | | | | | | | STATE | | ZIP | | | | | | | | COUNTY | | | | | |
| PRIMARY REPAIR CONTRACTOR | | | | | | | | | | | | | | | | | | | | REPAIR CONTRACTOR PHONE  (     )     - | | | | | | | | | | | | | EMAIL | | | | | | | | | | | | | | | |
| REPAIR CONTRACTOR STREET ADDRESS | | | | | | | | | | | | | CITY  TOWN  VILLAGE | | | | | | | | | | | | | | | | | | | | STATE | | ZIP | | | | | | | | COUNTY | | | | | |
| C. TANK SYSTEM REPAIR DETAIL (Complete for all repair activities)  If possible, take photos of failed equipment, and retain components from unusual failures for future analysis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tank ID # | | | Type of Repair1 | | Tank Material | | | | | | Piping Material | | | | | | Contents2 | | | | | | Specific Component | | | | | | | | | | Method of Leak Discovery3 | | | | | | | Source of Leak4 | | | | | Cause of Leak5 | | | |
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| 1. RL = Replacement-Like-for-Like, RN = Replacement-New Model; Make/Model #: | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | , IP = In-place (tighten/patch/seal) | | | | | | | | | |
| 2. Indicate type of product: DL = Diesel, UG = Unleaded Gasoline, FO = Fuel Oil, Exx = Ethanol %, Bxx = Biodiesel %, AF = Aviation Fuel, K = Kerosene, WO = Waste/Used Motor Oil, FCHW = Flammable/Combustible Hazardous Waste, OC = Other Chemical (indicate the chemical name(s): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | |
| CAS number(s): | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | |
| 3. Method of Leak Discovery: TLD = tank leak detection, LLD = line leak detection, SLD = sump leak detection ILD = interstitial leak detection,  TTT = tank tightness test, LTT = line tightness test, V = visual, INV = inventory, O = other (specify below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Source of Leak: T = tank, P = piping, D = dispenser, STP = submersible turbine pump, DP = delivery problem, O = other (specify below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Cause of Leak (describe below): S = spill, O = overfill, POMD = physical or mechanical damage, C = corrosion, IP = installation problem, O = other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Was there a release to the environment? | | | | | | | | | | | | | | | Yes | | | No | | | | | | Release not evident at this time | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. If a release occurred, was a tank-system site assessment performed and was the release reported to the Department of Natural Resources? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | No | | |
| 8. Tightness Test performed before return to service? | | | | | | | | | | | | | | | | N/A | | | Yes | | | | | | No | | | Future date scheduled | | | | | |  | | | | | | | | | | | | | | |
| COMMENTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| D. REPAIR PROVIDER INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| TECHNICIAN NAME (Print) | | | | | | | | | | TECHNICIAN SIGNATURE | | | | | | | | | | | | | | | | | | | | | CERTIFICATION NO. | | | | | | | | | | | | DATE SIGNED | | | | | |

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| TR-WM-136 (3/24) Formerly ERS-10901 repair |

TR-WM-136 Form Tank System Repair Report Guidance

This form is to be completed following repairs to leaking underground or aboveground storage tank systems, or failed containment or leak detection equipment. It is important that the form be filled out accurately as the results will be used for component life cycle prediction and reliability analysis. The purpose of this form is to collect data on component failures so that it will be possible to more accurately predict component life cycles; replace component failures before leaks and releases occur; and provide an early warning mechanism for components that are not performing satisfactorily in the field application. This data should be a valuable mechanism for reducing the number of leaks and releases which will benefit the tank system owner/operator by a reduction in the number of equipment failures that lead to costly environmental damage and immediate and long-term human health consequences. Tank service personnel and tank system component manufacturers should benefit from the data collected in order to predict component service intervals and product reliability.

Note: From ATCP 93.050 Definitions:

(62) “Leak” means any discharge of a regulated substance from a point in a tank system or dispensing system, that is not intended to be a discharge or dispensing point.

(103) “Release” means any discharge, including spilling, leaking, pumping, pouring, emitting, emptying, leaching, dumping or disposal of a regulated substance into groundwater, surface water or subsurface soils.

Procedure:

1. Fill out sections A and B as completely and accurately as possible, if the portion of the tank system that is being serviced is not listed, specify.
2. Under section C, the actual tank material and piping shall be field verified if possible. If possible, photos of the failed tank system components shall be taken and attached to this form. The photos should include the component, any containment associated with the component, and the area or part where the component failed.

For unusual failures; save the components, and contact the department for possible analysis. Unusual failures may include:

* Tank, line, sump, softening or cracking
* Tank, line, sump, embrittlement
* Microbial growth on failed components
* Seal failures
* Increased frequency of filter plugging
* Excessive filter plugging

3) Under Method of Discovery, Source of Leak, and Cause of Leak, if “Other” is selected, provide a description.

In determining whether a release occurred some suggested areas to look at are:

* Sump penetration boots:
  + Visible evidence of sump wall staining ending at the bottom of the penetration boot where the boot meets the pipe wall?
  + Visible evidence of boot cracking, tearing, or other defects?
  + Clamp loose on boot?
* Spill bucket/Sump floor/walls:
  + Visible evidence of sump floor/wall cracks, holes, bulges or other defects?
  + Water in sump?
  + Staining on sump walls with no visible product in sump at stain height?
  + Indication of prior repair failures?
* Odor/stains outside of spill bucket/sump:
  + Dead vegetation or staining of surface soil and pavement?

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