TR-WM-136 (2/2025)



Wisconsin Department of Agriculture, Trade and Consumer Protection *Bureau of Weights & Measures*P.O. Box 7837, Madison, WI 53707-7837
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| FOR OFFICE USE ONLY |  |  |  |  |  |  |  |  |  |  |
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# TANK GVGTEM DEDAID DEDADT

| Personal inform  | nation you prov   | -   | d for purpose.                               | s other than t   | <b>▼ I</b> that for which it was originall  ack) <b>FOR PORTIONS OF TH</b>   |   |                                    |   | *                |
|--|---|---|--|--|--|---|------------------------------------|---|------------------|
| CHECK ONE:   |   | <u> </u>  | BOVEGROUN                                    |  | ack) FOR FORTIONS OF IT  | IE FORIVI   | INAI DO                            | ONOT APPL                                       | I, WARK IVA      |
| To be complete   | d by contractor   | performing repa   | air of tank syst                             | em leaks or fa   | ailed leak detection or contain<br>he department via email at DA   |   |                                    |   |                  |
| A. PORTION OF SYSTEM BEING REPAIRED:  ☐ Tank ☐ Piping ☐ Transition/cont  ☐ Overfill ☐ Containment dike for AST |   |   |  |  |  |   |                                    | oenser  | ☐ Leak Detection |
|  |   |   | ☐ Other                                      | (describe):  |  |   |                                    |   |                  |
| B. IDENTIFICATION (Please Print) OWNER NAME  |   |   | CONTAC                                       | CONTACT NAME   |  |   |                                    | PH<br>(   | HONE             |
| STREET ADDRESS   |   |   | □ CITY                                       | ☐ TOWN ☐   | STATE  | ZIP   | COL                                | INTY  |                  |
| FACILITY NAME  |   |   | FACILIT                                      | Y ID#  | MUNICIPALITY   |   |                                    |   |                  |
| STREET ADDRESS (not PO Box)  |   |   | ☐ CITY                                       | CITY TOWN VILLAGE  |  |   | ZIP                                | IP COUNTY                                       |                  |
| PRIMARY REPAIR CONTRACTOR  |   |   |  | REP.   | EMAIL  |   |                                    |   |                  |
| REPAIR CONTRACTOR STREET ADDRESS   |   |   | ☐ CITY                                       | CITY TOWN VILLAGE  |  |   | ZIP                                | COUNTY  |                  |
| C. TANK SYST   |   |   |  |  | )<br>nts from unusual failures for   | future an   | nalysis                            | •   |                  |
| Tank ID# Type of Tank Repair¹ Material I   |   | Piping<br>Material  |  |  | Method of Leak Source Discovery <sup>3</sup> Leak  |   | Source of<br>Leak <sup>4</sup>     |   |                  |
|  |   |   |  |  |  |   |                                    |   |                  |
|  |   |   |  |  |  |   |                                    |   |                  |
|  | of product: DL  | = Diesel, UG  | = Unleaded G                                 | asoline, FO =  | /Model #:<br>= Fuel Oil, Exx = Ethanol %, I<br>us Waste, OC = Other Chemi  |   |                                    | AF = Aviatio                                    |                  |
| CAS number(s)  | :   |   |  |  |  |   |                                    |   |                  |
| <ul><li>4. Source of Le</li><li>5. Cause of Le</li><li>6. Was there a</li></ul>                                | eak: T = tank, F<br>ak (describe be<br>release to the e<br>occurred, was a<br>ources? | TTT = tank tigh P = piping, D = low): S = spill, environment? tank-system sit | tness test, LT dispenser, ST O = overfill, F | T = line tightn<br>TP = submers<br>POMD = phys<br>□ No<br>t performed an | detection, SLD = sump leak de ess test, V = visual, INV = invesible turbine pump, DP = delivical or mechanical damage, C Release not evident at thind was the release reported to No Future date sched | entory, O =<br>ery proble<br>= corrosions<br>s time<br>the Depa | = other (s<br>m, O = c<br>on, IP = | pecify below<br>ther (specify<br>installation p | )<br>below)      |
| D. REPAIR PRO  | OVIDER INFOR  | RMATION   |  |  |  |   |                                    |   |                  |
| TECHNICIAN NAME (Print) TECH   |   | ECHNICIAN SI  | NICIAN SIGNATURE CERTIFICATI                 |  |  | ON NO. DATE SIGNED  |                                    |   |                  |

## TR-WM-136 Form Tank System Repair Report Guidance

#### Applicability for Aboveground Tank Systems

Wis. Admin. Code § ATCP 93.400(8)(b)1. requires repairs to any of the following tank system components to be recorded on this form:

- Below-grade components
- Tank containment and piping sumps
- · Overfill valves and vent whistles
- Emergency Vents
- Normal vent pressure or vacuum valves and flame arrestors
- Anti-siphon valves

#### Applicability for Underground Tank Systems

Wis. Admin. Code § ATCP 93.500(7)(k)1. requires repairs to a below-grade tank system components below the top of a shear valve or to leak detection equipment that affects the capability of the leak detection system to detect a leak, be recorded on this form.

### Recordkeeping Requirements

- Wis. Admin. Code §§ ATCP 93.400(8)(b)2. and 93.500(7)(k)2. require a copy of this completed form be provided to the tank operator.
- Wis. Admin. Code §§ ATCP 93.400(8)(b)3. and 93.500(7)(k)3. require the tank system operator have the completed form on site and available for inspection within 30 days after receiving it from the party that perform the repair.
- Wis. Admin. Code § ATCP 93.500(7)(k)4. requires that repairs to a below-grade tank system components below the top of a shear valve or to leak detection equipment that affects the capability of the leak detection system to detect a leak be recorded on this form and reported to DATCP within 15 days of the repair.

#### 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 may be 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, please 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?
    - o Visible evidence of boot cracking, tearing, or other defects?
    - o Clamp loose on boot?
  - Spill bucket/Sump floor/walls:
    - o Visible evidence of sump floor/wall cracks, holes, bulges, or other defects?
    - o Water in sump?
    - Staining on sump walls with no visible product in sump at stain height?
    - o Indication of prior repair failures?
  - Odor/stains outside of spill bucket/sump:
    - o Dead vegetation or staining of surface soil and pavement?