



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

Wis. Admin. Code §ATCP 93.115

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|---------------------|
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|                     |

# CHECKLIST FOR UNDERGROUND TANK INSTALLATION

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 tank and related piping. Note: see below in comment section for alternative fuels.

This checklist covers the installation of:  Tank  Piping

| IDENTIFICATION (Please Print)            |        |  |        |       |     |
|--|--------|--|--------|-------|-----|
| INSTALLATION NAME                        |        |  | COUNTY |       |     |
| INSTALLATION STREET ADDRESS (Not PO Box) |        | <input type="checkbox"/> CITY <input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE |        | STATE | ZIP |
| OWNER LEGAL NAME                         | COUNTY | TELEPHONE:<br>( ) -  | E-MAIL |       |     |
| OWNER STREET ADDRESS                     |        | <input type="checkbox"/> CITY <input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE |        | STATE | ZIP |

### TANK CONTENTS

- Leaded  Unleaded  Diesel  Gasohol  Aviation  Premix  Fuel Oil  Kerosene  Waste/Used Motor Oil  Used for Heating  
 New Motor Oil  Hazardous Waste  Chemical (specify name and CAS#):  Other:  Empty

### PLAN APPROVAL

|  | Installer Verified       | Inspector Verified       | NA                       |
|--|--------------------------|--------------------------|--------------------------|
| 1. Plans have been submitted and approved. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. State plan number/LPO plan number is:   |                          |                          |                          |
| 3. Tank Capacity:       gallons.           |                          |                          |                          |

### TANK CONSTRUCTION

|  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 1. Tank is new and carries UL or other national testing label.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Tank is used, but has been recertified to meet current codes and standards.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Tank is corrosion protected ( <input type="checkbox"/> fiberglass or <input type="checkbox"/> composite tank) and matches the equipment listed in the plan review.                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Tank vents do not terminate under eaves, are at least 5 feet from a building, and 15 feet from Power Vent air intake devices.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Class I flammable tank vents discharge at least 12 feet above ground level, or if installed within or attached to a canopy discharge is at least 5 feet above the highest part of the canopy. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Class II or III A liquid storage tank vents discharge higher than the fill pipe opening, and a minimum of 4 feet above ground level.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Overfill protection device is installed and matches plan submittal.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Spill containment device is installed.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### TANK HANDLING AND TESTING

|  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 1. Pre-installation test of double-walled tank: <input type="checkbox"/> 1) Verify manufacturer applied vacuum to the interstice is intact, meets the manufacturer's required vacuum level and the minimum applied duration OR <input type="checkbox"/> 2) The visual air/soap test is completed to the manufacturer's specifications. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Tank tested after backfilling through precision test, approved tank gauge or interstitial monitor.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Tank gauge or interstitial monitor verified as operative.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Tank coating was inspected and any damage to the coating repaired.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### TANK SITE AND BACKFILL

|  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 1. Tank located a minimum of 3 feet from property lines and 1 foot from buildings.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Tank is spaced a minimum of 2 feet from any other tank and from excavation walls.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. 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.                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Minimum of 1 foot of compacted backfill in bottom of excavation or over top of hold down pad.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Backfill compaction is adequate to securely and evenly support the tank and prevent movement/settlement.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Excavation is in a bog, swampy area or landfill and a filter fabric was used to prevent the migration of the backfill material.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Backfill materials over the top of a tank in an area subject to traffic should be compacted to a minimum depth of: <input type="checkbox"/> 36 inches if unpaved; <input type="checkbox"/> 30 inches if paved with 6 inches of asphalt; <input type="checkbox"/> 18 inches if paved with 8 inches of reinforced concrete. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Backfill materials over the top of a tank in an area not subject to traffic should be compacted to a minimum depth of: <input type="checkbox"/> 2 feet if unpaved; <input type="checkbox"/> 1 foot if paved with 6 inches of asphalt or 4 inches of reinforced concrete.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### TANK ANCHORAGE

|  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 1. Installation is in an area of high water table or subject to flooding and tank is anchored.       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Anchor straps for tank were non-conductive and placed according to manufacturer's specifications. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### PIPING (Indicate whether piping is Fiberglass or Flexible)

|  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 1. Piping maintains a 1/8 inch per foot slope to a sump or a tank.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Piping trench provides a total of at least 18 inches of compacted backfill and paving on top of piping. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Pipes are separated by at least twice the pipe diameter.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|   | Installer Verified       | Inspector Verified       | NA                       |
|---|--------------------------|--------------------------|--------------------------|
| 4. Pipes are separated from the trench excavation sidewalls, electrical conduit, utilities, and other structures, by at least 6 inches.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Piping was isolated from the tank and dispenser and tested at 150% of operating pressure of the system (but not less than 50 psi) for 1 hour prior to backfilling.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Secondary containment piping was tested for tightness before it was covered, enclosed or placed in use. For fiberglass piping test at 10 psi. For flexible secondary piping, test at manufacturer's recommendation:       psi. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. After backfilling, piping was isolated from the tank and dispenser and precision tested at 110% of operating pressure but not less than 50 psi for 1 hour.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Piping was isolated from the tank and dispenser and tested through another approved means prior to and after backfilling. Indicate method(s):<br>Prior   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| After   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**PRE-OPERATIONAL FUNCTIONALITY VERIFICATION (Both TANK and PIPING)**

|  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 1. Tank precision tightness test, including the ullage, verified tank is tight                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Sumps and spill buckets have been verified as liquid tight                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. All sensors have been verified as functional  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. ATG setup has been verified as accurate and functional  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Leak detection method has been verified functional within the respective methodology parameters | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**DOCUMENTATION SUBMITTED PRIOR TO OPERATION – Required for Permit to Operate (PTO) upon completion of final inspection**

|   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| 1. TR-WM-137 Tank Registration (one for each tank) Reference: ATCP 93.140(2)(b)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Affidavit of Financial Responsibility (FR), certificate of insurance, and site schedule of covered locations and storage tanks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Facility AB Operator Designation Form Reference: ATCP 93.860   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Note: see below in comment section for alternative fuels**

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

**Tank leak detection**    n/a    Electronic interstitial monitoring   Manufacturer: \_\_\_\_\_   Sensor/Probe #: \_\_\_\_\_

**Piping leak detection**   Model Name/#: \_\_\_\_\_   Material Approval #: \_\_\_\_\_

**Pipe construction material:**    Fiberglass    Flexible    Other (type): \_\_\_\_\_

**Primary Piping System Type:**    Pressurized piping    Suction piping with check valve at tank    Suction piping with check valve at pump and inspectable

**Piping Catastrophic leak detection method:**    Pressurized piping with → A)  Pump auto shutoff - ELLD   B)  Flow restrictor – MLLD;

Manufacturer/Model: \_\_\_\_\_

**Piping leak detection method:**    Electronic interstitial monitoring – sump sensor or leak sensing cable   Sensor/Probe #: \_\_\_\_\_

**A. INSTALLER CERTIFICATION**

|   |                                |                    |       |
|---|--------------------------------|--------------------|-------|
| INSTALLATION COMPANY NAME (Please print)    | INSTALLER CERTIFICATION NUMBER | TELEPHONE<br>( ) - | EMAIL |
| INSTALLATION COMPANY MAILING ADDRESS STREET | CITY                           | STATE              | ZIP   |

I certify that the tank system and related components have been installed according to the manufacturer's instructions, conditionally approved plans, and complies with ATCP 93.

INSTALLER SIGNATURE \_\_\_\_\_ DATE SIGNED \_\_\_\_\_

**B. INSTALLATION INSPECTOR INFORMATION**

|                          |                               |    |              |         |    |
|--------------------------|-------------------------------|----|--------------|---------|----|
| INSPECTION DATES: 1.     | 2.                            | 3. | 4.           | 5.      | 6. |
| INSPECTION COMPANY NAME: | FIRE DEPT PROVIDING COVERAGE: |    |              | FDID #: |    |
| INSPECTOR SIGNATURE:     | INSPECTOR CERT #:             |    | DATE SIGNED: |         |    |

**C. ALTERNATIVE FUEL QUALITY & LABELING INSTALLATION INSPECTOR INFORMATION**

|                      |                  |
|----------------------|------------------|
| INSPECTOR NAME:      | INSPECTION DATE: |
| INSPECTOR SIGNATURE: | DATE SIGNED:     |

**Comments:**

|  |
|--|
|  |
|  |
|  |
|  |

**For Alternative Fuel Storage Tank Installations:**

*Prior to placing an alternative fuel storage tank system into operation, in addition to the final installation inspection, a pre-operational fuel quality inspection shall be performed by the assigned DATCP general inspection inspector specified in the Conditional Approval letter and Notification. As part of the pre-operational inspection, a completed Part II of the TR-WM-132 Alternative Fuel Storage Tank System and/or Dispenser Installation/Conversion Application shall be available for review/submittal.*

**TANK REGISTRATION FORM TR-WM-137 SIGNED BY THE OWNER MUST BE SUBMITTED WITH EACH INSTALLATION CHECKLIST**

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