

Wisconsin Department of Agriculture, Trade and Consumer Protection
Bureau of Weights and Measures, Storage Tank Regulation
2811 Agriculture Drive, PO Box 7837, Madison, WI 53707-7837
Phone: (608) 224-4942



Under Wis. Admin. Code § ATCP 93.510(2)(a) and (c), this form TR-WM-139 must be completed every 12 months. Under Wis. Stat. § 168.26, failure to do so is subject to a civil forfeiture of not less than \$10 nor more than \$5,000. Each day of a continued violation is a separate offense.

FOR OFFICE USE ONLY

UNDERGROUND TANK SYSTEM FUNCTIONALITY VERIFICATION

PLEASE TYPE OR PRINT CLEARLY - Personal information you provide might be used for purposes other than that which it was originally collected.

A. OWNER INFORMATION			
NAME		TELEPHONE () -	EMAIL
COMPANY NAME			
NUMBER AND STREET		CITY	STATE ZIP
SITE INFORMATION			
FACILITY ID #		FACILITY NAME	
SITE STREET		CITY	STATE ZIP
ASSIGNED ANNIVERSARY MONTH		DATE OF TESTING/SERVICING	
CONTRACTOR INFORMATION			
CONTRACTOR NAME			TELEPHONE/CELL () -
CONTACT PERSON	EMAIL	WORK ORDER NUMBER	

This form must be used to document functionality testing of monitoring equipment. **A separate verification or report must be prepared for each monitoring system control panel** by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must retain these records in accordance with ATCP 93.510(2).

B. RESULTS OF TESTING/SERVICING

TECH'S MANUFACTURER'S CERTIFICATION NUMBER: _____ LEVEL: _____

ATG MAKE AND MODEL: _____ CSLD SOFTWARE VERSION INSTALLED: _____

ALL EQUIPMENT TESTED: YES NO ALL EQUIPMENT VERIFIED AS FUNCTIONAL: YES NO ARE ALL DEFICIENCIES CORRECTED? YES NO NA

NOTE: If response is "No" for any question above; send page 1 of this form immediately to DATCP via e-mail to: DATCPStorageTanks@wisconsin.gov

IN SECTION BELOW, DESCRIBE HOW AND WHEN DEFICIENCIES WERE OR WILL BE CORRECTED.

COMMENTS:

Operator was advised to hire contractor to correct deficiencies or service items not inspected or verified: YES NO NA (No deficiencies or items not inspected or verified)

Certification - I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines and the system is set up correctly. Attached to this report is additional documentation (e.g. manufacturers' checklists) necessary to verify that this information is correct. For any equipment capable of generating such reports, I have also attached a copy of the following; (*check all that apply*):

Set-up as found Set-up as left (corrections made: YES NO) Alarm History

_____ TECHNICIAN NAME (PRINT)	_____ SIGNATURE	_____ DATE
_____ FACILITY REPRESENTATIVE(PRINT)	_____ SIGNATURE	_____ DATE

C. Inventory of Tank Equipment *Below check and write in the appropriate boxes.*

<p>Tank Product: _____ <input type="checkbox"/> Manifolder Tank</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA In-Tank Gauging Probe. Make /Model #: _____</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA Tank Interstitial Sensor is functioning properly. <input type="checkbox"/> Float Type</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA Tank Sump Sensor installed: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA Mechanical Line Leak Detector installed. Model: _____</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA Electronic Leak Detector installed. Model: _____</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO Tank Overfill - 90% alert installed. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA Tank Overfill - 95% auto shut-off drop tube Make /Model #: _____</p>	<p>Tank Product: _____ <input type="checkbox"/> Manifolder Tank</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA In-Tank Gauging Probe. Make /Model #: _____</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA Tank Interstitial Sensor is functioning properly. <input type="checkbox"/> Float Type</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA Tank Sump Sensor installed: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA Mechanical Line Leak Detector installed. Model: _____</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA Electronic Leak Detector installed. Model: _____</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO Tank Overfill - 90% alert installed. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA Tank Overfill - 95% auto shut-off drop tube Make /Model #: _____</p>
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D. OVERFILL NA

YES NO Is an outdoor audible and visual alarm to alert when the tanks has reached the 90% fill level installed and functional?
(Check appropriate box(s)) Audible operating Visual operating

YES NO Overfill auto shut-off drop tubes were removed, inspected, reinstalled and are operational for 95% maximum tank fill.
(Attach setpoint calculation sheet for each tank)

YES NO NA Ball floats on all tanks have been removed or set higher than the 95% auto shut-off drop tube valve.

E. CONTAINMENT

YES NO NA Are all spill buckets intact with no evident holes, cracks, bulges, collapsed walls?

YES NO All spill buckets have been tested within the last 3 years. **Date of last test:** _____

YES NO NA If spill bucket is designed with a plunger, is it functional?

YES NO NA All tank, dispenser, and transition sump sensors were visually inspected, functionally tested, and are confirmed operational.

YES NO NA Are all sensors installed according to manufacturer's specifications or at lowest point of secondary containment and positioned so that nothing will interfere with their proper operation?

YES NO NA Have all "stand-alone" sensors been tested and determined to be functional?

YES NO NA For pressurized piping systems, does the turbine automatically shut down if the piping secondary containment monitoring system detects a leak? If yes, which sensor location activates shutdown?
 Sump sensor Dispenser sensor Did you confirm a positive shut-down? YES NO

The double-wall interstitial pipe is installed with the intention of functioning as an: Open system Closed system

YES NO NA Test ports/fittings/boots removed or left open on secondary containment "open" interstitial piping?

YES NO NA Submersible or dispenser containment's inspection indicates holes, cracks, bulges, collapsed walls or failed penetration boots (NOTE: Liquid tight sumps must be in place by Dec 31, 2020)

FACILITY NAME: _____

DATE: _____

YES NO NA All secondary containment sumps have been tested within the last 3 years. **Date of last test:**
This applies only where interstitial monitoring of secondary containment piping is the primary pipe leak detection system. (NOTE: Interstitial monitoring is required for secondary containment piping installed after January 2009. Exception: For secondary containment systems using pressure, vacuum, or liquid-filled interstitial monitoring, periodic testing is not required.)

YES NO NA Was liquid found inside any secondary containment system?
 Product Water *If yes describe how resolved in comments?*

F. GENERAL

YES NO Monitoring system set-up was reviewed to ensure proper settings. Corrections made? YES NO
Attach set up reports and a description of set-up corrections in section B, if applicable.

YES NO Are there any current alarms? What: _____

YES NO NA If alarms are relayed to a remote monitoring station is all communications equipment (e.g. modem) operational.

YES NO Was any monitoring equipment replaced? *If yes, identify specific sensors, probes, or other equipment replaced and list the manufacturer name and model for all replacement parts in comment section.*

YES NO ATG or monitoring system's visual and audible alarm(s) are operational and functioning.

YES NO Emergency shut-off (e-stop) tested as functional and disables equipment as required by NFPA 30A, 6.7.

YES NO NA Are all dual point adaptor and vapor recovery poppet and caps functional with gaskets?

In-Tank Gauging Check this box if no tank gauging equipment installed.

Check this box if tank gauge is not functioning.

YES NO NA ATG battery tested?

YES NO All input wiring has been visually inspected for proper entry?

YES NO All tank gauging probes, visually inspected for damage and residue buildup?

YES NO Accuracy of system product level readings tested?

YES NO Have all the tanks been checked for water? Has the water been removed? YES NO NA

YES NO All probes reinstalled properly and verified as operational. All cap, gasket and grommet fittings are watertight?

YES NO NA All items on the equipment manufacturer's maintenance checklist completed?

This section is in addition to the annual functionality test of MLLD or ELLD.

Leak Detector Check this box if no line leak detection equipment is installed.

Check this box if line leak detection is not functioning.

YES NO Each Electronic Line Leak Detector automatically alarms or shuts off the submersible if the ELLD detects a 3gph leak?

YES NO Each continuous electronic vacuum monitored interstitial leak detection system alarms or shuts off the submersible if a 3.0gph leak is detected.

YES NO NA For Electronic Line Leak Detectors have all accessible wiring connections been visually inspected?

G. DISPENSER INFORMATION

Dispenser ID: _____
Dispenser Containment Sensor - Model: _____ or NA

YES NO Shear Valve(s) properly anchored & tripped to verify operation

YES NO Dispenser containment
 Manufactured or Field constructed

Dispenser ID: _____
Dispenser Containment Sensor - Model: _____ or NA

YES NO Shear Valve(s) properly anchored & tripped to verify operation

YES NO Dispenser containment
 Manufactured or Field constructed

Dispenser ID: _____
Dispenser Containment Sensor - Model: _____ or NA

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Dispenser Containment Sensor - Model: _____ or NA

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YES NO Dispenser containment
 Manufactured or Field constructed

FACILITY NAME: _____

DATE: _____

Dispenser ID: _____
Dispenser Containment Sensor - Model: _____ or NA

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Dispenser Containment Sensor - Model: _____ or NA

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 YES NO Dispenser containment
 Manufactured or Field constructed

****If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility.***