



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 93.560

FOR OFFICE USE ONLY

# TANK SYSTEM SERVICE AND CLOSURE ASSESSMENT 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 Service Event

FOR PORTIONS OF THE FORM THAT DO NOT APPLY, CHECK THE 'N/A' BOX

CHECK ONE:  UNDERGROUND  ABOVEGROUND

### Part A – To be completed by contractor performing repair or closure

**A. TYPE OF SERVICE**  CLOSURE  REPAIR/UPGRADE  CHANGE-IN-SERVICE

Indicate portion of system being serviced if a repair, upgrade or change-in-service is being performed

Remote fill  Tank  Piping  Transition/containment sump  Spill bucket  Dispenser

### B. IDENTIFICATION

#### OWNER INFORMATION

OWNER NAME		CONTACT NAME		TITLE	
MAILING ADDRESS			<input type="checkbox"/> CITY <input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE	STATE	ZIP
TELEPHONE: ( ) -			E-MAIL		

#### SITE INFORMATION

FACILITY NAME	
SITE ADDRESS (Not PO Box)	<input type="checkbox"/> CITY <input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE STATE ZIP

#### SERVICE CONTRACTOR INFORMATION

PRIMARY SERVICE CONTRACTOR Section A Above		TELEPHONE: ( ) -	CELL: ( ) -
STREET ADDRESS		<input type="checkbox"/> CITY <input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE	STATE ZIP

### C. TANK SYSTEM DETAIL (Complete for all service activities)

a	b	c	d	e	f	g	h	
Tank ID #	Type of Closure <sup>1</sup>	Tank Material of Construction	Piping Material of Construction	Tank Capacity (gallons)	Contents <sup>2</sup>	Release - System Integrity Compromised (e.g. holes, cracks, loose connection, etc)?	If "Yes" to "g", Then Specify Source and Cause of Release <sup>5</sup>	
							Source of Release <sup>3</sup>	Cause of Release <sup>4</sup>
						<input type="checkbox"/> Yes <input type="checkbox"/> No		
						<input type="checkbox"/> Yes <input type="checkbox"/> No		
						<input type="checkbox"/> Yes <input type="checkbox"/> No		
						<input type="checkbox"/> Yes <input type="checkbox"/> No		
						<input type="checkbox"/> Yes <input type="checkbox"/> No		
						<input type="checkbox"/> Yes <input type="checkbox"/> No		

1. Indicate type of closure: P = Permanent, TOS = Temporarily Out-of-Service, CIP = Closure In-Place

2. Indicate type of product: DL = Diesel, LG = Leaded Gasoline, UG = Unleaded Gasoline, FO = Fuel Oil, GH = Gasohol, AF = Aviation Fuel, K = Kerosene, PX = Premix, WO = Waste/Used Motor Oil, FCHZW = Flammable/Combustible Hazardous Waste, OC = Other Chemical (indicate the chemical name(s):

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3. CAS number(s):

4. Source of release: T = tank, P = piping, D = dispenser, STP = submersible turbine pump, DP = delivery problem, O = other, UNK = Unknown

5. Cause of release:  
 S = spill, O = overflow, POMD = physical or mechanical damage, C = corrosion, IP = installation problem, O = other, UNK = Unknown

6. Has release been reported to the Department of Natural Resources?  Yes  No  Release not evident at this time

**D. CLOSURES (Check applicable box at right in response to all statements in section D)**

Written notification was provided to the local agent 5 days in advance of closure date.  Yes  No

All local permits were obtained before beginning closure.  Yes  No  NA

UST Form TR-WM-137 or  AST Form TR-WM-118 filed by owner with the DATCP indicating closure.  Yes  No  NA

**NOTE: TANK INVENTORY FORM TR-WM-137 or TR-WM-118 SIGNED BY THE OWNER MUST BE SUBMITTED WITH EACH CLOSURE or CHANGE-IN-SERVICE CHECKLIST**

**D.1  TEMPORARILY OUT-OF-SERVICE**

	Remover Verified	Inspector Verified	Inspector Not Present	NA
<b>1. Product removed.</b>				
a. Product lines drained into tank (or other container) and liquid removed, and	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
b. All product removed to bottom of suction line, OR	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
c. All product removed to within 1" of bottom.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Fill pipe, gauge pipe, tank truck vapor recovery fittings, and vapor return lines capped.</b>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. All product lines at the islands or pumps located elsewhere are removed and capped, OR</b>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Dispensers/pumps left in place but locked and power disconnected.</b>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Vent lines left open.</b>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. Inventory form filed indicating temporarily out-of-service (TOS) closure.</b>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>

**D.2.  CLOSURE BY REMOVAL OR IN-PLACE**

<b>1. General Requirements</b>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
a. Product from piping drained into tank (or other container).	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
b. Piping disconnected from tank and removed.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
c. All liquid and residue removed from tank using explosion-proof pumps or hand pumps.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
d. All pump motors and suction hoses bonded to tank or otherwise grounded.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
e. Fill pipes, gauge pipes, vapor recovery connections, submersible pumps and other fixtures removed.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
f. Vent lines left connected until tanks purged.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
g. Tank openings temporarily plugged so vapors exit through vent.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
h. Tank atmosphere reduced to 10% of the lower flammable range (LEL) - see Section E.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>

<b>2. Specific Closure-by-Removal Requirements</b>				
a. Tank removed from excavation after PURGING/INERTING; placed on level ground and blocked to prevent movement.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
b. Tank cleaned before being removed from site.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
c. Tank labeled in full compliance with API 1604 after removal but before being moved from site.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>

**NOTE: COMPLETE TANK LABELING SHOULD INCLUDE WARNING AGAINST REUSE; FORMER CONTENTS; VAPOR STATE; VAPOR FREEING TREATMENT; MONTH/DAY/YEAR OF REMOVAL**

d. Tank vent hole (1/8" in uppermost part of tank) installed prior to moving the tank from site.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
e. Site security is provided while the excavation is open.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Specific Closure-In-Place Requirements</b>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>

**NOTE: CLOSURES IN-PLACE ARE ONLY ALLOWED WITH THE PRIOR WRITTEN APPROVAL OF THE DEPARTMENT OF AGRICULTURE, TRADE AND CONSUMER PROTECTION (DATCP) OR LOCAL AGENT.**

a. Tank properly cleaned to remove all sludge and residue.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
b. Solid inert material (sand, cyclone boiler slag, or pea gravel recommended) introduced and tank filled.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
c. Vent line disconnected or removed.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
d. Inventory form filed by owner with the DATCP indicating closure in-place.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>

**E.  REPAIR, UPGRADE OR CHANGE-IN-SERVICE**

Written notification was provided to the local agent 5 days in advance of service date.  Y  N  NA

All local permits were obtained before beginning service.  Y  N  NA

Form TR-WM-137 or 0 TR-WM-118 filed by owner with the DATCP indicating change-in-service.  Y  N  NA

**F. METHOD OF VAPOR FREEING OF TANK**

Displacement of vapors by eductor or diffused air blower.

Eductor driven by compressed air, bonded and drop tube left in place; vapors discharged minimum of 12 feet above ground.

Inert gas using dry ice or liquid carbon dioxide.

Inert gas using CO2 or N2 **NOTE: INERT GASSES PRODUCE AN OXYGEN DEFICIENT ATMOSPHERE. LEL METERS MAY NOT FUNCTION ACCURATELY. THE TANK MAY NOT BE ENTERED IN THIS STATE WITHOUT SPECIAL EQUIPMENT.**

Gas introduced through a single opening at a point near the bottom of the tank at the end of the tank opposite the vent.

Gas introduced under low pressure not to exceed 5 psig to reduce static electricity. Gas introducing device grounded.

Readings of 10% or less of the lower flammable range (LEL) or <5% oxygen obtained before removing tank from ground.

Tank atmosphere monitored for flammable or combustible vapor levels prior to and during cleaning and cutting.

Calibrate combustible gas indicator and/or oxygen meter prior to use. Drop tube removed prior to checking atmosphere. Tank space monitored at bottom, middle and upper portion of tank.

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**G. REMOVER/CLEANER INFORMATION**

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REMOVER/CLEANER NAME (PRINT): \_\_\_\_\_ REMOVER/CLEANER SIGNATURE \_\_\_\_\_ CERTIFICATION # \_\_\_\_\_ DATE SIGNED \_\_\_\_\_

I attest that the procedures and information which I have provided as the tank closure contractor are correct and comply with ATCP 93.

Company expected to perform soil contamination assessment

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**H. INSPECTOR INFORMATION**

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INSPECTOR NAME (PRINT): \_\_\_\_\_ INSPECTOR SIGNATURE \_\_\_\_\_ INSPECTOR CERTIFICATION # \_\_\_\_\_ LPO AGENCY/COMPANY NAME \_\_\_\_\_

FDID # FOR LOCATION WHERE INSPECTION PERFORMED \_\_\_\_\_ ( ) - \_\_\_\_\_  
INSPECTOR TELEPHONE:NUMBER \_\_\_\_\_ DATE SIGNED \_\_\_\_\_

INSPECTOR NOTES:

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**Part B – To be completed by environmental professional - Submit original Part B to the WDNR along with a copy of Part A**

**I. TANK-SYSTEM SITE ASSESSMENT (TSSA)**

SITE NAME - *Note: SITE NAME and address MUST MATCH with Part A Section 1.*

SITE ADDRESS (Not PO Box)	<input type="checkbox"/> CITY <input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE	STATE	ZIP
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To determine if a TSSA is required, see ATCP 93 and section II part B of *ASSESSMENT AND REPORTING OF SUSPECTED AND OBVIOUS RELEASES FROM UNDERGROUND AND ABOVEGROUND STORAGE TANK SYSTEMS*.

If a TSSA is required, then follow the procedures detailed in *ASSESSMENT AND REPORTING OF SUSPECTED AND OBVIOUS RELEASES FROM UNDERGROUND AND ABOVEGROUND STORAGE TANK SYSTEMS*

**1. Site Information**

- a. Has there been a previously documented release at this site?    Y    N  
 If yes, provide the DATCP # \_\_\_\_\_ or DNR BRRT's # \_\_\_\_\_
- b. Number of active tanks at facility prior to completion of current services:   USTs \_\_\_\_\_   ASTs \_\_\_\_\_  
 (**NOTE 1: Do not include previously closed systems or system components.**)
- c. Excavation/trench dimensions (in feet). (Photos must be provided.)

EXCAVATION/TRENCH #	LENGTH	WIDTH	DEPTH

**2. Visual Excavation/Trench Inspection (Photos must be provided for "Yes" responses, except item b.)**

Do any of the following conditions exist in or about the excavation(s)?

- a. Stained soils:    Yes    No      b. Petroleum odor:    Yes    No      c. Water In excavation/trench:    Yes    No
- d. Free product in the excavation/trench:    Yes    No      e. Sheen or free product on water:    Yes    No

**3. Geology/Hydrogeology**

- a. Depth to groundwater \_\_\_\_\_ feet      b. Indicate type of geology<sup>2</sup> \_\_\_\_\_

**4. Receptors**

- a. Water supply well(s) within 250 feet of the facility?    Yes    No    If yes, specify: \_\_\_\_\_
- b. Surface water(s) within 1000 feet of the facility?    Yes    No    If yes, specify: \_\_\_\_\_

**5. Sampling**

- a. Follow the procedures detailed in *ASSESSMENT AND REPORTING OF SUSPECTED AND OBVIOUS RELEASES FROM UNDERGROUND AND ABOVEGROUND STORAGE TANK SYSTEMS*.
- b. Complete Tables 1 and 2 as appropriate. (Attach chain-of-custody and laboratory analytical reports.)
- c. Attach a detailed map of site features and sample locations.

**J. NOTE RELEVANT OBSERVATIONS, SPECIFIC PROBLEMS OR CONCERNS BELOW**

