



Records Retention

Bureau of Weights and Measures

WISCONSIN DEPARTMENT OF AGRICULTURE, TRADE AND CONSUMER PROTECTION

FOREVER RECORDS

1. One set of stamped, approved plans and specifications and approval letter
 1. Any tank or pipe system modification or repair approved plans and checklists
2. Owner's manual provided by the leak detection equipment manufacturer



RECORDS TO KEEP FOR 10 YEARS

1. Internal inspection of an underground tank lining
 1. Test is completed every 5 years, 2 reports must be available

2. Inventory verification records



RECORDS TO KEEP FOR 3 YEARS

TANK-SYSTEM SITE ASSESSMENT

A GUIDE TO THE ASSESSMENT AND REPORTING
OF
SUSPECTED OR OBVIOUS RELEASES
FROM
UNDERGROUND AND ABOVEGROUND
STORAGE TANK SYSTEMS



1. Tank site assessment reports
 1. Phase 2 inspections for property sale
2. Corrosion protection test results (annual test)
3. Spill bucket test reports
4. Containment sump integrity test
 1. (Only required on piping interstitial monitoring systems)



RECORDS TO KEEP FOR 2 YEARS

1. Annual functionality test reports
 1. Emergency stop test
 2. Shear valve test
 3. Overfill valve tests
 4. Sensor tests
2. Annual catastrophic leak detector testing
 1. ELLD or MLLD
3. Investigative reports for any leak alarm investigations

TR-WM-139 (11/20)
Formerly ERS-10778

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 Wis. Admin. Code §ATCP 93.510

FOR OFFICE USE ONLY

UNDERGROUND TANK SYSTEM FUNCTIONALITY VERIFICATION

PLEASE TYPE OR PRINT CLEARLY - Personal information you provide may be used for purposes other than that which it was originally collected (s.15.04 (1)(m) Wis. Stats.).

| | | | |
|-------------------------------|--------|----------------------------|---------------------------------|
| A. OWNER INFORMATION | | | |
| NAME | | TELEPHONE NUMBER: () - | EMAIL ADDRESS: |
| 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 NUMBER: () - |
| CONTACT PERSON | E-MAIL | 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: _____ | <input type="checkbox"/> CSLD | SOFTWARE VERSION INSTALLED: _____ | |
| ALL EQUIPMENT TESTED: <input type="checkbox"/> YES <input type="checkbox"/> NO | ALL EQUIPMENT VERIFIED AS FUNCTIONAL: <input type="checkbox"/> YES <input type="checkbox"/> NO | ARE ALL DEFICIENCIES CORRECTED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | |

NOTE: If response is "No" for any question above; send page 1 of this form within 5 business days to DATCP: DATCPStorageTanks@wisconsin.gov

LIST EACH DEFICIENCY BELOW. IF KNOWN, INCLUDE HOW AND WHEN DEFICIENCIES WILL BE CORRECTED.

COMMENTS:



Thank You!



Bureau of Weights and Measures

DATCPWMCCompliance@wisconsin.gov

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