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| TR-WM-133 (4/23) Formerly ERS-9 LD | | FOR OFFICE USE ONLY |
|  | Wisconsin Department of Agriculture, Trade and Consumer Protection  Bureau of Weights and Measures  PO Box 7837, Madison, WI 53707-7837  Phone: (608) 224-4942 Wis. Admin. Code §ATCP 93.100 | Transaction # |
| Plan Review |
| Copy to Inspector |
| Copy to Permit |
|  |
| STORAGE TANK LEAK DETECTION INSTALLATION OR UPGRADE APPLICATION | | |
| 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.). | | |
| INSTRUCTIONS: This form is to be submitted to the Department of Agriculture, Trade and Consumer Protection (DATCP) along with the plan submittal for new installations, or submitted independently for conversions of existing systems from one leak detection methodology to another or upgrade of existing methods, equipment or software along with a print-out of the respective system/tank/line setup and startup leak tests (ATG/line) or precision test (SIR). For existing equipment, submit this form within five days of installation to DATCP at the address above. Submit form to: [DATCPplanreview@wisconsin.gov](mailto:DATCPplanreview@wisconsin.gov). | | |

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| OWNER INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | |
| LEGAL NAME/ENTITY | | | | | | | | | | | | CUSTOMER ID# | | | | | | | | | | | | |
| COMPANY NAME | | | | | | | | | | TELEPHONE  (   )     - | | | | | | | | E-MAIL | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | CITY  TOWN  VILLAGE | | | | | | | | | STATE | ZIP | |
| SITE INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | |
| FACILITY NAME | | | | | | FACILITY ID# | | | | | | | | | | | | | SITE ID# | | | | | |
| SITE ADDRESS | | | | | | | | | | | | | CITY  TOWN  VILLAGE | | | | | | | | | STATE | ZIP | |
| FIRE DEPT. PROVIDING FIRE COVERAGE | | | | | | | | | | | | | FDID# | | | | | | | | | | | |
| CONTRACTOR INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | |
| CONTRACTOR NAME | | | | | | CUSTOMER ID# | | | | | | | | | | | | | CONTACT PERSON | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | CITY  TOWN  VILLAGE | | | | | | | | | STATE | ZIP | |
| TELEPHONE  (   )     - | | CELL  (   )     - | | | | | | | E-MAIL | | | | | | | | | | | | | | | |
| THIS FORM IS SUBMITTED: | | | Pre-Installation: | | | | Date projected to be installed: | | | | | | |  | | | Post Installation (Include Installation’s Documents): | | | | Date Installed: | | |  |
| TANK SPECIFICATIONS: | Underground | | | | Aboveground | | | | | | Tank Manufacturer: | | | | |  | | | | | | | | |
| Leak Detection Equipment Manufacturer: | | | |  | | | | WI Material Approval No. | | | | | | |  | | | | | Software Version, if applicable: | | | |  |

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| TANK INFORMATION | | | TANK LEAK DETECTION UPGRADE ONLY | | | | | Single Wall | | | Double Wall | | | | | |
| Type: | Single Wall | Double Wall | | **Construction**: | | Steel | | | Steel Fiberglass Reinforced Composite | | | | | | Fiberglass | |
| Tank Leak Detection Method: | | | Automatic tank gauging | | Continuous ATG | | | | Interstitial Monitoring | | | | Statistical Inventory Reconciliation (SIR) | | | |
| Tank/Equipment # | | | | | | |  | | |  | |  | |  |  |  |
| Tank size | | | | | | |  | | |  | |  | |  |  |  |
| Product | | | | | | |  | | |  | |  | |  |  |  |
| Interstitial Monitoring: Sensor Model # OR (NA) Not Applicable | | | | | | |  | | |  | |  | |  |  |  |
| Probe Type: (U) ultrasonic, (M) magnetostrictive, (C) capacitance | | | | | | |  | | |  | |  | |  |  |  |
| Probe Model Numbers | | | | | | |  | | |  | |  | |  |  |  |
| Minimum product level for test - Indicate %, inches or gallons | | | | | | |  | | |  | |  | |  |  |  |
| Console Name Designation/ Model Number | | | | | | |  | | |  | |  | |  |  |  |
| Monthly estimated throughput for Continuous ATG or SIR systems | | | | | | |  | | |  | |  | |  |  |  |
| Is tank manifolded to another tank? Indicate reg obj number of the other tank | | | | | | |  | | |  | |  | |  |  |  |
| Does the manifold line include an isolation valve to isolate the line? Indicate Y/N | | | | | | |  | | |  | |  | |  |  |  |

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| PIPE INFORMATION | | | PIPE LEAK DETECTION UPGRADE ONLY | | | | | | | | | Pipe Manufacturer: | | | | | | |  | | | | | | | | | | | | | |
| Type: | Single Wall | | | Double Wall | | | **Construction:** | | | Steel | | Fiberglass | | | | Flexible | | | | | | | Other (specify): | | | |  | | | | | |
| System Type: | | Pressurized piping (3.0 gph LD) with  | | | | | | Pump auto shutoff – ELLD; | | | | | | | Alarm or | | | | | | Flow restrictor | | | | | Make/Model: | | | |  | | |
|  | | Suction piping with check valve at tank | | | | | | | Suction piping with check valve at pump and inspectable | | | | | | | | | | | | | | | | | | | | | | | |
| Piping (0.2/0.1 gph) Leak detection method (Select only one method): | | | | | | | | | | | Used if pressurized or check valve at tank: | | | | | | | | | | | | | SIR | | | | Tightness testing | | | | |
| Electronic line monitoring – ELLD | | | | | Model: |  | | | | | | | | | Other | | | | |  | | | | | | | | | | | Not required | |
| Electronic interstitial monitoring – sump sensor or leak sensing cable | | | | | | | | | | | | | Sensor Model #: | | | | |  | | | | | | | | | | | | | | |
| Is line manifolded to another line? Indicate reg obj number of the other tank | | | | | | | | | | | | | |  | | |  | | | | |  | | |  | | | |  | | |  |
| Does the manifold line include a check valve to isolate the line?  Indicate by (N) No, (UD) Under Dispenser, (TT) Tank Top, or (O) Other | | | | | | | | | | | | | |  | | |  | | | | |  | | |  | | | |  | | |  |
| Are sump sensors installed? | | | | | | | | | | | | | |  | | |  | | | | |  | | |  | | | |  | | |  |
| Line size (diameter) | | | | | | | | | | | | | |  | | |  | | | | |  | | |  | | | |  | | |  |
| Total length of pipe | | | | | | | | | | | | | |  | | |  | | | | |  | | |  | | | |  | | |  |
| Scope of work: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| FEES: (Fee table on reverse side) | Plan Review | | | | Inspection | | | | Total | |
| Addition OR Upgrade for leak detection | $ |  | | (7636) | $ |  | (8253) | | $ |  |
| I certify by signature that we will comply with all required provisions of the current ATCP 93 Flammable and Combustible Liquids Code 40 CFR Part 280, manufacturer’s instructions and ATCP Material Approval. | | | | | | | | | | |
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| SIGNATURE | | | TITLE | | | | | DATE | | |

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| TR-WM-133 4/23 Formerly ERS-9 LD |
| STORAGE TANK LEAK DETECTION INSTALLATION OR UPGRADE APPLICATION |

Completing this form:  
This form is to be completed when installing a new method of leak detection or when modifying or upgrading the existing leak detection methodology or equipment. This form is to be submitted to the Department of Agriculture, Trade and Consumer Protection along with the plan submittal for new installations, or submitted independently for conversions of existing systems. For leak detection modification to existing equipment, submit this form within five days of installation to the Department of Agriculture, Trade and Consumer Protection at the address in the upper right corner of the first page.

This form is designed to provide the pertinent information relating to ATG, Interstitial and SIR tank leak detection methodologies, as well as the various product pipe leak detection methodologies. The fill-in blanks and questions will not always apply to a specific methodology and can be left blank or marked NA. The following items are provided as a guide to completing this form:

* Leak Detection Equipment Manufacturer section will apply to any equipment or SIR vendor.
* Software version section will apply to any electronic monitoring or SIR related software that is installed on a PC or control device at the facility.
* Tank leak detection method is the method that the system is implementing
* Probe Type & Probe Model Number sections apply to ATG and SIR when the inventory data is via a probe rather than a stick reading.
* Minimum product level for test section is the threshold that the methodology vendor and respective material approval designate. The option is gallons, percentage or inches, but should correlate with the reading that is printed on a tape.
* Monthly estimated throughput for CSLD or SIR systems section is a figure that the owner/operator will furnish. The operator should have a projection for new systems.
* “Is line manifolded” in the Pipe Information section needs to be completed only if a tank line is manifolded to another tank line. The entry must be the regulated object number of the other tank.
* When using a check valve in the manifolded line or a submersible pressure relief, provide the set point pressure of the relief valve.
* Total length of pipe section is the length of pipe associated with each line leak detector

This form is designed for the typical configurations and application of leak detection methodologies. It is likely that unique or non-typical system configurations will be experienced. Remarks in the “Comment” section would be appropriate.

This form must be signed by the technician or person responsible for performing the equipment installation or assessing the facility attributes to implement the transition from one leak detection methodology or one vintage of an existing methodology to another.

Submittal Fee:  
Upgrade, exchange or conversion of existing leak detection methodology to another approved methodology or manufacturer.

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|  | **Plan Review Fee** | **Installation  Inspection Fee** | **Plan  Revision Fee** | **Re-inspection Fee** |
| When submitted independent of a broader plan submittal application | $35 | $100 Except conversion to SIR | $100 | $100 |

Note: For leak detection change to SIR no inspection fee is required; only submit the $35 plan review fee.

**ATCP 93.1605(1m) LATE FEES.** The plan examination fees specified in this chapter shall be doubled for projects where the installation, erection or construction was initiated without the required departmental approval.