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| TR-WM-138 (3/22) Formerly ERS-6294 UST | **FOR OFFICE USE ONLY** |
|  |  |
|  | Wisconsin Department of Agriculture, Trade and Consumer ProtectionBureau of Weights and MeasuresP.O. Box 7837, Madison, WI 53707-7837(608) 224-4942 Wis. Admin. Code §ATCP 93.115 |  |
| CHECKLIST FOR UNDERGROUND TANK INSTALLATIONPersonal 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.** |

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| This checklist covers the installation of: [ ]  Tank [ ]  Piping |
| IDENTIFICATION (Please Print) |
| FACILITY NAME      | FACILITY ID #      | COUNTY      |
| INSTALLATION STREET ADDRESS (Not PO Box)      | [ ]  CITY [ ]  TOWN [ ]  VILLAGE      | STATE   | ZIP      |
| OWNER LEGAL NAME      | COUNTY      | TELEPHONE:(   )     -      | E-MAIL      |
| OWNER STREET ADDRESS      | [ ]  CITY [ ]  TOWN [ ]  VILLAGE      | STATE   | ZIP      |

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| 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.
 | [ ]  | [ ]  | [ ]  |
| 1. State plan number/LPO plan number is:
 |  |  |  |
| 1. Tank Capacity:       gallons.
 |  |  |  |  |
| TANK CONSTRUCTION |
| 1. Tank is new and carries UL or other national testing label.
 | [ ]  | [ ]  | [ ]  |
| 1. Tank is used, but has been recertified to meet current codes and standards.
 | [ ]  | [ ]  | [ ]  |
| 1. Tank is corrosion protected ( [ ]  fiberglass or [ ]  composite tank) and matches the equipment listed in the plan review.
 | [ ]  | [ ]  | [ ]  |
| 1. Tank vents do not terminate under eaves, are at least 5 feet from a building, and 15 feet from Power Vent air intake devices.
 | [ ]  | [ ]  | [ ]  |
| 1. 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.
 | [ ]  | [ ]  | [ ]  |
| 1. 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.
 | [ ]  | [ ]  | [ ]  |
| 1. Overfill protection device is installed and matches plan submittal.
 | [ ]  | [ ]  | [ ]  |
| 1. Spill containment device is installed.
 | [ ]  | [ ]  | [ ]  |
| TANK HANDLING AND TESTING |
| 1. Pre-installation test of double-walled tank: [ ]  1) Verify manufacturer applied vacuum to the interstice is intact, meets the manufacturer’s required vacuum level and the minimum applied duration OR [ ]  2) The visual air/soap test is completed to the manufacturer’s specifications.
 | [ ]  | [ ]  | [ ]  |
| 1. Tank tested after backfilling through precision test, approved tank gauge or interstitial monitor.
 | [ ]  | [ ]  | [ ]  |
| 1. Tank gauge or interstitial monitor verified as operative.
 | [ ]  | [ ]  | [ ]  |
| 1. Tank coating was inspected and any damage to the coating repaired.
 | [ ]  | [ ]  | [ ]  |
| TANK SITE AND BACKFILL |  |  |  |
| 1. Tank located a minimum of 3 feet from property lines and 1 foot from buildings.
 | [ ]  | [ ]  | [ ]  |
| 1. Tank is spaced a minimum of 2 feet from any other tank and from excavation walls.
 | [ ]  | [ ]  | [ ]  |
| 1. 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.
 | [ ]  | [ ]  | [ ]  |
| 1. Minimum of 1 foot of compacted backfill in bottom of excavation or over top of hold down pad.
 | [ ]  | [ ]  | [ ]  |
| 1. Backfill compaction is adequate to securely and evenly support the tank and prevent movement/settlement.
 | [ ]  | [ ]  | [ ]  |
| 1. Excavation is in a bog, swampy area or landfill and a filter fabric was used to prevent the migration of the backfill material.
 | [ ]  | [ ]  | [ ]  |
| 1. Backfill materials over the top of a tank in an area subject to traffic should be compacted to a minimum depth of: [ ]  36 inches if unpaved; [ ]  30 inches if paved with 6 inches of asphalt; [ ]  18 inches if paved with 8 inches of reinforced concrete.
 | [ ]  | [ ]  | [ ]  |
| 1. Backfill materials over the top of a tank in an area not subject to traffic should be compacted to a minimum depth of: [ ]  2 feet if unpaved; [ ]  1 foot if paved with 6 inches of asphalt or 4 inches of reinforced concrete.
 | [ ]  | [ ]  | [ ]  |
| TANK ANCHORAGE |
| 1. Installation is in an area of high water table or subject to flooding and tank is anchored.
 | [ ]  | [ ]  | [ ]  |
| 1. Anchor straps for tank were non-conductive and placed according to manufacturer’s specifications.
 | [ ]  | [ ]  | [ ]  |
| PIPING (Indicate whether piping is [ ] Fiberglass or [ ] Flexible) |
| 1. Piping maintains a 1/8 inch per foot slope to a sump or a tank.
 | [ ]  | [ ]  | [ ]  |
| 1. Piping trench provides a total of at least 18 inches of compacted backfill and paving on top of piping.
 | [ ]  | [ ]  | [ ]  |
| 1. Pipes are separated by at least twice the pipe diameter.
 | [ ]  | [ ]  | [ ]  |
|  | Installer Verified | Inspector Verified | NA |
| 1. Pipes are separated from the trench excavation sidewalls, electrical conduit, utilities, and other structures, by at least 6 inches.
 | [ ]  | [ ]  | [ ]  |
| 1. 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.
 | [ ]  | [ ]  | [ ]  |
| 1. 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.
 | [ ]  | [ ]  | [ ]  |
| 1. 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.
 | [ ]  | [ ]  | [ ]  |
| 1. Piping was isolated from the tank and dispenser and tested through another approved means prior to and after backfilling. Indicate method(s):
 |  |  |  |
| Prior       | [ ]  | [ ]  | [ ]  |
| After       | [ ]  | [ ]  | [ ]  |
| PRE-OPERATIONAL FUNCTIONALITY VERIFICATION (Both TANK and PIPING) |
| 1. Tank precision tightness test, including the ullage, verified tank is tight
 | [ ]  | [ ]  | [ ]  |
| 1. Sumps and spill buckets have been verified as liquid tight
 | [ ]  | [ ]  | [ ]  |
| 1. All sensors have been verified as functional
 | [ ]  | [ ]  | [ ]  |
| 1. ATG setup has been verified as accurate and functional
 | [ ]  | [ ]  | [ ]  |
| 1. Leak detection method has been verified functional within the respective methodology parameters
 | [ ]  | [ ]  | [ ]  |
| DOCUMENTATION SUBMITTED PRIOR TO OPERATION – Submit to DATCPinstallclosure@wisconsin.gov |
| 1. TR-WM-137 Tank Registration (one for each tank) Reference: ATCP 93.140(2)(b)
 |  | [ ]  | [ ]  |
| 1. Affidavit of Financial Responsibility (FR), certificate of insurance, and site schedule of covered locations and storage tanks
 |  | [ ]  | [ ]  |
| 1. Facility AB Operator Certificate of Completion Reference: ATCP 93.860
 |  | [ ]  | [ ]  |
| **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 #:       |

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| 1. INSTALLER CERTIFICATION
 |
| INSTALLATION COMPANY NAME (Please print)      | INSTALLER CERTIFICATION NUMBER      | TELEPHONE(   )     -      | EMAIL      |
| INSTALLATION COMPANY MAILING ADDRESS STREET      | CITY      | STATE   | ZIP      |

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| I certify that the tank system and components have been installed according to the manufacturer’s instructions and approved plans, and the owner/operator has been instructed on the use of the monitoring/leak detection required and complies with ATCP 93. |
|  |       |
| INSTALLER SIGNATURE | DATE SIGNED |
| 1. **INSTALLATION INSPECTOR INFORMATION**
2. INSTALLER CERTIFICATION
 |
| INSPECTION DATES: | 1.
 | 1.
 | 1.
 | 1.
 | 1.
 | 1.
 |
| INSPECTION COMPANY NAME: |       | FIRE DEPT PROVIDING COVERAGE: |       | FDID #: |       |
| INSPECTOR SIGNATURE: |  | INSPECTOR CERT #: |       | DATE SIGNED: |       |
| 1. **ALTERNATIVE FUEL QUALITY & LABELING INSTALLATION INSPECTOR INFORMATION**
2. INSTALLER CERTIFICATION
 |
| INSPECTOR NAME: |       | INSPECTION DATE: |       |
| INSPECTOR SIGNATURE: |  | DATE SIGNED: |       |
| Comments:       |
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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

This document can be made available in alternate formats to individuals with disabilities upon request.