

ILHR 10**APPENDIX A**

The material contained in this Appendix is for clarification only. The notes, illustrations, forms, etc., are numbered to correspond to the number of the rule as it appears in the text of the chapter.

A10.10 (4) (b) 2. and 3. DISPENSING EQUIPMENT PROGRAM CHECKLIST.

The following sample format of a dispensing equipment agreement form/training program satisfies the subject requirements:

STATE OF WISCONSIN/DILHR/FIRE PREVENTION SECTION PROGRAM CHECKLIST

The following information relates to training of persons who will operate the key, card or code dispensing devices in accordance with ch. ILHR 10 Flammable and Combustible Liquids Code, s. ILHR 10.10 (4) (b) 2. and 3.

CARDTROL OPERATING INSTRUCTIONS

1. Turn off engine and extinguish all smoking materials.
2. Insert key, card or code into reader unit.
3. When "Select Pump" light comes on, push button to select desired pump.
4. Remove key or card from reader. You now have 80 seconds to start fueling before unit "times out".
5. Remove nozzle from selected pump and turn lever on.
6. After fueling, turn pump lever off and replace nozzle on pump.

SAFETY INSTRUCTIONS AGREEMENT

1. Always turn off engine before fueling.
2. Never smoke or use open flame devices in vicinity of pumps.
3. Never dispense gasoline into a glass container. Use only red metal containers or UL listed or classified containers for gasoline.
4. Never dispense diesel fuel into a red container.
5. Familiarize yourself with the locations of the fire extinguisher and emergency electrical cutoff switch.
6. To use fire extinguisher, break glass to gain access.
7. Follow instructions on the use of the fire extinguisher.
8. To disconnect electric power to pumps, break glass and pull switch on emergency shutoff located on the building.
9. The emergency telephone number is conspicuously posted at the site and customer agrees to call this number in case of a spill or if any other hazardous condition is found to exist.

AGREEMENTS: (special provisions between owner and member)

RESPONSIBILITY OF CUSTOMER: (use, payment, key-card control, etc.)

I certify that I received the instructions and training necessary for operation of _____ key, card or code dispensing unit.

Customer's signature _____ Date _____

Company representative signature _____ Date _____

A10.10 (6) APPLICATION FOR APPROVAL. The following form (SBD-9) is referred to in this section. Copies of this form are available from the Division of Safety and Buildings, P.O. Box 7969, Madison, Wisconsin 53707, or from the local fire department or authorized agent.

Department of Industry,
Labor and Human Relations

**FLAMMABLE LIQUID TANKS
INSTALLATION APPLICATION**

Safety & Buildings Division
P.O. Box 7969
201 E. Washington Avenue
Madison, WI 53707
(608) 267-9795

Personally identifiable information may be used for other purposes

Application is made to the Department of Industry, Labor and Human Relations to (check all applicable boxes):

- Install tanks New install self service New install key-card-code Tank leak detection Line tanks
- Installation of piping Convert full service to self-service Convert to key-card-code Line leak detection
- Revise a plan Upgrade for spill protection Upgrade for overflow Upgrade corrosion protection

All work is to be done in accordance with the following detailed statement and attached plans subject to the orders of the Department of Industry, Labor and Human Relations. The installation, in all respects, will comply with applicable provisions of Chapter ILHR 10 of the Wisconsin Administrative Code (FLAMMABLE AND COMBUSTIBLE LIQUIDS)

DIRECTIONS:

Submit this form and four copies of the design and plot plan, along with the required fee to the address in the upper right corner of this page. The check is to be made out to: Safety & Buildings Division.

Each plan submittal must include a plot plan, drawn to scale (not smaller than 1" = 20') and showing (1) property lines, (2) buildings, (3) tanks, (4) piping, (5) load and unload racks OR pump islands, (6) streets and highways, (7) streams and bodies of water within 200 feet of tanks, (8) vehicular routes, (9) distances, (10) wells, (11) spill containment device, (12) overflow protection method, and (13) leak detection system to be used, including location of monitoring wells, if used (if groundwater or vapor monitoring wells are used, data must be submitted to show that the installation complies with § 280.43 and 280.44)

Two copies of the plans and a letter of conditional approval will be returned to you after approval.

When a tank is relined, the "Quality Control Tank Lining Compliance Report" must be submitted to the Division after the relining is complete.

A final inspection of the site must be performed by the local fire inspector or other authorized individual before the tank is covered and put into service.

LOCATION:	
Owner/Operator	Establishment Name
Street Address Where Tank Is Located	<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of County State WI Zip Code
Fire Department Providing Fire Protection Coverage To Site Of Tank	Fire Department Identification Number (FDID #)
TANK SPECIFICATIONS: (each tank)	
	Horizontal Vertical Underground Above Ground Capacity Contents New Used * Gauge
1	
2	
3	
4	
* If used, indicate what manufacturer has recertified the tank(s):	
Size Of Fill Pipe:	Size And Height Of Vent
X	
Is pump motor explosion proof? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are pump switches explosion proof? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are bonds and grounding provided at load/unload racks? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What type of overflow protection is provided? Also indicate manufacturer and model number:	
What type of spill containment device? Also indicate manufacturer and model number:	
UNDERGROUND TANKS:	
Distance Buried:	The tank is <input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other (specify) -
Approval: <input type="checkbox"/> Nat'l Std <input type="checkbox"/> UL <input type="checkbox"/> Other:	Doubled walled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Tank Capacity	How Many Anodes (if steel tank)?
Size Of Anodes	Specify: Dielectric Union Or Isolation Bushing
Name Of Approved Tank Coating	
1	<input type="checkbox"/> DU <input type="checkbox"/> IB
2	<input type="checkbox"/> DU <input type="checkbox"/> IB
3	<input type="checkbox"/> DU <input type="checkbox"/> IB
4	<input type="checkbox"/> DU <input type="checkbox"/> IB
TANK LEAK DETECTION METHOD (location of all monitoring wells and/or monitors must be shown on plans)	
<input type="checkbox"/> Automatic tank gauging <input type="checkbox"/> Vapor monitoring <input type="checkbox"/> Groundwater monitoring <input type="checkbox"/> Interstitial monitoring	
<input type="checkbox"/> Inventory control and tightness testing (every 5 years for 10 years) <input type="checkbox"/> Manual Tank Gauging (only for tanks of 1,000 gallons or less)	
PIPING:	
The piping is <input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other (specify) -	Approval: <input type="checkbox"/> Nat'l <input type="checkbox"/> UL <input type="checkbox"/> Other: Doubled walled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Corrosion protection for steel piping provided by: <input type="checkbox"/> Cathodic protection <input type="checkbox"/> Impressed current	
Pipes coated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of approved coating (identify):

PIPING (continued):

Indicate whether Pressurized Suction with check valve at tank Suction with check valve inspectable directly below pump at dispenser
 If pressurized piping, indicate if Alarm Flow restrictor Auto shutoff Provide Model _____

PIPING LEAK DETECTION METHOD (location of all monitoring wells and/or monitors must be shown on plans)

If pressurized or check valve at tank, indicate leak detection method used Vapor monitor Interstitial monitoring
 Groundwater monitoring Tightness testing Line Leak Detector

ABOVE GROUND TANKS:

Regular Vent Pressure/Vacuum	Make	Model Number	Size	CFH
Emergency Relief Vent	Make	Model Number	Size	CFH
Emergency Internal Valve	Make	Model Number	Size	
Diking provided? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, provide tank material approval no: _____	Remote Impounding? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are the dike walls and base impervious? Walls: <input type="checkbox"/> Yes <input type="checkbox"/> No Base: <input type="checkbox"/> Yes <input type="checkbox"/> No		Specify distance between tanks:

VERTICAL TANKS - LIST THICKNESS OF METAL:

1.	Bottom	Top	Shell - Lower Course	Remainder	4.	Bottom	Top	Shell - Lower Course	Remainder
2.	Bottom	Top	Shell - Lower Course	Remainder	5.	Bottom	Top	Shell - Lower Course	Remainder
3.	Bottom	Top	Shell - Lower Course	Remainder	6.	Bottom	Top	Shell - Lower Course	Remainder

FEES - ILHR - 2:

Installation Or Lining	No. Of Tanks	Cost	Sub Total
Plan Examination - 1st Tank System or Component	1	X \$ 35.00 =	\$ 35.00
2nd thru 10th System/Component, \$10.00 ea. (Maximum charge = \$150.00 for 11 or more)		X \$ 10.00 =	+
Total Plan Examination Fees		TOTAL =	\$
Site Inspection - \$50.00 for each tank system or Component		X \$ 50.00 =	\$
(\$100.00 minimum fee; \$1700.00 maximum fee)			
Line Tanks (includes inspection fee)	Per Submission	X \$ 65.00 =	\$
New Construction/Conversion To Self Service, Key-Card-Code	Per Submission	X \$ 78.00 =	\$
Addition Or Upgrade For Leak Detection; Spill Protection; Overfill Protection; Corrosion Protection			
Plan Examination		\$22.00 =	\$
Site Inspection		\$43.00 =	\$
REVISION OF PREVIOUSLY APPROVED PLAN - NUMBER:		\$22.00 =	\$
GROUNDWATER SURCHARGE (Wis. Stat. 101.14 (5))		=	\$ 100.00 *
* Not required for spill, overfill, leak detection, corrosion protection reviews or plan revisions		TOTAL FEE =	\$

WHERE SHOULD PLAN APPROVALS BE SENT?

<input type="checkbox"/> Owner/Operator <input type="checkbox"/> Certified Installer	Name
Street Address	City, State, Zip Code

CERTIFICATION:

I certify by signature that provisions of the current Flammable and Combustible Liquids Code, 40 CFR Part 280, and all required well set backs (DNR), listed or not listed on this document, will be complied with.

Signature	Date Signed
Print Name	Telephone Number

A10.125 WISCONSIN BUILDING MATERIAL APPROVAL APPLICATION. The following form (SBD-8028) is referred to in this section. Copies of this form are available from the Division of Safety and Buildings, P.O. Box 7969, Madison, Wisconsin 53707.

Wisconsin Department of Industry,
Labor and Human Relations

**WISCONSIN MATERIAL APPROVAL
APPLICATION**

Safety and Buildings Division
P.O. Box 7969
Madison, WI 53707
(608) 266-1542

INSTRUCTIONS: One application form per material approval. Type or print clearly. Make checks payable to: Safety and Buildings Division. Send application, fee and any additional information to address shown in top right corner.

1. Submitting Party Information	2. Manufacturer Information
Applicant Company Name:	Manufacturer Name (if same as applicant, write "same"):
Applicant Address:	Manufacturer Address:
City, State, Zip Code:	City, State, Zip Code:
Contact Person and Telephone Number:	Contact Person and Telephone Number:

3. Product information

Product (e.g., Concrete Block, Metal Building, etc.):	Trade Name
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Description And Use of Material (attach additional sheets if necessary):

Submittal Type And Fee (check type and submit fee):

- | | | | |
|--|----------|---|----------|
| <input type="checkbox"/> New Approval | \$800.00 | <input type="checkbox"/> Minor Revision At Manufacturer's Request | \$200.00 |
| <input type="checkbox"/> Renewal, With Changes | \$800.00 | (no extension of approval period) | |
| <input type="checkbox"/> Renewal, No Changes | \$600.00 | <input type="checkbox"/> Major Revision At Manufacturer's Request | \$800.00 |
| (new 5-year period) | | | |

Current Approval Number, If Any:

Wisconsin Code Sections Under Which Approval Is Requested (if known):

Determination of approval will be based on evidence which shows that the material performs in a manner which is equal or superior to the material required by the code sections listed above.

PUBLIC RECORDS: Department files and records may be subject to public inspection and copying unless they are designated as containing trade secrets. Do you wish your documents to be so designated?
 Yes No

I affirm that the information submitted with this application is, to my knowledge and understanding, correct.

Applicant's Signature: _____ Date Signed: _____

A10.13 NEW AND REPLACEMENT TANK REGISTRATION. The following forms (SBD-9, SBD-8731 and SBD-7437) are referred to in this section. Copies of these forms are available from the Division of Safety and Buildings, P.O. Box 7969, Madison, Wisconsin 53707, or from the local fire department or authorized agent.

Department of Industry,
Labor and Human Relations

**FLAMMABLE LIQUID TANKS
INSTALLATION APPLICATION**

Safety & Buildings Division
P.O. Box 7969
201 E. Washington Avenue
Madison, WI 53707
(608) 267-9795

Personally identifiable information may be used for other purposes

Application is made to the Department of Industry, Labor and Human Relations to (check all applicable boxes):

- Install tanks New install self service New install key-card-code Tank leak detection Line tanks
- Installation of piping Convert full service to self-service Convert to key-card-code Line leak detection
- Revise a plan Upgrade for spill protection Upgrade for overfill Upgrade corrosion protection

All work is to be done in accordance with the following detailed statement and attached plans subject to the orders of the Department of Industry, Labor and Human Relations. The installation, in all respects, will comply with applicable provisions of Chapter ILHR 10 of the Wisconsin Administrative Code (FLAMMABLE AND COMBUSTIBLE LIQUIDS)

DIRECTIONS:

Submit this form and four copies of the design and plot plan, along with the required fee to the address in the upper right corner of this page. The check is to be made out to: Safety & Buildings Division

Each plan submittal must include a plot plan, drawn to scale (not smaller than 1" = 20') and showing (1) property lines, (2) buildings, (3) tanks, (4) piping, (5) load and unload racks OR pump islands (6) streets and highways, (7) streams and bodies of water within 200 feet of tanks, (8) vehicular routes, (9) distances, (10) wells, (11) spill containment device (12) overfill protection method, and (13) leak detection system to be used, including location of monitoring wells, if used (If groundwater or vapor monitoring wells are used, data must be submitted to show that the installation complies with § 280.43 and 280.44)

Two copies of the plans and a letter of conditional approval will be returned to you after approval.

When a tank is relined, the "Quality Control Tank Lining Compliance Report" must be submitted to the Division after the relining is complete.

A final inspection of the site must be performed by the local fire inspector or other authorized individual before the tank is covered and put into service.

LOCATION:										
Owner/Operator					Establishment Name					
Street Address Where Tank Is Located				<input type="checkbox"/> City	<input type="checkbox"/> Village	<input type="checkbox"/> Town of	County		State WI	Zip Code
Fire Department Providing Fire Protection Coverage To Site Of Tank						Fire Department Identification Number (FDID #)				
TANK SPECIFICATIONS: (each tank)										
	Horizontal	Vertical	Underground	Above Ground	Capacity	Contents	New	Used *	Gauge	
1										
2										
3										
4										
* If used, indicate what manufacturer has recertified the tank(s):					Size Of Fill Pipe:		Size And Height Of Vent X			
Is pump motor explosion proof?			Are pump switches explosion proof?			Are bonds and grounding provided at load/unload racks?				
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No				
What type of overfill protection is provided? Also indicate manufacturer and model number:										
What type of spill containment device? Also indicate manufacturer and model number:										
UNDERGROUND TANKS:										
Distance Buried:			The tank is <input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other (specify) -							
Approval: <input type="checkbox"/> Nat'l Std <input type="checkbox"/> UL <input type="checkbox"/> Other:			Doubled walled? <input type="checkbox"/> Yes <input type="checkbox"/> No							
	Tank Capacity	How Many Anodes (if steel tank)?	Size Of Anodes	Specify: Dielectric Union Or Isolation Bushing		Name Of Approved Tank Coating				
1				<input type="checkbox"/> DU <input type="checkbox"/> IB						
2				<input type="checkbox"/> DU <input type="checkbox"/> IB						
3				<input type="checkbox"/> DU <input type="checkbox"/> IB						
4				<input type="checkbox"/> DU <input type="checkbox"/> IB						
TANK LEAK DETECTION METHOD (location of all monitoring wells and/or monitors must be shown on plans)										
<input type="checkbox"/> Automatic tank gauging <input type="checkbox"/> Vapor monitoring <input type="checkbox"/> Groundwater monitoring <input type="checkbox"/> Interstitial monitoring										
<input type="checkbox"/> Inventory control and tightness testing (every 5 years for 10 years) <input type="checkbox"/> Manual Tank Gauging (only for tanks of 1,000 gallons or less)										
PIPING:										
The piping is <input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other (specify) -					Approval: <input type="checkbox"/> Nat'l <input type="checkbox"/> UL <input type="checkbox"/> Other:			Doubled walled? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Corrosion protection for steel piping provided by: <input type="checkbox"/> Cathodic protection <input type="checkbox"/> Impressed current										
Pipes coated? <input type="checkbox"/> Yes <input type="checkbox"/> No			Name of approved coating (identify):							

PIPING (continued):
 Indicate whether Pressurized Suction with check valve at tank Suction with check valve inspectable directly below pump at dispenser
 If pressurized piping, indicate if Alarm Flow restrictor Auto shutoff Provide Model _____

PIPING LEAK DETECTION METHOD (location of all monitoring wells and/or monitors must be shown on plans)
 If pressurized or check valve at tank, indicate leak detection method used Vapor monitor Interstitial monitoring
 Groundwater monitoring Tightness testing Line Leak Detector

ABOVE GROUND TANKS:

Regular Vent Pressure/Vacuum	Make	Model Number	Size	CFH
Emergency Relief Vent	Make	Model Number	Size	CFH
Emergency Internal Valve	Make	Model Number	Size	

Diking provided? Yes No If no, provide tank material approval no: _____ Remote Impounding? Yes No Are the dike walls and base impervious? Walls: Yes No Base: Yes No Specify distance between tanks: _____

VERTICAL TANKS - LIST THICKNESS OF METAL:

1.	Bottom	Top	Shell - Lower Course	Remainder	4	Bottom	Top	Shell - Lower Course	Remainder
2	Bottom	Top	Shell - Lower Course	Remainder	5	Bottom	Top	Shell - Lower Course	Remainder
3	Bottom	Top	Shell - Lower Course	Remainder	6	Bottom	Top	Shell - Lower Course	Remainder

FEES - ILHR - 2:

Installation Or Lining	No. Of Tanks	Cost	Sub Total
Plan Examination - 1st Tank System or Component	1	X \$ 35.00 =	\$ 35.00
2nd thru 10th System/Component, \$10.00 ea (Maximum charge = \$150.00 for 11 or more)		X \$ 10.00 =	+
Total Plan Examination Fees		TOTAL =	\$
Site Inspection - \$50.00 for each tank system or Component		X \$ 50.00 =	\$
(\$100.00 minimum fee; \$1700.00 maximum fee)			
Line Tanks (includes inspection fee)	Per Submission	X \$ 65.00 =	\$
New Construction/Conversion To Self Service, Key-Card-Code	Per Submission	X \$ 78.00 =	\$
Addition Or Upgrade For Leak Detection; Spill Protection; Overfill Protection; Corrosion Protection			
Plan Examination		\$22.00 =	\$
Site Inspection		\$43.00 =	\$
REVISION OF PREVIOUSLY APPROVED PLAN - NUMBER:		\$22.00 =	\$
GROUNDWATER SURCHARGE (Wis. Stat. 101.14 (5))		=	\$ 100.00 *
* Not required for spill, overfill, leak detection, corrosion protection reviews or plan revisions		TOTAL FEE =	\$

WHERE SHOULD PLAN APPROVALS BE SENT?

<input type="checkbox"/> Owner/Operator <input type="checkbox"/> Certified Installer	Name
Street Address	City, State, Zip Code

CERTIFICATION:
 I certify by signature that provisions of the current Flammable and Combustible Liquids Code, 40 CFR Part 280, and all required well set backs (DNR), listed or not listed on this document, will be complied with.

Signature	Date Signed
Print Name	Telephone Number

Wisconsin Department of Industry,
Labor and Human Relations

**ABOVEGROUND
PETROLEUM PRODUCT
TANK INVENTORY**

Send Completed Form To:
Safety & Buildings Division
P.O. Box 7969
Madison, WI 53707
Telephone (608) 267-5280

For Office Use Only:
Tank ID # _____

This form must be completed pursuant to s. 101.142, Wis. Stats. to register an above ground petroleum product storage system. An aboveground petroleum product storage system is an **aboveground tank**, used to store petroleum products, together with an on-site integral piping or dispensing system. **Not included** are pipeline facilities, tanks of 110 gallons or less capacity, farm and residential tanks of 1,100 gallons or less capacity, tanks used for storing heating oil for consumptive use on the premises where stored or tanks owned by the state or federal government. **A separate form is needed for each tank. Send each completed form to the address in the top right corner.**

This registration applies to a tank that is (check one):

1 <input type="checkbox"/> In Use	4 <input type="checkbox"/> Closed - Tank Removed
2 <input type="checkbox"/> Out of Service With Product	5 <input type="checkbox"/> Closed - Tank Cleaned
3 <input type="checkbox"/> Out of Service With No Product (Empty)	6 <input type="checkbox"/> Changed Ownership (Indicate new owner in section A. 3. below)

Fire Department Providing Fire Coverage Where Tank is Located: City Village Town of: _____

A. IDENTIFICATION (Please Print)

1 Tank Site Name	Site Address	Site Telephone Number ()
<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of:	State	Zip Code
2 Owner Name (mail sent here unless indicated otherwise in #3)		County
<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of:	State	Zip Code
3 Alternate Mailing Name If Different Than #2		County
<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of:	State	Zip Code
4 Tank Age (date installed, if new; years old, if used)		6 Tank Manufacturer's Name (if known)
5 Tank Capacity (gal)		
7 If more than 1 tank is being reported at a facility, provide an 8 1/2 x 11 plot plan drawn to scale (1" = 20 ft), numbering and indicating the location of the tanks being reported. If a plot plan is being submitted, this form is for tank number: _____		

B. TYPE OF USER (check one):

1 <input type="checkbox"/> Gas Station (any resale)	2 <input type="checkbox"/> Bulk Storage	3 <input type="checkbox"/> Utility	4 <input type="checkbox"/> Mercantile / Commercial
5 <input type="checkbox"/> Industrial	6 <input type="checkbox"/> Government	7 <input type="checkbox"/> School	8 <input type="checkbox"/> Residential
9 <input type="checkbox"/> Agricultural	10 <input type="checkbox"/> Other (specify): _____		

C. TANK CONSTRUCTION (check one):

1 <input type="checkbox"/> Bare Steel	2 <input type="checkbox"/> FRP Clad Steel	3 <input type="checkbox"/> Steel With Lining	4 <input type="checkbox"/> Concrete
5 <input type="checkbox"/> Other (specify): _____			
Tank is built to: <input type="checkbox"/> National Standard or <input type="checkbox"/> UL Approval or <input type="checkbox"/> Other _____			

D. ROOF (Check one):

1 <input type="checkbox"/> Fixed Roof	2 <input type="checkbox"/> Floating External	3 <input type="checkbox"/> Floating Internal	4 <input type="checkbox"/> Other _____
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E. TANK BASE:

1 <input type="checkbox"/> On Ground	2 <input type="checkbox"/> On Supports	3 <input type="checkbox"/> On Cement	4 <input type="checkbox"/> On Liner
5 <input type="checkbox"/> Double Bottom	6 <input type="checkbox"/> Other _____		

F. PIPING:

<input type="checkbox"/> Aboveground	<input type="checkbox"/> Underground	<input type="checkbox"/> Both
Above Ground Piping Construction: <input type="checkbox"/> Steel <input type="checkbox"/> Other _____		
Underground Piping Construction:		
1 <input type="checkbox"/> Bare Steel	2 <input type="checkbox"/> Cathodically Protected and coated or Wrapped Steel (a <input type="checkbox"/> Sacrificial Anodes or b <input type="checkbox"/> Impressed Current)	3 <input type="checkbox"/> Coated Steel
4 <input type="checkbox"/> Fiberglass	5 <input type="checkbox"/> Other (specify): _____	6 <input type="checkbox"/> Unknown

G. CONTAINMENT:

Dike Side Material: 1 Block 2 Concrete 3 Earth 4 Synthetic 5 Double Wall _____
Material Approval # _____

Dike Base Material: 1 Concrete 2 Engineered Clay - Thickness _____ 3 Earth 4 Synthetic - Make & Model #: _____

Remote Impounding? Yes No

H. DISTANCE FROM DIKE WALL TO NEAREST:

1 Well _____ Ft 2 Property Line _____ Ft 3 Surface Water _____ Ft 4 Nearest Building On Property _____ Ft

I. TANK CONTENTS

1 <input type="checkbox"/> Diesel	2 <input type="checkbox"/> Leaded	3 <input type="checkbox"/> Unleaded	4 <input type="checkbox"/> Fuel Oil
5 <input type="checkbox"/> Gasohol	6 <input type="checkbox"/> Other	7 <input type="checkbox"/> Empty	9 <input type="checkbox"/> Unknown
10 <input type="checkbox"/> Premix	11 <input type="checkbox"/> Waste Oil	13 <input type="checkbox"/> Chemical *	
14 <input type="checkbox"/> Kerosene	15 <input type="checkbox"/> Aviation		

* If # 13 is checked, indicate the chemical name(s) or number(s) of the chemical or waste.

If Tank Was Removed or Cleaned For Other Use, Give Date (mo/day/yr):	Owner's Signature:	Date Signed:
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The information you provide may be used by other agency programs [Privacy Law s. 15.04(1)(m)]

Wisconsin Department of Industry,
Labor and Human Relations

For Office Use Only:

Tank ID #

**UNDERGROUND
PETROLEUM PRODUCT
TANK INVENTORY**

Information Required By Sec. 102.142, Wis. Stats.

Send Completed Form To:
Safety & Buildings Division
P.O. Box 7969
Madison, WI 53707
Telephone: (608) 267-5280

Underground tanks in Wisconsin that have stored or currently store petroleum or regulated substances must be registered. Please see the reverse side for additional information on this program. An underground storage tank is defined as any tank with at least 10 percent of its total volume (included piping) located below ground level. A separate form is needed for each tank. Send each completed form to the agency designated in the top right corner. Have you previously registered this tank by submitting a form? YES NO If yes, are you correcting/updating information only? Yes No The information you provide may be used by other government agency programs [Privacy Law, s. 15.04 (1) (m)].

This registration applies to a tank that is (check one):

1A <input type="checkbox"/> In Use or 1B <input type="checkbox"/> Newly Installed	4 <input type="checkbox"/> Closed - Tank Removed	8 <input type="checkbox"/> Changed Ownership
2 <input type="checkbox"/> Abandoned With Product	6 <input type="checkbox"/> Closed - Filled With Inert Material	(Indicate new owner below)
3 <input type="checkbox"/> Abandoned No Product (empty) or With Water	7 <input type="checkbox"/> Out of Service - Provide Date: _____	

Fire Department Providing Fire Coverage Where Tank Located: _____

A. IDENTIFICATION: (Please Print)

1. Tank Site Name _____ Site Address _____ Site Telephone No. (_____) _____

City Village Town of: _____ State _____ Zip Code _____ County _____

2. Owner Name (mail sent here unless indicated otherwise in #3 below) _____ Owner Mailing Address (mail sent here unless indicated otherwise in #3) _____

City Village Town of: _____ State _____ Zip Code _____ County _____

3. Alternate Mailing Name if Different Than #2 _____ Alternate Mailing Street Address if Different From #2 _____

City Village Town of: _____ State _____ Zip Code _____ County _____

4 Tank Age (date installed if known: or years old) _____ 5 Tank Capacity (gallons) _____ 6 Tank Manufacturer's Name (if known) _____

B. TYPE OF USER (check one):

- | | | | |
|---|--|------------------------------------|--|
| 1 <input type="checkbox"/> Gas Station | 2 <input type="checkbox"/> Bulk Storage | 3 <input type="checkbox"/> Utility | 4 <input type="checkbox"/> Mercantile |
| 5 <input type="checkbox"/> Industrial | 6 <input type="checkbox"/> Government | 7 <input type="checkbox"/> School | 8 <input type="checkbox"/> Residential |
| 9 <input type="checkbox"/> Agricultural | 10 <input type="checkbox"/> Other (specify): _____ | | |

C. TANK CONSTRUCTION:

1 Bare Steel 2 Cathodically Protected and Coated Steel (A Sacrificial Anodes or B Impressed Current)

3 Coated Steel 4 Fiberglass 5 Other (specify): _____

6 Relined - Date _____ 7 Steel - Fiberglass Reinforced Plastic Composite 9 Unknown

Approval: 1 Nat'l Std 2 UL 3 Other: _____ Is Tank Double Walled? Yes No

Overfill Protection Provided? Yes No If yes, identify type: _____ Spill Containment? Yes No

Tank leak detection method: 1 Automatic tank gauging 2 Vapor monitoring 3 Groundwater monitoring 4 Inventory control and tightness testing 5 Interstitial monitoring 6 Not required at present 7 Manual Tank Gauging (only for tanks of 1,000 gallons or less)

D. PIPING CONSTRUCTION

1 Bare Steel 2 Cathodically Protected and Coated or Wrapped Steel (A Sacrificial Anodes or B Impressed Current) 3 Coated Steel

4 Fiberglass 5 Other (specify): _____ 9 Unknown

Piping System Type: 1 Pressurized piping with: A auto shutoff; B alarm; or C flow restrictor 2 Suction piping with check valve at tank

3 Suction piping with check valve at pump and inspectable

Piping leak detection method: used if pressurized or check valve at tank: 1 Vapor monitoring 2 Interstitial monitoring

3 Groundwater monitoring 4 Tightness testing 5 Line Leak Detector 6 Not Required

Approval: 1 Nat'l Std 2 UL 3 Other: _____ Double Walled: Yes No

E. TANK CONTENTS

- | | | | |
|--|------------------------------------|---------------------------------------|---|
| 1 <input type="checkbox"/> Diesel | 2 <input type="checkbox"/> Leaded | 3 <input type="checkbox"/> Unleaded | 4 <input type="checkbox"/> Fuel Oil |
| 5 <input type="checkbox"/> Gasohol | 6 <input type="checkbox"/> Other | 7 <input type="checkbox"/> Empty | 8 <input type="checkbox"/> Sand/Gravel/Slurry |
| 9 <input type="checkbox"/> Unknown | 10 <input type="checkbox"/> Premix | 11 <input type="checkbox"/> Waste Oil | 12 <input type="checkbox"/> Propane |
| 13 <input type="checkbox"/> Chemical * | | 14 <input type="checkbox"/> Kerosene | 15 <input type="checkbox"/> Aviation |

* If # 13 is checked, indicate the chemical name(s) or number(s) of the chemical or waste

If Tank Closed, Give Date (mo/day/yr): _____ Has a site assessment been completed? (see reverse side for details) Yes No

If installation of a new tank is being reported, indicate who performed the installation inspection:

1 Fire Department 2 DILHR 3 Other (identify) _____

Name of Owner or Operator (please print): _____ Indicate Whether: Owner or Operator

Signature of Owner or Operator: _____ Date Signed: _____

SBD-7437 (R. 05/94)

IMPORTANT: Complete as many items on this form as possible. Failure to provide sufficient information may cause you to fall under additional regulations.

BACKGROUND FOR TANK INVENTORY

On May 4, 1984, legislation commonly known as the Ground Water Protection Act was signed into law. This legislation required the creation of an inventory of underground petroleum product storage tanks. A record of this information was necessitated by numerous reported incidents of ground water contamination by petroleum products. Many tanks have been installed, used and forgotten. These installations can threaten the ground water.

This underground tank inventory is being established to help identify the need for future actions required to clear up potential problems before they occur. Your help in identifying abandoned, "in use" and "new use" tank locations will greatly assist this effort to protect Wisconsin's ground water.

SITE ASSESSMENT INFORMATION

Requirements for a site assessment at the closure or change in service for a federally regulated underground storage tank were outlined in federal rules published in the September 23, 1988 Federal Register, 40 CFR 280 and 281.

The requirements in § 280 72 state:

(a) Before permanent closure or a change-in-service is completed, owners and operators must measure for the presence of a release where contamination is most likely to be present at the UST site. In selecting sample types, sample locations, and measurement methods, owners and operators must consider the method of closure, the nature of the stored substance, the type of backfill, the depth to ground water, and other factors appropriate for identifying the presence of a release. The requirements of this section are satisfied if one of the external release detection methods allowed in § 280 43 (e) and (f) is operating in accordance with the requirements in § 280 43 at the time of closure, and indicates no release has occurred.

The external release detection methods in § 280 43 (e) and (f) are summarized below:

"(e) Vapor monitoring." This sub section refers to the testing or monitoring for vapors within the soil gas of the tank's excavation zone. It further requires seven (7) conditions to be met to qualify the testing program as a valid vapor monitoring system.

"(f) Ground-water monitoring." This sub section refers to the testing or monitoring for liquids on the ground water below the tank. It establishes the requirements for an acceptable system that effectively monitors the ground water for the presence of regulated substances and insures the integrity of the monitoring wells so the wells themselves do not become conduits for ground water contamination.

Complete written guidelines on the conduct of a site assessment can be obtained from the DILHR Bureau of Petroleum Inspection & Fire Protection at the following address:

Bureau of Petroleum Inspection and Fire Protection
P.O. Box 7969
Madison, WI 53707

Site assessments are to be submitted to both the DILHR office and to the DNR at the following addresses:

Bureau of Petroleum Inspection & Fire Protection
P.O. Box 7969
Madison, WI 53707

Bureau of Solid and Hazardous Waste Management
P.O. Box 7921
Madison, WI 53707

A10.14 EXISTING TANK REGISTRATION. The following forms (SBD-7437, SBD-8731 and SBD-7658) are referred to in this section. Copies of these forms are available from the Division of Safety and Buildings, P.O. Box 7969, Madison, Wisconsin 53707, or from the local fire department or authorized agent.

Wisconsin Department of Industry, Labor and Human Relations

UNDERGROUND PETROLEUM PRODUCT TANK INVENTORY

Send Completed Form To: Safety & Buildings Division P.O. Box 7969 Madison, WI 53707 Telephone: (608) 267-5280

For Office Use Only:

Tank ID #

Information Required By Sec. 102.142, Wis. Stats.

Underground tanks in Wisconsin that have stored or currently store petroleum or regulated substances must be registered. Please see the reverse side for additional information on this program. An underground storage tank is defined as any tank with at least 10 percent of its total volume (included piping) located below ground level. A separate form is needed for each tank. Send each completed form to the agency designated in the top right corner. Have you previously registered this tank by submitting a form? YES NO If yes, are you correcting/Updating information only? Yes No The information you provide may be used by other government agency programs [Privacy Law, s. 15.04 (1)(m)].

This registration applies to a tank that is (check one):

- 1A In Use or 1B Newly Installed 4. Closed - Tank Removed 8. Changed Ownership (Indicate new owner below) 2. Abandoned With Product 6. Closed - Filled With Inert Material 3. Abandoned No Product (empty) or With Water 7. Out of Service - Provide Date:

Fire Department Providing Fire Coverage Where Tank Located:

A. IDENTIFICATION: (Please Print)

1. Tank Site Name Site Address Site Telephone No City Village Town of: State Zip Code County 2. Owner Name (mail sent here unless indicated otherwise in #3 below) Owner Mailing Address (mail sent here unless indicated otherwise in #3) City Village Town of: State Zip Code County 3. Alternate Mailing Name If Different Than #2 Alternate Mailing Street Address If Different From #2 City Village Town of: State Zip Code County 4. Tank Age (date installed, if known: or years old) 5. Tank Capacity (gallons) 6. Tank Manufacturer's Name (if known)

B. TYPE OF USER (check one):

- 1. Gas Station 2. Bulk Storage 3. Utility 4. Mercantile 5. Industrial 6. Government 7. School 8. Residential 9. Agricultural 10. Other (specify):

C. TANK CONSTRUCTION:

1. Bare Steel 2. Cathodically Protected and Coated Steel (A. Sacrificial Anodes or B. Impressed Current) 3. Coated Steel 4. Fiberglass 5. Other (specify): 6. Relined - Date 7. Steel - Fiberglass Reinforced Plastic Composite 9. Unknown Approval: 1. Nat'l Std. 2. UL 3. Other: Is Tank Double Walled? Yes No Overfill Protection Provided? Yes No If yes, identify type: Spill Containment? Yes No Tank leak detection method: 1. Automatic tank gauging 2. Vapor monitoring 3. Groundwater monitoring 4. Inventory control and tightness testing 5. Interstitial monitoring 6. Not required at present 7. Manual Tank Gauging (only for tanks of 1,000 gallons or less)

D. PIPING CONSTRUCTION

1. Bare Steel 2. Cathodically Protected and Coated or Wrapped Steel (A. Sacrificial Anodes or B. Impressed Current) 3. Coated Steel 4. Fiberglass 5. Other (specify): 9. Unknown Piping System Type: 1. Pressurized piping with: A. auto shutoff; B. alarm; or C. flow restrictor 2. Suction piping with check valve at tank 3. Suction piping with check valve at pump and inspectable Piping leak detection method: used if pressurized or check valve at tank: 1. Vapor monitoring 2. Interstitial monitoring 3. Groundwater monitoring 4. Tightness testing 5. Line Leak Detector 6. Not Required Approval: 1. Nat'l Std. 2. UL 3. Other: Double Walled: Yes No

E. TANK CONTENTS

- 1. Diesel 2. Leaded 3. Unleaded 4. Fuel Oil 5. Gasohol 6. Other 7. Empty 8. Sand/Gravel/Slurry 9. Unknown 10. Premix 11. Waste Oil 12. Propane 13. Chemical * 14. Kerosene 15. Aviation

* If # 13 is checked, indicate the chemical name(s) or number(s) of the chemical or waste

If Tank Closed, Give Date (mo/day/yr): Has a site assessment been completed? (see reverse side for details) Yes No

If installation of a new tank is being reported, indicate who performed the installation inspection: 1. Fire Department 2. DILHR 3. Other (identify) Name of Owner or Operator (please print): Indicate Whether: Owner or Operator Signature of Owner or Operator: Date Signed:

SBD-7437 (R 05/94)

IMPORTANT: Complete as many items on this form as possible. Failure to provide sufficient information may cause you to fall under additional regulations.

BACKGROUND FOR TANK INVENTORY

On May 4, 1984, legislation commonly known as the Ground Water Protection Act was signed into law. This legislation required the creation of an inventory of underground petroleum product storage tanks. A record of this information was necessitated by numerous reported incidents of ground water contamination by petroleum products. Many tanks have been installed, used and forgotten. These installations can threaten the ground water.

This underground tank inventory is being established to help identify the need for future actions required to clear up potential problems before they occur. Your help in identifying abandoned, "in use" and "new use" tank locations will greatly assist this effort to protect Wisconsin's ground water.

SITE ASSESSMENT INFORMATION

Requirements for a site assessment at the closure or change in service for a federally regulated underground storage tank were outlined in federal rules published in the September 23, 1988 Federal Register, 40 CFR 280 and 281.

The requirements in § 280.72 state:

(a) Before permanent closure or a change-in-service is completed, owners and operators must measure for the presence of a release where contamination is most likely to be present at the UST site. In selecting sample types, sample locations, and measurement methods, owners and operators must consider the method of closure, the nature of the stored substance, the type of backfill, the depth to ground water, and other factors appropriate for identifying the presence of a release. The requirements of this section are satisfied if one of the external release detection methods allowed in § 280.43 (e) and (f) is operating in accordance with the requirements in § 280.43 at the time of closure, and indicates no release has occurred.

The external release detection methods in § 280.43 (e) and (f) are summarized below:

"(e) *Vapor monitoring.*" This sub section refers to the testing or monitoring for vapors within the soil gas of the tank's excavation zone. It further requires seven (7) conditions to be met to qualify the testing program as a valid vapor monitoring system.

"(f) *Ground-water monitoring.*" This sub section refers to the testing or monitoring for liquids on the ground water below the tank. It establishes the requirements for an acceptable system that effectively monitors the ground water for the presence of regulated substances and insures the integrity of the monitoring wells so the wells themselves do not become conduits for ground water contamination.

Complete written guidelines on the conduct of a site assessment can be obtained from the DILHR Bureau of Petroleum Inspection & Fire Protection at the following address:

Bureau of Petroleum Inspection and Fire Protection
P.O. Box 7969
Madison, WI 53707

Site assessments are to be submitted to both the DILHR office and to the DNR at the following addresses:

Bureau of Petroleum Inspection & Fire Protection
P.O. Box 7969
Madison, WI 53707

Bureau of Solid and Hazardous Waste Management
P.O. Box 7921
Madison, WI 53707

Wisconsin Department of Industry,
Labor and Human Relations

ABOVEGROUND PETROLEUM PRODUCT TANK INVENTORY

Send Completed Form To:
Safety & Buildings Division
P O. Box 7969
Madison, WI 53707
Telephone (608) 267-5280

For Office Use Only:
Tank ID #

This form must be completed pursuant to s 101.142, Wis. Stats., to register an above ground petroleum product storage system. An aboveground petroleum product storage system is an **aboveground** tank, used to store petroleum products, together with an on-site integral piping or dispensing system. **Not** included are pipeline facilities, tanks of 110 gallons or less capacity, farm and residential tanks of 1,100 gallons or less capacity, tanks used for storing heating oil for consumptive use on the premises where stored or tanks owned by the state or federal government. **A separate form is needed for each tank. Send each completed form to the address in the top right corner.**

This registration applies to a tank that is (check one):		Fire Department Providing Fire Coverage Where Tank Is Located:
1 <input type="checkbox"/> In Use	4 <input type="checkbox"/> Closed - Tank Removed	<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of: _____
2 <input type="checkbox"/> Out of Service With Product	5 <input type="checkbox"/> Closed - Tank Cleaned	
3 <input type="checkbox"/> Out of Service With No Product (Empty)	6 <input type="checkbox"/> Changed Ownership (Indicate new owner in section A. 3. below)	

A. IDENTIFICATION (Please Print)

1 Tank Site Name	Site Address	Site Telephone Number ()
<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of: _____	State _____ Zip Code _____	County _____
2 Owner Name (mail sent here unless indicated otherwise in #3)		Owner Mailing Address (mail sent here unless indicated otherwise in #3)
<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of: _____	State _____ Zip Code _____	County _____
3 Alternate Mailing Name If Different Than #2		Alternate Mailing Street Address If Different Than #2
<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of: _____	State _____ Zip Code _____	County _____
4 Tank Age (date installed, if new; years old, if used)	5 Tank Capacity (gal)	6 Tank Manufacturer's Name (if known)
7 If more than 1 tank is being reported at a facility, provide an 8 1/2 x 11 plot plan drawn to scale (1" = 20 ft.), numbering and indicating the location of the tanks being reported. If a plot plan is being submitted, this form is for tank number: _____		

B. TYPE OF USER (check one):

1 <input type="checkbox"/> Gas Station (any resale)	2 <input type="checkbox"/> Bulk Storage	3 <input type="checkbox"/> Utility	4 <input type="checkbox"/> Mercantile / Commercial
5 <input type="checkbox"/> Industrial	6 <input type="checkbox"/> Government	7 <input type="checkbox"/> School	8 <input type="checkbox"/> Residential
9 <input type="checkbox"/> Agricultural	10 <input type="checkbox"/> Other (specify): _____		

C. TANK CONSTRUCTION (check one):

1 <input type="checkbox"/> Bare Steel	2 <input type="checkbox"/> FRP Clad Steel	3 <input type="checkbox"/> Steel With Lining	4 <input type="checkbox"/> Concrete
5 <input type="checkbox"/> Other (specify): _____			
Tank is built to: <input type="checkbox"/> National Standard _____ or <input type="checkbox"/> UL Approval or <input type="checkbox"/> Other _____			

D. ROOF (Check one):

1 <input type="checkbox"/> Fixed Roof	2 <input type="checkbox"/> Floating External	3 <input type="checkbox"/> Floating Internal	4 <input type="checkbox"/> Other _____
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E. TANK BASE:

1 <input type="checkbox"/> On Ground	2 <input type="checkbox"/> On Supports	3 <input type="checkbox"/> On Cement	4 <input type="checkbox"/> On Liner
5 <input type="checkbox"/> Double Bottom	6 <input type="checkbox"/> Other _____		

F. PIPING:

<input type="checkbox"/> Aboveground	<input type="checkbox"/> Underground	<input type="checkbox"/> Both
Above Ground Piping Construction: <input type="checkbox"/> Steel <input type="checkbox"/> Other _____		
Underground Piping Construction:		
1 <input type="checkbox"/> Bare Steel	2 <input type="checkbox"/> Cathodically Protected and coated or Wrapped Steel (a <input type="checkbox"/> Sacrificial Anodes or b <input type="checkbox"/> Impressed Current)	3 <input type="checkbox"/> Coated Steel
4 <input type="checkbox"/> Fiberglass	5 <input type="checkbox"/> Other (specify): _____	6 <input type="checkbox"/> Unknown

G. CONTAINMENT:

Dike Side Material:	1 <input type="checkbox"/> Block	2 <input type="checkbox"/> Concrete	3 <input type="checkbox"/> Earth	4 <input type="checkbox"/> Synthetic	5 <input type="checkbox"/> Double Wall _____
Dike Base Material:	1 <input type="checkbox"/> Concrete	2 <input type="checkbox"/> Engineered Clay - Thickness _____	3 <input type="checkbox"/> Earth	4 <input type="checkbox"/> Synthetic - Make & Model #: _____	
Remote Impounding?	<input type="checkbox"/> Yes <input type="checkbox"/> No				

H. DISTANCE FROM DIKE WALL TO NEAREST:

1 Well _____ Ft	2 Property Line _____ Ft	3 Surface Water _____ Ft	4 Nearest Building On Property _____ Ft
-----------------	--------------------------	--------------------------	---

I. TANK CONTENTS

1 <input type="checkbox"/> Diesel	2 <input type="checkbox"/> Leaded	3 <input type="checkbox"/> Unleaded	4 <input type="checkbox"/> Fuel Oil
5 <input type="checkbox"/> Gasohol	6 <input type="checkbox"/> Other	7 <input type="checkbox"/> Empty	9 <input type="checkbox"/> Unknown
10 <input type="checkbox"/> Premix	11 <input type="checkbox"/> Waste Oil	13 <input type="checkbox"/> Chemical * _____	
14 <input type="checkbox"/> Kerosene	15 <input type="checkbox"/> Aviation		

* If # 13 is checked, indicate the chemical name(s) or number(s) of the chemical or waste.

If Tank Was Removed or Cleaned For Other Use Give Date (mo/day/yr):	Owner's Signature:	Date Signed:
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The information you provide may be used by other agency programs [Privacy Law, s 15.04(1)(m)]
SBD 8731 (R 02/94)

Wisconsin Department of Industry,
Labor and Human Relations

**UNDERGROUND STORAGE TANK SYSTEM
USE PERMIT APPLICATION**

Send Completed Form To:
Safety and Buildings Division
Bureau of Petroleum Inspection
and Fire Protection
P O Box 7969, Madison, WI 53707

Tank ID Number

If this system is permanently closed, complete only the
TANK CLOSURE INFORMATION section on this page.

1 Tank Leak Detection Compliance Date		2 Tank Installation Date		3 Gallons		4 User	
5 Tank Construction	6 Tank Double Walled?	7 Tank Overfill Protection:	8 Tank Spill Containment:	9 Tank Leak Detection Method			
10 Piping Construction	11 Piping Double Walled?	12 Piping System Type	13 Piping Leak Detection	14 Tank Contents			

If the site name and/or address appearing above is incorrect in any way, please indicate corrections below:

If the owner/mailling name and/or address appearing above is incorrect in any way, please indicate corrections below:

TANK SYSTEM DESCRIPTION VERIFICATION

A Use Permit must be obtained for the continued operation of the underground petroleum storage tank system described on this application. You must review and verify the pre-printed codes and descriptions appearing above in boxes 2 thru 14. If any box has no code or the pre-printed code is incorrect, provide the correct code for that box from the Code Key below. PLEASE NOTE: "TANK CONSTRUCTION" IN BOX 5, "PIPING CONSTRUCTION" IN BOX 10 AND "PIPING SYSTEM TYPE" IN BOX 12 MUST BE COMPLETED. IF THIS INFORMATION IS NOT PROVIDED, A USE PERMIT CANNOT BE ISSUED. If this system is permanently closed, complete only the TANK CLOSURE INFORMATION section on this page.

CODE KEY

- Type of User:** 01-Gas Station; 02-Bulk Storage; 03-Utility; 04-Mercantile; 05-Industrial; 06-Government; 07-School; 08-Residential; 09-Agriculture; 10-Other
- Tank Construction;** 01-Bare Steel; 02-Cathodically Protected and Coated Steel (a -Sacrificial Anodes or b -Impressed Current); 03-Coated Steel; 04-Fiberglass; 05-other; 06-Relined; 07-Steel - Fiberglass Reinforced Plastic Composite
- Tank Leak Detection Method:** 01-Automatic Tank Gauging; 02-Vapor Monitoring; 03-Groundwater Monitoring; 04-Inventry Control and Tightness Testing; 05-Interstitial Monitoring; 06-Not Required At Present; 07-Manual Tank Gauging (up to 1,000 gallons only)
- Piping Construction:** 01-Bare Steel; 02-Cathodically Protected and Coated or Wrapped Steel (a -Sacrificial Anodes or b -Impressed Current); 03-Coated Steel; 04-Fiberglass; 05-other
- Piping System Type:** 01-Pressurized Piping With: a -Auto Shutoff; b -Alarm; or c -Flow Restrictor; 02-Suction Piping With Check Valve at Tank; 03-Suction Piping With Check Valve at Pump and Inspectable; 04-Not Needed If Waste Oil Tank
- Piping Leak Detection Method:** 01-Vapor Monitoring; 02-Interstitial Monitoring; 03-Groundwater Monitoring; 04-Tightness Testing; 05-Line Leak Detector; 06-Not Required
- Tank Contents:** 01-Diesel; 02-Leaded; 03-Unleaded; 04-Fuel Oil; 05-Gasohol; 06-Other; 07-Empty; 08-Sand/Gravel/Slurry; 10-Premix; 11-Waste Oil; 12-Propane; 13-Chemical; 14-Kerosene; 15-Aviation

TANK CLOSURE INFORMATION		
Indicate whether tank was: <input type="checkbox"/> Removed <input type="checkbox"/> Filled With Inert Material	Give Date Tank Was Closed (mo/day/yr):	Has closure assessment been completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Signature of Owner or Operator:		Date Signed:

IMPORTANT INSTRUCTIONS FOR COMPLETION OF REVERSE SIDE

- If the "leak detection" compliance date indicated in box 1 above has been reached, Section A on the reverse side must be completed to verify compliance with leak detection code requirements
- If box 12 above shows code 01 or if you have pressurized piping but had not previously indicated such, you must complete Section B to verify compliance with pressurized piping code requirements.
- If box 12 above shows code 02, or if you have a suction system with the check valve at the tank but previously had not reported it, the compliance date for leak detection on your piping is the same as that for the tank. If you have reached the tank leak detection compliance date indicated in box 1 above, you must complete Section C on the reverse side.

COMPLETE ALL SECTIONS ON REVERSE SIDE

SRI 7658 (R 12/91)

A. Leak Detection Verification For Tank

Indicate which leak detection method(s) you are using. Check all applicable items and attach requested information.

- Tightness testing and inventory control. Attach a copy of the report on the latest tank test.
- Vapor monitoring. Attach a plot plan drawn to scale (scale not smaller than 1" = 20') showing the location of tanks and associated monitoring wells. Provide the name and model number of the device used to monitor for presence of vapors:

 Name Model #
- Groundwater monitoring. Attach a plot plan drawn to scale (scale not smaller than 1" = 20') showing the location of tanks and associated monitoring wells. Provide depth to groundwater: _____ feet. Provide name and model number of device/system used to monitor for presence of product in well:

 Name Model #
- Interstitial monitoring. Provide name and model number of interstitial monitoring device:

 Name Model #
- Automatic tank gauging. Provide name and model # of gauge system:

 Name Model #
- Manual tank gauging (tanks of 1,000 gallons or less in size only)

B. Pressurized Piping Systems Must Have Leak Detection Installed By 12/22/90. System requires both: Flow restrictor, automatic shutoff or continuous alarm; provide the name and model number of system installed:

_____ Name Model #

AND

A leak detection method from the following list; check all items that apply and attach requested information.

- Tightness testing. Attach a copy of the report on the latest test of the piping system.
- Vapor monitoring. Attach a plot plan drawn to scale (scale not smaller than 1" = 20') showing the location of piping and associated monitoring wells. Provide the name and model number of the device used to monitor for presence of vapors:

 Name Model #
- Groundwater monitoring. Attach a plot plan drawn to scale (scale not smaller than 1" = 20') showing the location of piping and associated monitoring wells. Provide depth to groundwater: _____ feet. Provide name and model number of device/system used to monitor for presence of product in well:

 Name Model #
- Interstitial monitoring. Provide name and model number of interstitial monitoring device:

 Name Model #
- Line leak detector. Provide name and model # of device:

 Name Model #

C. Leak Detection For Piping

Suction piping with the check valve at the tank: indicate which method(s) of leak detection you are using. Check all items that apply and attach requested information. Leak detection deadlines for suction piping (with the check valve at the tank) match that of the tank system.

- Tightness testing. Attach a copy of the report on the latest test of the system.
- Vapor monitoring. Attach a plot plan drawn to scale (scale not smaller than 1" = 20') showing the location of lines and associated monitoring wells. Provide the name and model number of the device used to monitor for presence of vapors:

 Name Model #
- Groundwater monitoring. Attach a plot plan drawn to scale (scale not smaller than 1" = 20') showing the location of piping and associated monitoring wells. Provide depth to groundwater: _____ feet. Provide name and model number of device/system used to monitor for presence of product in well:

 Name Model #
- Interstitial monitoring. Provide name and model number of interstitial monitoring device:

 Name Model #

A10.15 ABANDONED OR REMOVED UNDERGROUND STORAGE TANK REGISTRATION PROCEDURE. The following forms (SBD-7437 and SBD-8731) are referred to in this section. Copies of these forms are available from the Division of Safety and Buildings, P.O. Box 7969, Madison, Wisconsin 53707, or from the local fire department or authorized agent.

Wisconsin Department of Industry,
Labor and Human Relations

**UNDERGROUND
PETROLEUM PRODUCT
TANK INVENTORY**

Send Completed Form To:
Safety & Buildings Division
P.O. Box 7969
Madison, WI 53707
Telephone: (608) 267-5280

For Office Use Only:

Tank ID # _____

Information Required By Sec. 102.142, Wis. Stats.

Underground tanks in Wisconsin that have stored or currently store petroleum or regulated substances must be registered. Please see the reverse side for additional information on this program. An underground storage tank is defined as any tank with at least 10 percent of its total volume (included piping) located below ground level. A separate form is needed for each tank. Send each completed form to the agency designated in the top right corner. Have you previously registered this tank by submitting a form? YES NO If yes, are you correcting/updating information only? Yes No The information you provide may be used by other government agency programs [Privacy Law, s. 15.04 (1) (m)].

This registration applies to a tank that is (check one):

- 1A In Use or 1B Newly Installed 4 Closed - Tank Removed 8 Changed Ownership
 2 Abandoned With Product 6 Closed - Filled With Inert Material (Indicate new owner below)
 3 Abandoned No Product (empty) or With Water 7 Out of Service - Provide Date: _____

Fire Department Providing Fire Coverage
Where Tank Located: _____

A. IDENTIFICATION: (Please Print)

1. Tank Site Name _____ Site Address _____ Site Telephone No. (____) _____

City Village Town of: _____ State _____ Zip Code _____ County _____

2. Owner Name (mail sent here unless indicated otherwise in #3 below) _____ Owner Mailing Address (mail sent here unless indicated otherwise in #3) _____

City Village Town of: _____ State _____ Zip Code _____ County _____

3. Alternate Mailing Name If Different Than #2 _____ Alternate Mailing Street Address If Different From #2 _____

City Village Town of: _____ State _____ Zip Code _____ County _____

4. Tank Age (date installed, if known: or years old) _____ 5. Tank Capacity (gallons) _____ 6. Tank Manufacturer's Name (if known) _____

B. TYPE OF USER (check one):

- 1 Gas Station 2 Bulk Storage 3 Utility 4 Mercantile
 5 Industrial 6 Government 7 School 8 Residential
 9 Agricultural 10 Other (specify): _____

C. TANK CONSTRUCTION:

- 1 Bare Steel 2 Cathodically Protected and Coated Steel (A Sacrificial Anodes or B Impressed Current)
 3 Coated Steel 4 Fiberglass 5 Other (specify): _____
 6 Relined - Date _____ 7 Steel - Fiberglass Reinforced Plastic Composite 9 Unknown
- Approval: 1 Nat'l Std 2 UL 3 Other: _____ Is Tank Double Walled? Yes No
- Overfill Protection Provided? Yes No If yes, identify type: _____ Spill Containment? Yes No
- Tank leak detection method: used if pressurized or check valve at tank: 1 Vapor monitoring 3 Groundwater monitoring 4 Inventory control and tightness testing 5 Interstitial monitoring 6 Not required at present 7 Manual Tank Gauging (only for tanks of 1,000 gallons or less)

D. PIPING CONSTRUCTION

- 1 Bare Steel 2 Cathodically Protected and Coated or Wrapped Steel (A Sacrificial Anodes or B Impressed Current) 3 Coated Steel
 4 Fiberglass 5 Other (specify): _____ 9 Unknown
- Piping System Type: 1 Pressurized piping with: A auto shutoff; B alarm; or C. flow restrictor 2 Suction piping with check valve at tank
 3 Suction piping with check valve at pump and inspectable
- Piping leak detection method: used if pressurized or check valve at tank: 1 Vapor monitoring 2 Interstitial monitoring
 3 Groundwater monitoring 4 Tightness testing 5 Line Leak Detector 6 Not Required
- Approval: 1 Nat'l Std 2 UL 3 Other: _____ Double Walled: Yes No

E. TANK CONTENTS

- 1 Diesel 2 Leaded 3 Unleaded 4 Fuel Oil
 5 Gasohol 6 Other 7 Empty 8 Sand/Gravel/Slurry
 9 Unknown 10 Premix 11 Waste Oil 12 Propane
 13 Chemical * _____ 14 Kerosene 15 Aviation

* If # 13 is checked, indicate the chemical name(s) or number(s) of the chemical or waste

If Tank Closed, Give Date (mo/day/yr): _____ Has a site assessment been completed? (see reverse side for details)
 Yes No

If installation of a new tank is being reported, indicate who performed the installation inspection:
 1 Fire Department 2 DILHR 3 Other (identify) _____

Name of Owner or Operator (please print): _____ Indicate Whether:
 Owner or Operator

Signature of Owner or Operator: _____ Date Signed: _____

SBD-7437 (R. 05/94)

IMPORTANT: Complete as many items on this form as possible. Failure to provide sufficient information may cause you to fall under additional regulations.

BACKGROUND FOR TANK INVENTORY

On May 4, 1984, legislation commonly known as the Ground Water Protection Act was signed into law. This legislation required the creation of an inventory of underground petroleum product storage tanks. A record of this information was necessitated by numerous reported incidents of ground water contamination by petroleum products. Many tanks have been installed, used and forgotten. These installations can threaten the ground water.

This underground tank inventory is being established to help identify the need for future actions required to clear up potential problems before they occur. Your help in identifying abandoned, "in use" and "new use" tank locations will greatly assist this effort to protect Wisconsin's ground water.

SITE ASSESSMENT INFORMATION

Requirements for a site assessment at the closure or change in service for a federally regulated underground storage tank were outlined in federal rules published in the September 23, 1988 Federal Register, 40 CFR 280 and 281.

The requirements in § 280.72 state:

(a) Before permanent closure or a change-in-service is completed, owners and operators must measure for the presence of a release where contamination is most likely to be present at the UST site. In selecting sample types, sample locations, and measurement methods, owners and operators must consider the method of closure, the nature of the stored substance, the type of backfill, the depth to ground water, and other factors appropriate for identifying the presence of a release. The requirements of this section are satisfied if one of the external release detection methods allowed in § 280.43 (e) and (f) is operating in accordance with the requirements in § 280.43 at the time of closure, and indicates no release has occurred.

The external release detection methods in § 280.43 (e) and (f) are summarized below:

"(e) *Vapor monitoring*." This sub section refers to the testing or monitoring for vapors within the soil gas of the tank's excavation zone. It further requires seven (7) conditions to be met to qualify the testing program as a valid vapor monitoring system.

"(f) *Ground-water monitoring*." This sub section refers to the testing or monitoring for liquids on the ground water below the tank. It establishes the requirements for an acceptable system that effectively monitors the ground water for the presence of regulated substances and insures the integrity of the monitoring wells so the wells themselves do not become conduits for ground water contamination.

Complete written guidelines on the conduct of a site assessment can be obtained from the DILHR Bureau of Petroleum Inspection & Fire Protection at the following address:

Bureau of Petroleum Inspection and Fire Protection
P.O. Box 7969
Madison, WI 53707

Site assessments are to be submitted to both the DILHR office and to the DNR at the following addresses:

Bureau of Petroleum Inspection & Fire Protection
P.O. Box 7969
Madison, WI 53707

Bureau of Solid and Hazardous Waste Management
P.O. Box 7921
Madison, WI 53707

Wisconsin Department of Industry,
Labor and Human Relations

**ABOVEGROUND
PETROLEUM PRODUCT
TANK INVENTORY**

Send Completed Form To:
Safety & Buildings Division
P.O. Box 7969
Madison, WI 53707
Telephone (608) 267-5280

For Office Use Only:
Tank ID # _____

This form must be completed pursuant to s. 101.142, Wis. Stats. to register an above ground petroleum product storage system. An above ground petroleum product storage system is an **aboveground** tank, used to store petroleum products, together with an on-site integral piping or dispensing system. **Not included** are pipeline facilities, tanks of 110 gallons or less capacity, farm and residential tanks of 1,100 gallons or less capacity, tanks used for storing heating oil for consumptive use on the premises where stored or tanks owned by the state or federal government. **A separate form is needed for each tank. Send each completed form to the address in the top right corner.**

This registration applies to a tank that is (check one):		Fire Department Providing Fire Coverage Where Tank Is Located:
1 <input type="checkbox"/> In Use	4 <input type="checkbox"/> Closed - Tank Removed	<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of: _____
2 <input type="checkbox"/> Out of Service With Product	5 <input type="checkbox"/> Closed - Tank Cleaned	
3 <input type="checkbox"/> Out of Service With No Product (Empty)	6 <input type="checkbox"/> Changed Ownership (Indicate new owner in section A. 3. below)	

A. IDENTIFICATION (Please Print)

1 Tank Site Name	Site Address	Site Telephone Number ()
<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of: _____	State _____ Zip Code _____	County _____
2 Owner Name (mail sent here unless indicated otherwise in #3)	Owner Mailing Address (mail sent here unless indicated otherwise in #3)	
<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of: _____	State _____ Zip Code _____	County _____
3 Alternate Mailing Name if Different Than #2	Alternate Mailing Street Address if Different Than #2	
<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of: _____	State _____ Zip Code _____	County _____
4 Tank Age (date installed, if new; years old, if used)	5 Tank Capacity (gal)	6 Tank Manufacturer's Name (if known)
7 If more than 1 tank is being reported at a facility, provide an 8 1/2 x 11 plot plan drawn to scale (1" = 20 ft.), numbering and indicating the location of the tanks being reported. If a plot plan is being submitted, this form is for tank number: _____		

B. TYPE OF USER (check one):

1 <input type="checkbox"/> Gas Station (any resale)	2 <input type="checkbox"/> Bulk Storage	3 <input type="checkbox"/> Utility	4 <input type="checkbox"/> Mercantile / Commercial
5 <input type="checkbox"/> Industrial	6 <input type="checkbox"/> Government	7 <input type="checkbox"/> School	8 <input type="checkbox"/> Residential
9 <input type="checkbox"/> Agricultural	10 <input type="checkbox"/> Other (specify): _____		

C. TANK CONSTRUCTION (check one):

1 <input type="checkbox"/> Bare Steel	2 <input type="checkbox"/> FRP Clad Steel	3 <input type="checkbox"/> Steel With Lining	4 <input type="checkbox"/> Concrete
5 <input type="checkbox"/> Other (specify): _____			
Tank is built to: <input type="checkbox"/> National Standard _____ or <input type="checkbox"/> UL Approval _____ or <input type="checkbox"/> Other _____			

D. ROOF (Check one):

1 <input type="checkbox"/> Fixed Roof	2 <input type="checkbox"/> Floating External	3 <input type="checkbox"/> Floating Internal	4 <input type="checkbox"/> Other _____
---------------------------------------	--	--	--

E. TANK BASE:

1 <input type="checkbox"/> On Ground	2 <input type="checkbox"/> On Supports	3 <input type="checkbox"/> On Cement	4 <input type="checkbox"/> On Liner
5 <input type="checkbox"/> Double Bottom	6 <input type="checkbox"/> Other _____		

F. PIPING:

<input type="checkbox"/> Aboveground	<input type="checkbox"/> Underground	<input type="checkbox"/> Both
Above Ground Piping Construction: <input type="checkbox"/> Steel <input type="checkbox"/> Other _____		
Underground Piping Construction:		
1 <input type="checkbox"/> Bare Steel	2 <input type="checkbox"/> Cathodically Protected and coated or Wrapped Steel (a <input type="checkbox"/> Sacrificial Anodes or b <input type="checkbox"/> Impressed Current)	3 <input type="checkbox"/> Coated Steel
4 <input type="checkbox"/> Fiberglass	5 <input type="checkbox"/> Other (specify): _____	6 <input type="checkbox"/> Unknown

G. CONTAINMENT:

Dike Side Material:	1 <input type="checkbox"/> Block	2 <input type="checkbox"/> Concrete	3 <input type="checkbox"/> Earth	4 <input type="checkbox"/> Synthetic	5 <input type="checkbox"/> Double Wall _____
Dike Base Material:	1 <input type="checkbox"/> Concrete	2 <input type="checkbox"/> Engineered Clay - Thickness _____	3 <input type="checkbox"/> Earth	4 <input type="checkbox"/> Synthetic - Make & Model #: _____	
Remote Impounding?	<input type="checkbox"/> Yes <input type="checkbox"/> No				

H. DISTANCE FROM DIKE WALL TO NEAREST:

1 Well _____ Ft.	2 Property Line _____ Ft.	3 Surface Water _____ Ft.	4 Nearest Building On Property _____ Ft.
------------------	---------------------------	---------------------------	--

I. TANK CONTENTS

1 <input type="checkbox"/> Diesel	2 <input type="checkbox"/> Leaded	3 <input type="checkbox"/> Unleaded	4 <input type="checkbox"/> Fuel Oil
5 <input type="checkbox"/> Gasohol	6 <input type="checkbox"/> Other	7 <input type="checkbox"/> Empty	9 <input type="checkbox"/> Unknown
10 <input type="checkbox"/> Premix	11 <input type="checkbox"/> Waste Oil	13 <input type="checkbox"/> Chemical *	
14 <input type="checkbox"/> Kerosene	15 <input type="checkbox"/> Aviation		

* If # 13 is checked, indicate the chemical name(s) or number(s) of the chemical or waste.

If Tank Was Removed or Cleaned For Other Use, Give Date (mo/day/yr): _____	Owner's Signature: _____	Date Signed: _____
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The information you provide may be used by other agency programs [Privacy Law, s. 15.04(1)(m)]

SBD 8731 (R. 02/94)

A10.16 NEW AND REPLACEMENT UNDERGROUND TANK USE PERMIT. The following forms (SBD-7658, SBD-7659 and SBD-6294) are referred to in this section. Copies of these forms are available from the Division of Safety and Buildings, P.O. Box 7969, Madison, Wisconsin 53707, or from the local fire department or authorized agent.

Wisconsin Department of Industry,
Labor and Human Relations

**UNDERGROUND STORAGE TANK SYSTEM
USE PERMIT APPLICATION**

Send Completed Form To:
Safety and Buildings Division
Bureau of Petroleum Inspection
and Fire Protection
P O Box 7969, Madison, WI 53707

Tank ID Number

If this system is permanently closed, complete only the
TANK CLOSURE INFORMATION section on this page

1. Tank Leak Detection Compliance Date		2. Tank Installation Date		3. Gallons		4. User	
5. Tank Construction		6. Tank Double Walled?		7. Tank Overfill Protection:		8. Tank Spill Containment:	
9. Tank Leak Detection Method		10. Piping Construction		11. Piping Double Walled?		12. Piping System Type	
13. Piping Leak Detection		14. Tank Contents					

If the site name and/or address appearing above is incorrect in any way, please indicate corrections below:

If the owner/mailling name and/or address appearing above is incorrect in any way, please indicate corrections below:

TANK SYSTEM DESCRIPTION VERIFICATION

A Use Permit must be obtained for the continued operation of the underground petroleum storage tank system described on this application. You must review and verify the pre-printed codes and descriptions appearing above in boxes 2 thru 14. If any box has no code or the pre-printed code is incorrect, provide the correct code for that box from the Code Key below. PLEASE NOTE: "TANK CONSTRUCTION" IN BOX 5, "PIPING CONSTRUCTION" IN BOX 10 AND "PIPING SYSTEM TYPE" IN BOX 12 MUST BE COMPLETED. IF THIS INFORMATION IS NOT PROVIDED, A USE PERMIT CANNOT BE ISSUED. If this system is permanently closed, complete only the TANK CLOSURE INFORMATION section on this page.

CODE KEY

- Type of User:** 01-Gas Station; 02-Bulk Storage; 03-Utility; 04-Mercantile; 05-Industrial; 06-Government; 07-School; 08-Residential; 09-Agriculture; 10-Other
- Tank Construction:** 01-Bare Steel; 02-Cathodically Protected and Coated Steel (a -Sacrificial Anodes or b -Impressed Current); 03-Coated Steel; 04-Fiberglass; 05-other; 06-Relined; 07-Steel - Fiberglass Reinforced Plastic Composite
- Tank Leak Detection Method:** 01-Automatic Tank Gauging; 02-Vapor Monitoring; 03-Groundwater Monitoring; 04-Inventory Control and Tightness Testing; 05-Interstitial Monitoring; 06-Not Required At Present; 07-Manual Tank Gauging (up to 1 000 gallons only)
- Piping Construction:** 01-Bare Steel; 02-Cathodically Protected and Coated or Wrapped Steel (a -Sacrificial Anodes or b -Impressed Current); 03-Coated Steel; 04-Fiberglass; 05-other
- Piping System Type:** 01-Pressurized Piping With: a -Auto Shutoff; b -Alarm; or c -Flow Restrictor; 02-Suction Piping With Check Valve at Tank; 03-Suction Piping With Check Valve at Pump and Inspectable; 04-Not Needed If Waste Oil Tank
- Piping Leak Detection Method:** 01-Vapor Monitoring; 02-Interstitial Monitoring; 03-Groundwater Monitoring; 04-Tightness Testing; 05-Line Leak Detector; 06-Not Required
- Tank Contents:** 01-Diesel; 02-Leaded; 03-Unleaded; 04-Fuel Oil; 05-Gasohol; 06-Other; 07-Empty; 08-Sand/Gravel/Slurry; 10-Premix; 11-Waste Oil; 12-Propane; 13-Chemical; 14-Kerosene; 15-Aviation

TANK CLOSURE INFORMATION		
Indicate whether tank was: <input type="checkbox"/> Removed <input type="checkbox"/> Filled With Inert Material	Give Date Tank Was Closed (mo/day/yr):	Has closure assessment been completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Signature of Owner or Operator:		Date Signed:

IMPORTANT INSTRUCTIONS FOR COMPLETION OF REVERSE SIDE

- If the "leak detection" compliance date indicated in box 1 above has been reached, Section A on the reverse side must be completed to verify compliance with leak detection code requirements.
- If box 12 above shows code 01 or if you have pressurized piping but had not previously indicated such, you must complete Section B to verify compliance with pressurized piping code requirements
- If box 12 above shows code 02, or if you have a suction system with the check valve at the tank but previously had not reported it, the compliance date for leak detection on your piping is the same as that for the tank. If you have reached the tank leak detection compliance date indicated in box 1 above, you must complete Section C on the reverse side

COMPLETE ALL SECTIONS ON REVERSE SIDE

A. Leak Detection Verification For Tank

Indicate which leak detection method(s) you are using. Check all applicable items and attach requested information.

- Tightness testing and inventory control. **Attach a copy of the report on the latest tank test.**
- Vapor monitoring. Attach a plot plan drawn to scale (scale not smaller than 1" = 20') showing the location of tanks and associated monitoring wells. Provide the name and model number of the device used to monitor for presence of vapors: _____

Name	Model #
------	---------
- Groundwater monitoring. Attach a plot plan drawn to scale (scale not smaller than 1" = 20') showing the location of tanks and associated monitoring wells. Provide depth to groundwater: _____ feet. Provide name and model number of device/system used to monitor for presence of product in well: _____

Name	Model #
------	---------
- Interstitial monitoring. Provide name and model number of interstitial monitoring device: _____

Name	Model #
------	---------
- Automatic tank gauging. Provide name and model # of gauge system: _____

Name	Model #
------	---------
- Manual tank gauging (tanks of 1,000 gallons or less in size only).

B. Pressurized Piping Systems Must Have Leak Detection Installed By 12/22/90. System requires both:

Flow restrictor, automatic shutoff or continuous alarm; provide the name and model number of system installed:

_____ Name _____ Model #

AND

A leak detection method from the following list; check all items that apply and attach requested information.

- Tightness testing. Attach a copy of the report on the latest test of the piping system.
- Vapor monitoring. Attach a plot plan drawn to scale (scale not smaller than 1" = 20') showing the location of piping and associated monitoring wells. Provide the name and model number of the device used to monitor for presence of vapors: _____

Name	Model #
------	---------
- Groundwater monitoring. Attach a plot plan drawn to scale (scale not smaller than 1" = 20') showing the location of piping and associated monitoring wells. Provide depth to groundwater: _____ feet. Provide name and model number of device/system used to monitor for presence of product in well: _____

Name	Model #
------	---------
- Interstitial monitoring. Provide name and model number of interstitial monitoring device: _____

Name	Model #
------	---------
- Line leak detector. Provide name and model # of device: _____

Name	Model #
------	---------

C. Leak Detection For Piping

Suction piping with the check valve at the tank: indicate which method(s) of leak detection you are using. Check all items that apply and attach requested information. Leak detection deadlines for suction piping (with the check valve at the tank) match that of the tank system.

- Tightness testing. Attach a copy of the report on the latest test of the system.
- Vapor monitoring. Attach a plot plan drawn to scale (scale not smaller than 1" = 20') showing the location of lines and associated monitoring wells. Provide the name and model number of the device used to monitor for presence of vapors: _____

Name	Model #
------	---------
- Groundwater monitoring. Attach a plot plan drawn to scale (scale not smaller than 1" = 20') showing the location of piping and associated monitoring wells. Provide depth to groundwater: _____ feet. Provide name and model number of device/system used to monitor for presence of product in well: _____

Name	Model #
------	---------
- Interstitial monitoring. Provide name and model number of interstitial monitoring device: _____

Name	Model #
------	---------

Wisconsin Department of
Industry, Labor and
Human Relations
Safety & Buildings Division

**UNDERGROUND STORAGE TANK SYSTEM
USE PERMIT**

Bureau of Petroleum Inspection
And Fire Protection
P O Box 7969
Madison, WI 53707
Telephone (608) 267-9725

**THIS PERMIT MUST BE KEPT ON SITE
AVAILABLE FOR INSPECTION AT ALL TIMES**

This tank system has met the requirements of Wisconsin Administrative Code Chapter ILHR 10. The three year use period has been approved with the issuance of this Use Permit. This permit may be revoked for failure to maintain compliance with the requirements of ILHR 10. See reverse side for codes used below.

Tank ID Number:	Permit Effective On:	Permit Expires As Of:	Tank Installation Date:	Gallons:	User:	Tank Construction:
Mailing Address:			Tank Double Walled:	Tank Overfill Protection:	Tank Spill Containment:	
			Tank Leak Detection:	Piping Construction:	Piping Double Walled:	
			Piping System Type:	Piping Leak Detection:	Tank Contents:	
			Permitted Tank Located At:			

SBD-7659 (R 06/91)

CODE KEY

- Type of User:** 01-Gas Station; 02-Bulk Storage; 03-Utility; 04-Mercantile; 05-Industrial; 06-Government; 07-School; 08-Residential
09-Agriculture; 10-Other
- Tank Construction:** 01-Bare Steel; 02-Cathodically Protected and Coated Steel (a -Sacrificial Anodes or b -Impressed Current); 03-Coated Steel;
04-Fiberglass; 05-other; 06-Relined; 07-Steel - Fiberglass Reinforced Plastic Composite; 09-Unknown
- Tank Leak Detection Method:** 01-Automatic Tank Gauging; 02-Vapor Monitoring; 03-Groundwater Monitoring; 04-Inventory Control and
Tightness Testing; 05-Interstitial Monitoring; 06-Not Required At Present 07-Manual Tank Gauging (only for
tanks of 1,000 gallons or less)
- Piping Construction:** 01-Bare Steel; 02-Cathodically Protected and Coated or Wrapped Steel (a -Sacrificial Anodes or b -Impressed Current);
03-Coated Steel; 04-Fiberglass; 05-other; 09-Unknown
- Piping System Type:** 01-Pressurized Piping With: a -Auto Shutoff; b -Alarm; or c -Flow Restrictor; 02-Suction Piping With Check Valve at Tank;
03-Suction Piping With Check Valve at Pump and inspectable
- Piping Leak Detection Method:** 01-Vapor Monitoring; 02-Interstitial Monitoring; 03-Groundwater Monitoring; 04-Tightness Testing;
05-Line Leak Detector; 06-Not Required
- Tank Contents:** 01-Diesel; 02-Leaded; 03-Unleaded; 04-Fuel Oil; 05-Gasohol; 06-Other; 07-Empty; 08-Sand/Gravel/Slurry; 09-Unknown;
10-Premix; 11-Waste Oil; 13-Chemical; 14-Kerosene; 15-Aviation

3519

CHECKLIST FOR UNDERGROUND TANK INSTALLATION

Wisconsin Department of Industry,
Labor and Human Relations
Safety & Buildings Division
Fire Prevention & Underground
Storage Tank Section
P. O. Box 7969, Madison, WI 53707

Tank ID #: For Office Use Only

Complete one form for each tank and related piping.

This checklist covers installation of: Tank; Piping; Spill Containment; Overfill Protection; Leak Detection

A. IDENTIFICATION: (Please Print)

1. Installation Name			2. Owner Name			
Installation Street Address			Owner Street Address			
<input type="checkbox"/> City	<input type="checkbox"/> Village	<input type="checkbox"/> Town of:	<input type="checkbox"/> City	<input type="checkbox"/> Village	<input type="checkbox"/> Town of:	State Zip Code
State	Zip Code	County	County	Telephone No. (include area code) ()		
3. Installation Company Name		Installation Company Street Address		State	Zip Code	
Company Telephone No. (include area code) ()		Certified Installer Name		Installer Certification No		

B. PLAN APPROVAL

	INSTALLER VERIFIED	INSPECTOR VERIFIED	NA
1. Plans have been submitted and approved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. State plan number (if applicable) is			
3. Tank Capacity: _____ gallons Tank contents, if known: _____			

C. TANK CONSTRUCTION

	INSTALLER VERIFIED	INSPECTOR VERIFIED	NA
1. Tank is new and carries UL or other national testing label	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Tank is used, but has been recertified to meet the EPA new tank standard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Tank is corrosion protected (<input type="checkbox"/> Cathodically protected steel, <input type="checkbox"/> fiberglass or <input type="checkbox"/> composite tank) and matches the equipment listed in the plan review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Test stations have been installed for monitoring cathodic protection on the tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Gasoline and other Class I flammable tank vents discharge at least 12 feet above ground level, discharge only upward, and do not terminate under eaves or near a building opening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Fuel oil, diesel or other Class II or III A liquid storage tank vents are at least 4 feet above ground level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Overfill protection device is installed and matches plan submittal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Spill containment device installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. TANK HANDLING AND TESTING

	INSTALLER VERIFIED	INSPECTOR VERIFIED	NA
1. Tank was lifted using lifting lugs, no chains or slings were placed around the tank shell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Tank coating was inspected and any damage to the coating repaired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Preinstallation test of single wall tank conducted by pressurizing tank with 3-5 psig air pressure, soaping all surfaces, seams, and fittings and inspecting for bubbles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
or			
Preinstallation test of double-walled tank: pressurize inner tank to a maximum of 5 psig, seal inner tank and disconnect external air supply, monitor for one hour. After one hour, pressurize the interstitial space with a max 5 psig air from the inner tank and use a second gauge for monitoring the pressure Soap all surfaces, seams and fittings and inspect for bubbles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Tank tested after backfilling through precision test, approved tank gauge or interstitial monitor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Tank gauge or interstitial monitor verified as operative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E. TANK SITE AND BACKFILL

	INSTALLER VERIFIED	INSPECTOR VERIFIED	NA
1. Tank located a minimum of 3 feet from property lines and 1 foot from buildings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Tank is spaced a minimum of 2 feet from any other tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Backfill for steel or fiberglass clad steel tank is clean, washed, well granulated sand, crushed rock, or pea gravel no larger than 3/4 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Backfill for fiberglass tank 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Minimum of 1 foot of backfill extended beyond perimeter of tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Minimum of 1 foot of compacted backfill in bottom of excavation (If hold down pads are used, bedding may be reduced to 6 inches)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Bottom hold down pads used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Fiberglass tank with 1 foot of compacted backfill over top of pad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Steel tank with 6 inches of compacted backfill over top of pad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Backfill material placed over tank to a depth of at least 1 foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The information you provide may be used by other government agency programs [Privacy Law, s 15.04 (1)(m)]

SBD-6294 (R 01/94)

- CONTINUE ON NEXT PAGE -

E. TANK SITE AND BACKFILL (continued)

	INSTALLER VERIFIED	INSPECTOR VERIFIED	NA
9. Backfill compaction is adequate to securely and evenly support the tank and prevent movement/settlement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Excavation is in a bog, swampy area or landfill and a filter fabric was used to prevent the migration of the backfill material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Tank in area of vehicle traffic, 3 feet of earth cover or 18 inches of earth plus 6 inches of reinforced concrete or 8 inches of asphalt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Tank in area not subject to traffic, a minimum of 2 feet of earth or 1 foot of earth plus 4 inches of reinforced concrete or 6 inches of asphalt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F. TANK ANCHORAGE

1. Installation is in an area of high water table or subject to flooding and tank is anchored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Anchor straps for fiberglass tank were nonmetallic and were placed according to manufacturer's specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Anchor straps for steel tank were either nonmetallic or electrically isolated from the tank structure. (All metal fittings are protected from corrosion)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mid anchoring with non conductive material between tank and concrete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G. PIPING (Indicate whether piping is Fiberglass or Steel; then check one of the types below before proceeding to answer 1 - 15.)

- Pressurized piping with auto shutoff, alarm or flow restrictor
- Suction piping with check valve at tank
- Suction piping with check valve at pump and inspectable

1. Piping is sloped back to tank (1/8 INCH per foot)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Piping is evenly and adequately supported by at least 6 inches of backfill bedding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Piping trench provides at least 18 inches of compacted backfill and paving on top of piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Pipes are separated by at least twice the pipe diameter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Pipes are separated from the trench excavation sidewalls by at least 6 inches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Piping inspected for damage to pipe or coating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Metal piping is at least schedule 40 black steel or galvanized pipe, and is wrapped or coated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Fittings and couplings are extra-heavy malleable iron screw-type, Schedule 40 or better	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. 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 and after backfilling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. After backfilling, piping was isolated from the tank and dispenser and precision tested at 110% of operating pressure but not less than 50 psig for 1 hour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Piping was isolated from the tank and dispenser and tested through another approved means prior to and after backfilling Indicate method(s) prior _____ after _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Metal piping is protected from corrosion by <input type="checkbox"/> cathodic protection or <input type="checkbox"/> impressed current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Test stations have been installed for monitoring cathodic protection on piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Flexible connectors are used at the top of tank, between tank and vent pipe, below the dispenser and also where less than 4 feet of run exists between changes in direction with fiberglass piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Dispensers, pumps, check valves, etc., not cathodically protected are electrically isolated from metallic piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H. LEAK DETECTION (Check which applies under both TANK and PIPING)

- 1. Tank
 - Tightness testing and inventory control
 - Interstitial monitoring
 - Automatic tank gauging
 - Manual Tank Gauging (only for tanks of 1,000 gallons or less)
 - Vapor monitoring
 - Groundwater monitoring
- 2. Piping (pressurized or suction with check valve at tank)
 - Tightness testing
 - Groundwater monitoring
 - Automatic line leak detectors
 - Interstitial monitoring
 - Vapor monitoring

I. INSPECTOR INFORMATION

Inspector Signature: _____ Inspector #: _____ Local Operator #: _____

Date Signed: _____ Fire department providing coverage: _____ FDID #: _____

J. INSTALLER CERTIFICATION

I certify that the tank and related piping was installed according to the manufacturer's instructions and comply with one of the following standards: API 1615, PEI RP100 or ANSI B31.4

Installer Signature _____ Date Signed _____

TANK INVENTORY FORM SBD-7437 SIGNED BY THE OWNER MUST BE SUBMITTED WITH EACH INSTALLMENT CHECKLIST.

SAFETY AND BUILDINGS

A10.17 EXISTING UNDERGROUND TANK USE PERMIT. The following forms (SBD-7658 and SBD-7659) are referred to in this section. Copies of these forms are available from the Division of Safety and Buildings, P.O. Box 7969, Madison, Wisconsin 53707, or from the local fire department or authorized agent.

Wisconsin Department of Industry,
Labor and Human Relations

**UNDERGROUND STORAGE TANK SYSTEM
USE PERMIT APPLICATION**

Send Completed Form To:
Safety and Buildings Division
Bureau of Petroleum Inspection
and Fire Protection
P.O. Box 7969, Madison, WI 53707

Tank ID Number

If this system is permanently closed, complete only the
TANK CLOSURE INFORMATION section on this page.

1 Tank Leak Detection Compliance Date		2 Tank Installation Date		3 Gallons		4 User	
5 Tank Construction	6 Tank Double Walled?	7 Tank Overfill Protection:		8 Tank Spill Containment:		9 Tank Leak Detection Method	
10 Piping Construction		11 Piping Double Walled?		12 Piping System Type		13 Piping Leak Detection	
						14 Tank Contents	

If the site name and/or address appearing above is incorrect in any way, please indicate corrections below:

If the owner/mailling name and/or address appearing above is incorrect in any way, please indicate corrections below:

TANK SYSTEM DESCRIPTION VERIFICATION

A Use Permit must be obtained for the continued operation of the underground petroleum storage tank system described on this application. You must review and verify the pre-printed codes and descriptions appearing above in boxes 2 thru 14. If any box has no code or the pre-printed code is incorrect, provide the correct code for that box from the Code Key below. PLEASE NOTE: "TANK CONSTRUCTION" IN BOX 5, "PIPING CONSTRUCTION" IN BOX 10 AND "PIPING SYSTEM TYPE" IN BOX 12 MUST BE COMPLETED. IF THIS INFORMATION IS NOT PROVIDED, A USE PERMIT CANNOT BE ISSUED. If this system is permanently closed, complete only the TANK CLOSURE INFORMATION section on this page.

CODE KEY

- Type of User:** 01-Gas Station; 02-Bulk Storage; 03-Utility; 04-Mercantile; 05-Industrial; 06-Government; 07-School; 08-Residential; 09-Agriculture; 10-Other
- Tank Construction:** 01-Bare Steel; 02-Cathodically Protected and Coated Steel (a -Sacrificial Anodes or b -Impressed Current); 03-Coated Steel; 04-Fiberglass; 05-other; 06-Relined; 07-Steel - Fiberglass Reinforced Plastic Composite
- Tank Leak Detection Method:** 01-Automatic Tank Gauging; 02-Vapor Monitoring; 03-Groundwater Monitoring; 04-Inventory Control and Tightness Testing; 05-Interstitial Monitoring; 06-Not Required At Present; 07-Manual Tank Gauging (up to 1 000 gallons only)
- Piping Construction:** 01-Bare Steel; 02-Cathodically Protected and Coated or Wrapped Steel (a -Sacrificial Anodes or b -Impressed Current); 03-Coated Steel; 04-Fiberglass; 05-other
- Piping System Type:** 01-Pressurized Piping With: a -Auto Shutoff; b -Alarm; or c -Flow Restrictor; 02-Suction Piping With Check Valve at Tank; 03-Suction Piping With Check Valve at Pump and Inspectable; 04-Not Needed If Waste Oil Tank
- Piping Leak Detection Method:** 01-Vapor Monitoring; 02-Interstitial Monitoring; 03-Groundwater Monitoring; 04-Tightness Testing; 05-Line Leak Detector; 06-Not Required
- Tank Contents:** 01-Diesel; 02-Leaded; 03-Unleaded; 04-Fuel Oil; 05-Gasohol; 06-Other; 07-Empty; 08-Sand/Gravel/Slurry; 10-Premix; 11-Waste Oil; 12-Propane; 13-Chemical; 14-Kerosene; 15-Aviation

TANK CLOSURE INFORMATION

Indicate whether tank was: <input type="checkbox"/> Removed <input type="checkbox"/> Filled With Inert Material		Give Date Tank Was Closed (mo/day/yr):	Has closure assessment been completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Signature of Owner or Operator:		Date Signed:	

IMPORTANT INSTRUCTIONS FOR COMPLETION OF REVERSE SIDE

- If the "leak detection" compliance date indicated in box 1 above has been reached, Section A on the reverse side must be completed to verify compliance with leak detection code requirements
- If box 12 above shows code 01 or if you have pressurized piping but had not previously indicated such, you must complete Section B to verify compliance with pressurized piping code requirements
- If box 12 above shows code 02, or if you have a suction system with the check valve at the tank but previously had not reported it, the compliance date for leak detection on your piping is the same as that for the tank. If you have reached the tank leak detection compliance date indicated in box 1 above, you must complete Section C on the reverse side

COMPLETE ALL SECTIONS ON REVERSE SIDE

SRD 7658 (R 12/91)

ILHR 10 Appendix A

A. Leak Detection Verification For Tank

Indicate which leak detection method(s) you are using. Check all applicable items and attach requested information.

- Tightness testing and inventory control. Attach a copy of the report on the latest tank test.
- Vapor monitoring. Attach a plot plan drawn to scale (scale not smaller than 1" = 20') showing the location of tanks and associated monitoring wells. Provide the name and model number of the device used to monitor for presence of vapors:

 Name Model #
- Groundwater monitoring. Attach a plot plan drawn to scale (scale not smaller than 1" = 20') showing the location of tanks and associated monitoring wells. Provide depth to groundwater: _____ feet. Provide name and model number of device/system used to monitor for presence of product in well:

 Name Model #
- Interstitial monitoring. Provide name and model number of interstitial monitoring device:

 Name Model #
- Automatic tank gauging. Provide name and model # of gauge system:

 Name Model #
- Manual tank gauging (tanks of 1,000 gallons or less in size only).

B. Pressurized Piping Systems Must Have Leak Detection Installed By 12/22/90. System requires both:

Flow restrictor, automatic shutoff or continuous alarm; provide the name and model number of system installed:

_____ Name Model #

AND

A leak detection method from the following list; check all items that apply and attach requested information.

- Tightness testing. Attach a copy of the report on the latest test of the piping system.
- Vapor monitoring. Attach a plot plan drawn to scale (scale not smaller than 1" = 20') showing the location of piping and associated monitoring wells. Provide the name and model number of the device used to monitor for presence of vapors:

 Name Model #
- Groundwater monitoring. Attach a plot plan drawn to scale (scale not smaller than 1" = 20') showing the location of piping and associated monitoring wells. Provide depth to groundwater: _____ feet. Provide name and model number of device/system used to monitor for presence of product in well:

 Name Model #
- Interstitial monitoring. Provide name and model number of interstitial monitoring device:

 Name Model #
- Line leak detector. Provide name and model # of device:

 Name Model #

C. Leak Detection For Piping

Suction piping with the check valve at the tank: indicate which method(s) of leak detection you are using. Check all items that apply and attach requested information. Leak detection deadlines for suction piping (with the check valve at the tank) match that of the tank system.

- Tightness testing. Attach a copy of the report on the latest test of the system.
- Vapor monitoring. Attach a plot plan drawn to scale (scale not smaller than 1" = 20') showing the location of lines and associated monitoring wells. Provide the name and model number of the device used to monitor for presence of vapors:

 Name Model #
- Groundwater monitoring. Attach a plot plan drawn to scale (scale not smaller than 1" = 20') showing the location of piping and associated monitoring wells. Provide depth to groundwater: _____ feet. Provide name and model number of device/system used to monitor for presence of product in well:

 Name Model #
- Interstitial monitoring. Provide name and model number of interstitial monitoring device:

 Name Model #

Wisconsin Department of
Industry, Labor and
Human Relations
Safety & Buildings Division

**UNDERGROUND STORAGE TANK SYSTEM
USE PERMIT**

Bureau of Petroleum Inspection
And Fire Protection
P O Box 7969
Madison, WI 53707
Telephone (608) 267-9725

**THIS PERMIT MUST BE KEPT ON SITE
AVAILABLE FOR INSPECTION AT ALL TIMES**

This tank system has met the requirements of Wisconsin Administrative Code Chapter ILHR 10. The three year use period has been approved with the issuance of this Use Permit. This permit may be revoked for failure to maintain compliance with the requirements of ILHR 10. See reverse side for codes used below.

Tank ID Number:	Permit Effective On:	Permit Expires As Of:	Tank Installation Date:	Gallons:	User:	Tank Construction:		
Mailing Address:			Tank Double Walled:	Tank Overfill Protection:	Tank Spill Containment:			
			Tank Leak Detection:	Piping Construction:	Piping Double Walled:			
			Piping System Type:	Piping Leak Detection:	Tank Contents:			
			Permitted Tank Located At:					

SBD-7659 (R. 06/91)

CODE KEY

- Type of User:** 01-Gas Station; 02-Bulk Storage; 03-Utility; 04-Mercantile; 05-Industrial; 06-Government; 07-School; 08-Residential; 09-Agriculture; 10-Other
- Tank Construction:** 01-Bare Steel; 02-Cathodically Protected and Coated Steel (a -Sacrificial Anodes or b -Impressed Current); 03-Coated Steel; 04-Fiberglass; 05-other; 06-Relined; 07-Steel - Fiberglass Reinforced Plastic Composite; 09-Unknown
- Tank Leak Detection Method:** 01-Automatic Tank Gauging; 02-Vapor Monitoring; 03-Groundwater Monitoring; 04-Inventory Control and Tightness Testing; 05-Interstitial Monitoring; 06-Not Required At Present; 07-Manual Tank Gauging (only for tanks of 1,000 gallons or less)
- Piping Construction:** 01-Bare Steel; 02-Cathodically Protected and Coated or Wrapped Steel (a -Sacrificial Anodes or b -Impressed Current); 03-Coated Steel; 04-Fiberglass; 05-other; 09-Unknown
- Piping System Type:** 01-Pressurized Piping With: a -Auto Shutoff; b -Alarm; or c -Flow Restrictor; 02-Suction Piping With Check Valve at Tank; 03-Suction Piping With Check Valve at Pump and Inspectable
- Piping Leak Detection Method:** 01-Vapor Monitoring; 02-Interstitial Monitoring; 03-Groundwater Monitoring; 04-Tightness Testing; 05-Line Leak Detector; 06-Not Required
- Tank Contents:** 01-Diesel; 02-Leaded; 03-Unleaded; 04-Fuel Oil; 05-Gasohol; 06-Other; 07-Empty; 08-Sand/Gravel/Slurry; 09-Unkown; 10-Premix; 11-Waste Oil; 13-Chemical; 14-Kerosene; 15-Aviation

A10.18 (2) INSPECTION BEFORE COVERING. The following checklist (form SBD-6294) is provided to assist fire department inspectors or authorized agents in making inspections of underground storage tank installations before covering.

3519

CHECKLIST FOR UNDERGROUND TANK INSTALLATION

Wisconsin Department of Industry, Labor and Human Relations Safety & Buildings Division Fire Prevention & Underground Storage Tank Section P. O. Box 7969, Madison, WI 53707

Tank ID #: For Office Use Only

Complete one form for each tank and related piping.

This checklist covers installation of: Tank; Piping; Spill Containment; Overfill Protection; Leak Detection

A. IDENTIFICATION: (Please Print)

Form section A containing fields for Installation Name, Owner Name, Installation Street Address, Owner Street Address, City/Village/Town, State, Zip Code, County, Telephone No., Installation Company Name, Installation Company Street Address, State, Zip Code, Company Telephone No., Certified Installer Name, and Installer Certification No.

B. PLAN APPROVAL

Form section B with checklist items: 1. Plans have been submitted and approved; 2. State plan number (if applicable) is; 3. Tank Capacity: gallons Tank contents, if known: Includes columns for INSTALLER VERIFIED, INSPECTOR VERIFIED, and NA.

C. TANK CONSTRUCTION

Form section C with checklist items 1-8 regarding tank construction standards, including testing, venting, and protection devices. Includes columns for INSTALLER VERIFIED, INSPECTOR VERIFIED, and NA.

D. TANK HANDLING AND TESTING

Form section D with checklist items 1-5 regarding tank handling and testing procedures, including lifting, coating, and preinstallation tests. Includes columns for INSTALLER VERIFIED, INSPECTOR VERIFIED, and NA.

E. TANK SITE AND BACKFILL

Form section E with checklist items 1-8 regarding tank site and backfill requirements, including spacing, backfill material, and hold down pads. Includes columns for INSTALLER VERIFIED, INSPECTOR VERIFIED, and NA.

The information you provide may be used by other government agency programs [Privacy Law, s. 15.04 (1)(m)]

E. TANK SITE AND BACKFILL (continued)

	INSTALLER VERIFIED	INSPECTOR VERIFIED	NA
9. Backfill compaction is adequate to securely and evenly support the tank and prevent movement/settlement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Excavation is in a bog, swampy area or landfill and a filter fabric was used to prevent the migration of the backfill material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Tank in area of vehicle traffic, 3 feet of earth cover or 18 inches of earth plus 6 inches of reinforced concrete or 8 inches of asphalt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Tank in area not subject to traffic, a minimum of 2 feet of earth or 1 foot of earth plus 4 inches of reinforced concrete or 6 inches of asphalt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F. TANK ANCHORAGE

1. Installation is in an area of high water table or subject to flooding and tank is anchored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Anchor straps for fiberglass tank were nonmetallic and were placed according to manufacturer's specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Anchor straps for steel tank were either nonmetallic or electrically isolated from the tank structure (All metal fittings are protected from corrosion)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mid anchoring with non conductive material between tank and concrete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G. PIPING (Indicate whether piping is Fiberglass or Steel; then check one of the types below before proceeding to answer 1 - 15.)

- Pressurized piping with auto shutoff, alarm or flow restrictor
- Suction piping with check valve at tank
- Suction piping with check valve at pump and inspectable.

1. Piping is sloped back to tank (1/8 INCH per foot)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Piping is evenly and adequately supported by at least 6 inches of backfill bedding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Piping trench provides at least 18 inches of compacted backfill and paving on top of piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Pipes are separated by at least twice the pipe diameter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Pipes are separated from the trench excavation sidewalls by at least 6 inches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Piping inspected for damage to pipe or coating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Metal piping is at least schedule 40 black steel or galvanized pipe, and is wrapped or coated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Fittings and couplings are extra-heavy malleable iron screw-type, Schedule 40 or better	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. 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 and after backfilling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. After backfilling, piping was isolated from the tank and dispenser and precision tested at 110% of operating pressure but not less than 50 psig for 1 hour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Piping was isolated from the tank and dispenser and tested through another approved means prior to and after backfilling Indicate method(s) prior _____ after _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Metal piping is protected from corrosion by <input type="checkbox"/> cathodic protection or <input type="checkbox"/> impressed current.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Test stations have been installed for monitoring cathodic protection on piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Flexible connectors are used at the top of tank, between tank and vent pipe, below the dispenser and also where less than 4 feet of run exists between changes in direction with fiberglass piping.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Dispensers, pumps, check valves, etc., not cathodically protected are electrically isolated from metallic piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H. LEAK DETECTION (Check which applies under both TANK and PIPING)

1. Tank
 - Tightness testing and inventory control
 - Interstitial monitoring
 - Automatic tank gauging
 - Manual Tank Gauging (only for tanks of 1,000 gallons or less)
 - Vapor monitoring
 - Groundwater monitoring
2. Piping (pressurized or suction with check valve at tank)
 - Tightness testing
 - Groundwater monitoring
 - Automatic line leak detectors
 - Interstitial monitoring
 - Vapor monitoring

I. INSPECTOR INFORMATION

Inspector Signature: _____ Inspector #: _____ Local Operator #: _____

Date Signed: _____ Fire department providing coverage: _____ FDID #: _____

J. INSTALLER CERTIFICATION

I certify that the tank and related piping was installed according to the manufacturer's instructions and comply with one of the following standards: API 1615, PEI RP100 or ANSI B31.4.

Installer Signature _____ Date Signed _____

TANK INVENTORY FORM SBD-7437 SIGNED BY THE OWNER MUST BE SUBMITTED WITH EACH INSTALLMENT CHECKLIST.

SAFETY AND BUILDINGS

A10.22 PETITIONS FOR VARIANCE. The following form (SBD-9890) is referred to in this section. Copies of this form are available from the Division of Safety and Buildings, P.O. Box 7969, Madison, Wisconsin 53707, or from the local fire department or authorized agent.

Wisconsin Department of Industry,
Labor and Human Relations

Safety & Buildings Division
201 E. Washington Ave
P.O. Box 7969
Madison, WI 53707
Telephone: (608) 266-3151

Dept. Use Only
Plan No. _____
Amount Paid _____

Petition For Variance Application

Page 1 of _____

PLEASE TYPE OR PRINT CLEARLY - The information you provide may be used by other government agency programs [Privacy Law, s. 15.04(1)(m)]

1. Owner Information		2. Project Information		3. Designer Information	
Name		Building Occupancy Chapter(s) and Use		Designer	Registration #
Company Name		Tenant Name (if any)		Design Firm	
Number and Street		Project Location (number and street)		Number and Street	
City State and Zip Code		<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township of		City State and Zip Code	
Contact Person		County of		Contact Person	
Telephone Number () ()	Fax Number () ()	Prop ID # (tax parcel # - contact county)		Telephone Number () ()	Fax Number () ()

4. Plan Review Status

Review By: State Municipality

Plan Number _____

<input type="checkbox"/> On hold	<input type="checkbox"/> Already built
<input type="checkbox"/> Preliminary design	<input type="checkbox"/> Built according to older code but must be brought into compliance with current code
<input type="checkbox"/> Approved requesting revision	<input type="checkbox"/> Plan will be submitted after petition determination
<input type="checkbox"/> Submitted with petition	<input type="checkbox"/> Other

5. State the code section being petitioned and the specific condition or issue you are requesting be covered under this petition for variance. _____

6. Reason why compliance with the code cannot be attained without the variance _____

7. State your proposed means and rationale of providing equivalent degree of health, safety, or welfare as addressed by the code section petitioned. _____

8. List attachments to be considered as part of the petitioner's statements (i.e., model code sections, test reports, research articles, expert opinion, previously approved variances, pictures, plans, sketches, etc.) _____

Verification By Owner - Petition is valid only if notarized with affixed seal and accompanied by review fee (See Section II HR 2 52 for complete fee information)

Note: Petitioner must be the owner of the building or project. Tenants, agents, designers, contractors, attorneys, etc., shall not sign petition unless Power of Attorney is submitted with the Petition for Variance Application

_____, being duly sworn, I state as petitioner that I have read the foregoing petition and I believe it is true and that I have significant ownership rights to the subject building or project

Petitioner's Signature	Subscribed and sworn to before me this date	Notary Public	My commission expires on
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Complete Other Side

SBD-9890 (R 05/94)

Owner's Name	Project Location	Plan Number
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Fire Department Position Statement

Page 2 of _____

To be completed for variances requested from ILHR 50-64, ILHR 10, and other fire related requirements

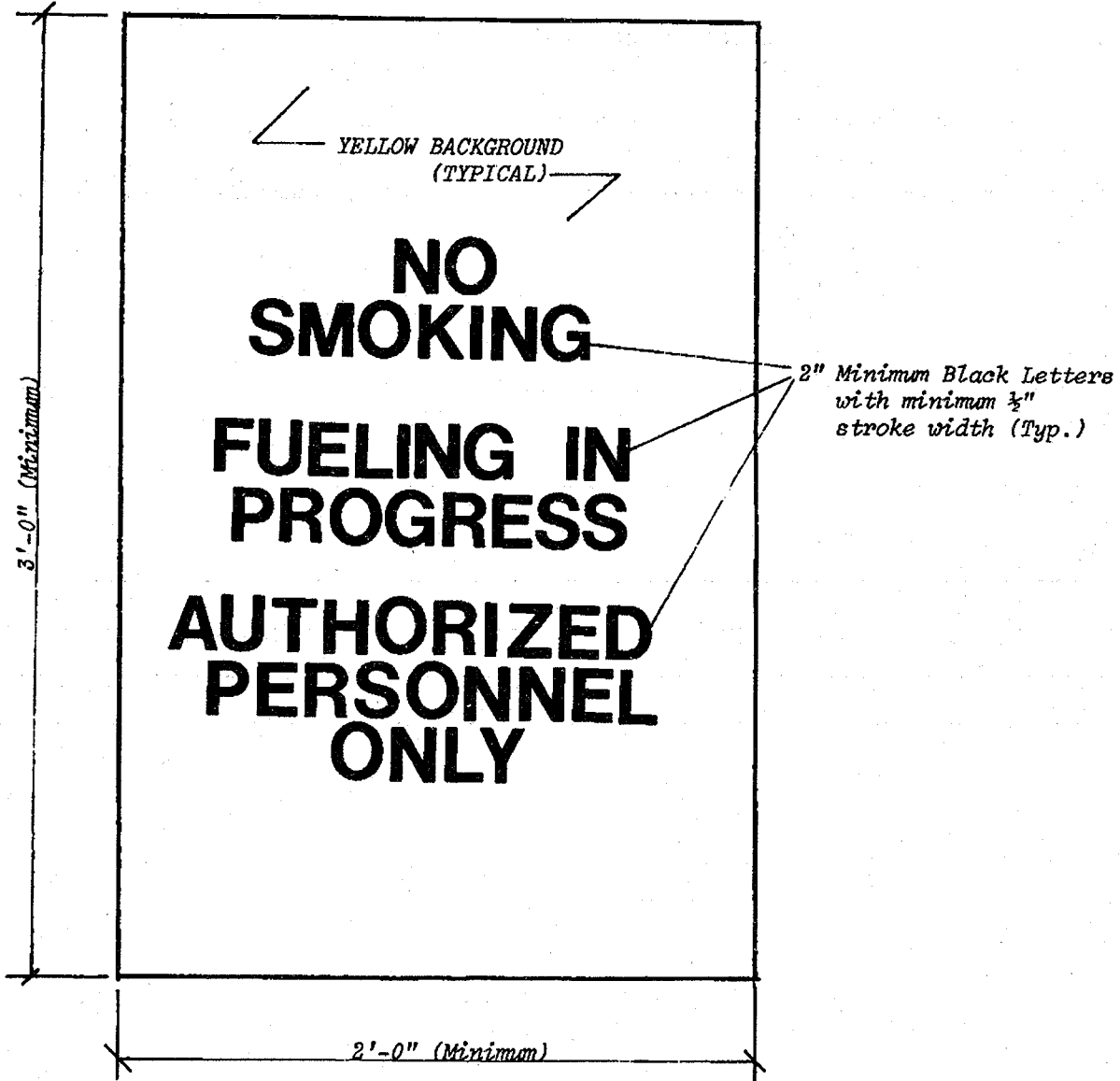
I have read the petition for variance and recommend: (check appropriate box)

- Approval
 Conditional Approval
 Denial
 No Comment

Explanation for recommendation including any conflicts with local rules and regulations and suggested conditions:

Fire Department Name and Address	
Fire Chief or Designee Name (type or print)	Telephone Number
Fire Chief or Designee Signature	Date Signed

A10.42 (3) (I) DISPENSING INTO MARINE CRAFT. The following illustration depicts a sign meeting the requirements of this section:



Note: The sign is not drawn to scale.