



Wisconsin Department of Agriculture, Trade and Consumer Protection
 Bureau of Weights and Measures
 PO Box 7837, Madison, WI 53707-7837
 Phone: (608) 224-4942

Wis. Admin. Code §ATCP 93.100

FOR OFFICE USE ONLY	
Transaction #	
<input type="checkbox"/> Plan Review	
<input type="checkbox"/> Copy to Inspector	
<input type="checkbox"/> Copy to Permit	

STORAGE TANK LEAK DETECTION INSTALLATION OR UPGRADE APPLICATION

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

INSTRUCTIONS: This form is to be submitted to the Department of Agriculture, Trade and Consumer Protection (DATCP) along with the plan submittal for new installations, or submitted independently for conversions of existing systems from one leak detection methodology to another or upgrade of existing methods, equipment or software along with a print-out of the respective system/tank/line setup and startup leak tests (ATG/line) or precision test (SIR). For existing equipment, submit this form within five days of installation to DATCP at the address above. Submit form to: DATCPplanreview@wisconsin.gov.

OWNER INFORMATION

LEGAL NAME/ENTITY		CUSTOMER ID#	
COMPANY NAME	TELEPHONE () -	E-MAIL	
STREET ADDRESS	<input type="checkbox"/> CITY <input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE	STATE	ZIP

SITE INFORMATION

FACILITY NAME	FACILITY ID#	SITE ID#	
SITE ADDRESS	<input type="checkbox"/> CITY <input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE	STATE	ZIP
FIRE DEPT. PROVIDING FIRE COVERAGE	FDID#		

CONTRACTOR INFORMATION

CONTRACTOR NAME		CUSTOMER ID#	CONTACT PERSON	
STREET ADDRESS	<input type="checkbox"/> CITY <input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE	STATE	ZIP	
TELEPHONE () -	CELL () -	E-MAIL		

THIS FORM IS SUBMITTED: Pre-Installation: Date projected to be installed: _____ Post Installation (Include Installation's Documents): Date Installed: _____

TANK SPECIFICATIONS: Underground Aboveground Tank Manufacturer: _____

Leak Detection Equipment Manufacturer: _____ WI Material Approval No. _____ Software Version, if applicable: _____

TANK INFORMATION TANK LEAK DETECTION UPGRADE ONLY Single Wall Double Wall

Type: Single Wall Double Wall **Construction:** Steel Steel Fiberglass Reinforced Composite Fiberglass

Tank Leak Detection Method: Automatic tank gauging Continuous ATG Interstitial Monitoring Statistical Inventory Reconciliation (SIR)

Tank/Equipment #						
Tank size						
Product						
Interstitial Monitoring: Sensor Model # OR (NA) Not Applicable						
Probe Type: (U) ultrasonic, (M) magnetostrictive, (C) capacitance						
Probe Model Numbers						
Minimum product level for test - Indicate %, inches or gallons						
Console Name Designation/ Model Number						
Monthly estimated throughput for Continuous ATG or SIR systems						
Is tank manifolded to another tank? Indicate reg obj number of the other tank						
Does the manifold line include an isolation valve to isolate the line? Indicate Y/N						

PIPE INFORMATION PIPE LEAK DETECTION UPGRADE ONLY Pipe Manufacturer: _____

Type: Single Wall Double Wall **Construction:** Steel Fiberglass Flexible Other (specify): _____

System Type: Pressurized piping (3.0 gph LD) with → Pump auto shutoff – ELLD; Alarm or Flow restrictor Make/Model: _____

Suction piping with check valve at tank Suction piping with check valve at pump and inspectable

Piping (0.2/0.1 gph) Leak detection method (Select only one method): Used if pressurized or check valve at tank: SIR Tightness testing

Electronic line monitoring – ELLD Model: _____ Other _____ Not required

Electronic interstitial monitoring – sump sensor or leak sensing cable Sensor Model #: _____

Is line manifolded to another line? Indicate reg obj number of the other tank						
Does the manifold line include a check valve to isolate the line? Indicate by (N) No, (UD) Under Dispenser, (TT) Tank Top, or (O) Other						
Are sump sensors installed?						
Line size (diameter)						
Total length of pipe						
Scope of work:						

FEES: (Fee table on reverse side)	Plan Review	Inspection	Total
Addition OR Upgrade for leak detection	\$ (7636)	\$ (8253)	\$

I certify by signature that we will comply with all required provisions of the current ATCP 93 Flammable and Combustible Liquids Code 40 CFR Part 280, manufacturer's instructions and ATCP Material Approval.

SIGNATURE TITLE DATE

STORAGE TANK LEAK DETECTION INSTALLATION OR UPGRADE APPLICATION

Completing this form:

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

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

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

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

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

Submittal Fee:

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

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

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

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