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| TR-WM-155 (12/22) | | | | | | | | | | | | | | | | | | | | | FOR OFFICE USE ONLY | | | | | | | | | |
|  | Wisconsin Department of Agriculture, Trade and Consumer Protection  Bureau of Weights and Measures  Storage Tank Regulation, PO Box 7837, Madison, WI 53707-7837  Phone: (608) 224-4942 | | | | | | | | | | | | | | | | | | | | TRANSACTION #: | | | | | | | | | |
|  | | | | | | | | | |
| PRE-OPERATIONAL TANK TIGHTNESS TEST | | | | | | | | | | | | | | | | | | | | Wis. Admin. Code § ATCP 93.500(6)(b)2.am. | | | | | | | | | | |
| 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.). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IDENTIFICATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OWNER NAME | | | | CUSTOMER ID# | | | | COMPANY NAME | | | | | | | | | | | | | | EMAIL | | | | | | | | |
| STREET ADDRESS | | | | CITY  TOWN  VILLAGE | | | | | | | | STATE | | | ZIP | | | | | | | PHONE NUMBER  (     )     - | | | | | | FAX NUMBER  (     )     - | | |
| FACILITY NAME | | | | SITE ID# | | | | | | FACILITY ID# | | | | FIRE DEPT. PROVIDING FIRE COVERAGE | | | | | | | | | | | | | | | FDID# | |
| SITE ADDRESS | | | | CITY  TOWN  VILLAGE | | | | | | | | | | | | STATE | ZIP | | | | | | | | COUNTY | | | | | |
| SUBMITTING PARTY | | | | CUSTOMER ID# | | | | CONTACT PERSON | | | | | | | | | | | | | | | EMAIL | | | | | | | |
| STREET ADDRESS | | | | CITY  TOWN  VILLAGE | | | | | | | | | | | | STATE | | | ZIP | | | | | | | PHONE NUMBER  (     )     - | | | | |
| * A pre-operational tightness test is to be conducted after all associated UST & AST system components, and tank fittings have been installed/completed, but before system is put into service. The purpose of the preoperational tightness test is to detect any loose fittings on the tank system and ensure structural and assembly integrity that will provide liquid and vapor tightness of the UST/AST system. * The tightness test must be complete and documented before the final inspection and before the system is allowed to be used. * A qualifying test shall be conducted in accordance with the tank’s listing or manufacturer’s instructions and shall be held for at least one hour without evidence of any leaks during that one hour time period. * Double walled tanks shipped with vacuum on the interstice shall remain within limits designated by the manufacturer. Contact the manufacturer if the vacuum level is not within installation requirements. Tanks shipped without initial vacuum levels recorded will require an air/soap test. * If any product is in the tank, nitrogen or another acceptable inert gas must be used to conduct the test. * The use of a 2” (minimum diameter) / 15 psig (maximum psig) gauge shall be used for tank tightness pressure testing procedures. * ATCP 93.240(17)(e) - Certified underground tank system installer shall be present at the job site for the installation and testing of all connections and tank-related piping including vapor recovery, vents and supply pipes. * ATCP 93.500(6)(b)2.am. requires that all new and replacement tanks and pipe systems must pass a pre-operational test with the results recorded on this form. Failure to comply with this requirement is subject to civil forfeitures under Wis. Stat.§ 168.26. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | TANK 1 | | | TANK 2 | | | | | TANK 3 | | | | | | | TANK 4 | | | | | | | | | TANK 5 | | |
| Tank ID# (if previously registered) | | |  | | |  | | | | |  | | | | | | |  | | | | | | | | |  | | |
| Contents of tank | | |  | | |  | | | | |  | | | | | | |  | | | | | | | | |  | | |
| Tank capacity (gal) | | |  | | |  | | | | |  | | | | | | |  | | | | | | | | |  | | |
| Start time | | |  | | |  | | | | |  | | | | | | |  | | | | | | | | |  | | |
| Pressure or vacuum level | | |  | | |  | | | | |  | | | | | | |  | | | | | | | | |  | | |
| Stop time | | |  | | |  | | | | |  | | | | | | |  | | | | | | | | |  | | |
| Pressure or vacuum level | | |  | | |  | | | | |  | | | | | | |  | | | | | | | | |  | | |
| Precision tightness test with ullage | | | Pass/Fail | | | Pass/Fail | | | | | Pass/Fail | | | | | | | Pass/Fail | | | | | | | | | Pass/Fail | | |
| Date testing was conducted: | |  | | | | | Testing company name: | | | | | |  | | | | | | | | | | | | | | | | |
| I certify that the tank system and related components have been tightness tested according to the manufacturer’s instructions and PEI practices prior to allowing the system to be put into use. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | |
| TESTER NAME (PRINT) | | | | | TESTER SIGNATURE | | | | | | | | | | | | | | | | | | | DATE | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| CERTIFIED INSTALLER NAME (IF DIFFERENT THAN TESTER) | | | | | | | | | CERTIFICATION NUMBER: | | | | | | | | | | | | | | | | | | | | |

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