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| TR-WM-120 (3/22) Formerly ERS-9658 | **FOR OFFICE USE ONLY** |
|  | Wisconsin Department of Agriculture, Trade and Consumer ProtectionBureau of Weights and MeasuresP.O. Box 7837, Madison, WI 53707-7837(608) 224-4942 Wis. Admin. Code §ATCP 93.115 | Reg Obj #:      |
| CHECKLIST FOR ABOVEGROUND TANK INSTALLATIONPersonal information you provide may be used for purposes other than that for which it was originally collected (s. 15.04(1)(m) Wis. Stats.).**Complete one form for each tank and related piping.** |

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

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| PLAN APPROVAL | Installer Verified | Inspector Verified | NA |
| 1. Plans have been approved. State plan number/LPO plan number is:
 | [ ]  | [ ]  |  |
| 1. Tank Capacity:       gallons.
 |  |  |  |
| 1. [ ]  POS dispensing (include form TR-WM-130)
 | [ ]  Vehicle | [ ]  Marine craft | [ ]  Aircraft |  |  |  |
| TANK CONSTRUCTION |
| 1. Tank exhibits recognized Listing, API or ASME marking label [ATCP 93.400].
 | [ ]  | [ ]  | [ ]  |
| 1. Tank has been designed or certified for use by a Qualified Engineer
 | [ ]  | [ ]  | [ ]  |
| 1. Tank has vents installed and configured for:
 | [ ]  Class I, | [ ]  Class II, | [ ]  Class III product | [ ]  | [ ]  | [ ]  |
| 1. Emergency relief vent is provided where required
 | Type:       | [ ]  | [ ]  | [ ]  |
| 1. All normal and emergency vents terminate outside where required
 | [ ]  | [ ]  | [ ]  |
| 1. Overfill protection provided? [ATCP 93.410]
 | Make/Model:       | [ ]  | [ ]  | [ ]  |
|  | Type: | [ ]  90 Alarm/95 Alarm | [ ]  Alarm | [ ]  Fill Shut Off | [ ]  Site Gauge | [ ]  Vent Whistle |  |  |  |
| 1. Tank gauge is provided.
 | [ ]  | [ ]  | [ ]  |
| 1. Tank mounted pump [ ]
 | Remote pump / dispenser independent of tank [ ]  | [ ]  | [ ]  | [ ]  |
| TANK HANDLING AND PRE-TESTING |
| 1. Tank is used and has been tested for leaks.
 | [ ]  Pressure | [ ]  Vacuum | [ ]  Hydrostatic | Length of test:       min. | [ ]  | [ ]  | [ ]  |
| 1. Tank was tested after set in place for leakage per the manufacturer’s recommendations.
 | [ ]  | [ ]  | [ ]  |
| TANK SITE |
| 1. Tank located per approved plans (walls, buildings, power lines, streets, well, etc.).
 | [ ]  | [ ]  | [ ]  |
| 1. Tank is spaced a minimum of 3 feet from any other tank. (NFPA 30 Table 22.4.2.1)
 | [ ]  | [ ]  | [ ]  |
| 1. Tank in diked containment is spaced a minimum of 2 feet from the toe of the dike wall.
 | [ ]  | [ ]  | [ ]  |
| 1. Tank (s) meet ATCP 93.615 setbacks
 | [ ]  | [ ]  | [ ]  |
| 1. Tank markings per ATCP 93.400(7)
 | [ ]  | [ ]  | [ ]  |
| PROJECT SITE |
| 1. Collision protection provided.
 | [ ]  | [ ]  | [ ]  |
| 1. Storage tank enclosure compliant
 | [ ]  | [ ]  | [ ]  |
| 1. Warning signs posted for dispensing area.
 | [ ]  | [ ]  | [ ]  |
| 1. 80 B:C rated fire extinguisher provided if motor vehicle fueling & within 100 ft travel distance.
 | [ ]  | [ ]  | [ ]  |
| 1. NFPA 704 emergency response hazard rating signage provided on tank
 | [ ]  | [ ]  | [ ]  |
| PIPING |
| Pipe construction material: | [ ]  Fiberglass | [ ]  Steel | [ ]  Flexible | [ ]  Other (type):       | [ ]  Inspector Verified |
| Pipe installation is: | [ ]  single wall (aboveground only) | [ ]  double wall |
| Piping system is: | [ ]  Aboveground only | [ ]  Underground only | [ ]  Combination of aboveground and underground |
| Piping system Type: | [ ]  Pressurized piping with 🢧 | [ ]  mechanical anti-siphon | [ ]  Solenoid valve |
|  | [ ]  Suction piping with 🢧 | [ ]  mechanical anti-siphon | [ ]  Solenoid valve; | [ ]  AST Gravity/Head pressure |
| Piping Catastrophic leak detection method: | [ ]  Pressurized piping with 🢧 | A). [ ]  Pump auto shutoff - ELLD | B). [ ]  Flow restrictor – MLLD |
|  | Manufacturer/Model:       |
| Piping leak detection method:  | [ ]  Aboveground visual | [ ]  Electronic interstitial monitoring – sump sensor or leak sensing cable |
|  | Manufacturer/Sensor Model:       |
|  |  |
| Aboveground Pipe | Installer Verified | Inspector Verified | NA |
| 1. Coated to inhibit corrosion.
 | [ ]  | [ ]  | [ ]  |
| 1. Supported and protected against physical damage and stress.
 | [ ]  | [ ]  | [ ]  |
| 1. Piping was isolated from the tank and dispenser and air tested at 150% of operating pressures of the system (but not less than 50 p.s.i.) for 1 hour.
 | [ ]  | [ ]  | [ ]  |
| Underground Pipe |
| 1. Piping is sloped to a sump (min. 1/8 inch per foot).
 | [ ]  | [ ]  | [ ]  |
| 1. Piping was isolated from the tank and dispenser and air tested at 150% of operating pressure of the system (but not less than 50 psig) for 1 hour prior to backfilling.
 | [ ]  | [ ]  | [ ]  |
| 1. After backfilling, piping was isolated from the tank and dispenser and precision tested at 110% of operating pressure but not less than 50 psi for 1 hour.
 | [ ]  | [ ]  | [ ]  |
| 1. Test stations have been installed for monitoring cathodic protection on piping.
 | [ ]  | [ ]  | [ ]  |
| 1. Approved flexible connectors are installed below dispenser and at aboveground/belowground transition
 | [ ]  | [ ]  | [ ]  |
| SECONDARY CONTAINMENT |
| 1. Tank secondary containment:
 | [ ]  Double Wall | [ ]  Diked | [ ]  Remote impounding | [ ]  | [ ]  | [ ]  |
| 1. Dike material:
 | [ ]  Concrete | [ ]  Steel | [ ]  Engineered clay | [ ]  Engineered clay with liner | [ ]  Earthen with Liner | [ ]  Other:       | [ ]  | [ ]  | [ ]  |
| 1. Dike capacity: Weather protected meets 100%
 | [ ]  Yes | [ ]  No | Unprotected meets 125% | [ ]  Yes | [ ]  No | [ ]  | [ ]  | [ ]  |
| 1. Double wall or diked tank has interstitial monitor (visual or electronic)
 | [ ]  Yes | [ ]  No | [ ]  | [ ]  | [ ]  |
| 1. Motor fuel dispenser has liquid tight sump with a sensor
 | [ ]  Yes | [ ]  No | [ ]  | [ ]  | [ ]  |
| 1. Pipe run is a combination of aboveground and underground pipe
 | [ ]  Yes | [ ]  No | Transition sump installed | [ ]  Yes | [ ]  No | [ ]  | [ ]  | [ ]  |
| LIQUID HANDLING, TRANSFER AND USE |
| 1. Check valve installed in piping at connection/disconnection for tank vehicle
 | [ ]  | [ ]  | [ ]  |
| 1. Tank is provided with minimum 5 gal. spill protection
 | [ ]  | [ ]  | [ ]  |
| 1. Dispensing device is listed
 | [ ]  | [ ]  | [ ]  |
| 1. Anti-siphon protection with pressure relief.
 | [ ]  | [ ]  | [ ]  |
| 1. Shear valve installed in pressure system
 | [ ]  | [ ]  | [ ]  |
| 1. Pressure Regulator valve with shear section installed in suction system
 | [ ]  | [ ]  | [ ]  |
| 1. Aircraft fueling system provides bonding mechanism between aircraft and fueling equipment
 | [ ]  | [ ]  | [ ]  |
| 1. Electric equipment and wiring is installed in accordance with SPS 316 (NFPA 70).
 | [ ]  | [ ]  | [ ]  |
| 1. Emergency shutoff installed for bulk transfers and motor vehicle fueling is clearly identified and accessible per ATCP 93.370 or NFPA 30A 6.7.
 | [ ]  | [ ]  | [ ]  |
| 1. Emergency electrical shutoff installed for bulk transfers (ATCP 93.370), identified and accessible
 | [ ]  | [ ]  | [ ]  |
| 1. Where required, listed emergency breakaway, hose and dispensing devices are provided.
 | [ ]  | [ ]  | [ ]  |
| 1. Dispensing nozzle at marine service stations shall be auto-closing without hold open device.
 | [ ]  | [ ]  | [ ]  |
| 1. Hose length:       ft.
 |  |  |  |
| 1. INSTALLER CERTIFICATION
 |
| INSTALLATION COMPANY NAME (Please print)      | INSTALLER CERTIFICATION NUMBER      | TELEPHONE(   )     -      | EMAIL      |
| INSTALLATION COMPANY MAILING ADDRESS STREET      | CITY      | STATE   | ZIP      |

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| I certify that the tank system and related components have been installed according to the manufacturer’s instructions, conditionally approved plans, and complies with ATCP 93. |
|  |       |
| INSTALLER SIGNATURE: | DATE SIGNED |

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| 1. **INSPECTOR INFORMATION**
2. INSTALLER CERTIFICATION
 |
| INSPECTION DATES: | 1.
 | 1.
 | 1.
 | 1.
 | 1.
 | 1.
 |
| INSPECTION COMPANY NAME: |       | FIRE DEPT PROVIDING COVERAGE: |       | FDID #: |       |
| INSPECTOR SIGNATURE: |  | INSPECTOR CERT #: |       | DATE SIGNED: |       |

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| COMMENTS |
|       |
| TANK REGISTRATION FORM TR-WM-118 SIGNED BY THE OWNER MUST BE SUBMITTED WITH EACH INSTALLATION CHECKLIST. |

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