#### **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	r and member)	
RESPONSIBILITY OF CUSTOMER: (use, paymen	at, key-card control, etc.)	
I certify that I received the instructions and training	ng necessary for operation of	key, card or code dispensing
Customer's signature	Date	
Company representative signature	Date	

ILHR 10 Appendix A

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.

De Lat	partment of Ir oor and Humai	ndustry, n Relations			FLAMMA INSTALLA									P.O Box 79	uildings Division 969 Shington Avenue
Pers	onally identifiabl	e information n	nay be used	for ot	her purposes			,						Madison, V	N1 53707
App	dication is made t	o the Departme	nt of Indus	try, Lai	bor and Human F	Relati	ions to	(chec	k all applica	ble bo	xes):			(608) 267-9	9795
. 🗆	Install tanks		lew install	self ser	vice		) New i	install	key-card-co	ode	□ Tar	ık leak de	tecti	ion 🔲 L	ine tanks
	Installation of pi				e to self-service				key-card-co	de	☐ Lin	e leak det	ectio	on 🕟 👵	
	Revise a plan	ם נ	Ipgrade fo	spill p	rotection		Upgra	ade fo	or overfill		Up	grade con	rosio	n protectio	on
and	vork is to be done Human Relations MMABLE AND CO	. The installation	on, in all re												
	ECTIONS:														
is to	mit this form and be made out to:	Safety & Buildi	ngs Divisio	1.											
(5) le dista mon	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)														
Whe	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														
LOC	ATION:		····		<del></del>										
Owr	ner/Operator		1		-		Esta	blishn	ment Name						
Stre	et Address Where	Tank is Located	İ		City   Villag	ge 🗀	Town	10	County			Stat	- 1	Zip Code	
Fire	Department Prov	iding Fire Prote	ction Cover	age To	Site Of Tank		Fire	Depa	rtment iden	itificat	ion Nui	nber (FDII	D#)		
TAN	IK SPECIFICAT	IONS: (each	tank)												
	Horizontal	Vertical	Undergr	ound	Above Ground	,	Capac	itv	Conten	ıts	Ne	w		Used *	Gauge
1						+									1
	<del> </del>	<del></del>				╁								<del></del>	
2	<u> </u>														
3	1														i
4															
*	If used, indicate v	vhat manufactu	rer has rec	ertified	the tank(s):			Size (	Of Fill Pipe:			Size And	Heig	ght Of Vent X	n. i a i
Is pu	mp motor explosi	on proof?	Are p	ımp sw	vitches explosion	proo	/f?		Are bonds	and g	roundi	ng provide	ed at	load/unloa	id racks?
	☐ Yes ☐ N				Yes No							☐ Yes	י ם	VO	
Wha	t type of overfill p	rotection is pro	vided? Als	o indic	ate manufacture	erano	d mode	el num	nber:						
Wha	t type of spill cont	ainment device	? Also ind	cate m	anufacturer and	mod	lel num	nber:							1: , 1
HAID	ERGROUND T	ANIVE							<del></del>						
	nce Buried:	<del></del>	- 4li		of Oriton	.1			/a.a.a.i.fu.\						
Appr			e tank is Othe	□ Ste	eel   Fiberg	11055		/mer	(specify) -		Do	ubled wal	led?		s 🗍 No
	Tank	How Many			ize Of	Spec	cify: Di	elect	ric Union						
	Capacity	(if steel			nodes		solatio				Na	me Of Ap	prov	ed Tank Co	pating
1								U [			.,				
2		+							) iB		·····			<del></del>	
3								U [	] IB						
4	·	1						U [	] 18						
TAN	K LEAK DETEC	TION METH	OD (loca	ion o	f all monitori	ng v	vells a	and/	or monito	rs m	ust be	shown	on	plans)	
[	FANK LEAK DETECTION METHOD (location of all monitoring wells and/or monitors must be shown on plans)         □ Automatic tank gauging       □ Vapor monitoring       □ Groundwater monitoring       □ Interstitial monitoring         □ Inventory control and tightness testing (every 5 years for 10 years)       □ Manual Tank Gauging (only for tanks of 1,000 gallons or less)														
PIPII	VG:	7										······································			
	iping is Steel	Fiberglass	Other (	pecify	). I	Appro	oval: (	□ Na¹	t'l   UL [	Othe	r:	10	oub	led walled?	Yes No
	sion protection fo				Cathodic						ssed cu			)	
	coated?	☐ Yes ☐ I			ame of approved				y):						-

SBD-9 (R. 01/94)

- CONTINUE ON REVERSE SIDE -

PIF	PING (continu	ed):													
	icate whether   ressurized piping		Suction w		eck valve at tank   Flow restrictor		uction wit		valve insp ovide Mod		e direc	tly below	pum	p at disp	enser
PIP	ING LEAK DE	TECTION ME	THOD (locat	tion	of all monitorin	ig we	lls and/o	or mon	itors mu	ist be	shov	vn on p	ans	)	
If p	ressurized or che	ck valve at tank	indicate leak Groundw		tion method used nonitoring	_	apor mon ightness t		☐ Inters			-			
	OVE GROUN			Mak	e					Mod	el Nun	nber	Siz	ze .	CFH
Re	gular Vent Pr	essure/Vacuu	ım				_,								
En	nergency Reli	ef Vent		Mak							el Num		Siz		CFH
Emergency Internal Valve    Make															
	biking provided?   Yes   No   If no, provide   Remote Impounding?   Are the dike walls and base impervious?   Specify distance   tank material approval no :   Yes   No   Base:   Yes   No   Base:   Yes   No   Setween tanks:   YertiCAL TANKS - LIST THICKNESS OF METAL:														
VE	RTICAL TANK	S - LIST THICI	KNESS OF N	IETA	L:						,				
1.	Bottom	Тор	Shell - Lower Course	r ·	Remainder	4.	Bottom		Тор		Shell Cours	- Lower se		Remaind	ler
2.	Bottom	Тор	Shell - Lower Course	,	Remainder	5.	Bottom		Тор		Shell Cours	Lower		Remaino	er
3	Bottom	Тор	Shell Lower Course		Remainder	6.	Bottom		Тор		Shell Cours	- Lower se		Remaind	er
FEE	S-ILHR-2:	<del> </del>	. <del></del>		1				<del>'</del>		<u>'</u>		·········		
Ins	tallation Or L	ining			N	o. Of	Tanks		Cos	<u>:t</u> "			Sub	Total	
Pla	n Examinatio	n - 1st Tank S	ystem or Co	mpc	onent	1		х	\$ 35	00	=	\$	3	5.00	
								х	\$ 10.0	00	=	+			
2nd thru 10th System/Component, \$10.00 ea. X \$ 10.00 = +  (Maximum charge = \$150.00 for 11 or more)  Total Plan Examination Fees TOTAL = \$															
	e Inspection -		•					x	\$ 50.0	20		\$			
'	or Componen	T		, , ,	(\$100.00 n	ninim	um fee;				= n fee)				
Lin	e Tanks (inclu	ides inspectio	on fee)		Ре	r Sub	mission	Х	\$ 65.0	00	=	\$			
	w Construction Self Service, I				Pe	r Sub	mission	x	\$ 78.0	00	=	<b>s</b>			
Ad	dition Or Upg	rade For Lea	k Detection	;Spil	Protection; O	verfil	Protect	ion; C	orrosion	Prot	ectio	<u>n</u>			-,
Pla	n Examinatio	 <b>n</b>							\$22.0	00	=	\$			
Sițe	e Inspection								\$43.0	00	=	\$		·	
RE	VISION OF PRI	EVIOUSLY AP	PROVED PL	<u>AN</u> -	NUMBER:				\$22.0	00	=	\$			
GR	OUNDWATER	SURCHARGE	E (Wis. Stat.	101.	14 (5))				x a a a a a # # # #		=	\$	100	.00 *	
*. j	Not required to protection rev	for spill, over views or plan	fill, leak det revisions	ectio	on, corrosion			1	OTAL FE	Ε	=	\$	·		
WH	ERE SHOULD	PLAN APPRO	VALS BE SE	NT?											
		Owner/Operator	r 🔲 Cer	tified	Installer		Name								
Stree	et Address		······································				City, State	Zip Cod	de						
CFF	TIFICATION:			<del></del>											
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															
	uired well set	backs (DNR),	listed or no	ot list	ed on this docu	ımen	t, will be	comp Date Si		1			<u>.</u>		
	Name								one Numb	ner .				· · · · ·	
	1101116		·					reiepii	ONE NUME	/e1					

#### ILHR 10 Appendix A

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
<b>Description And Use of Material (attach additi</b>	ional sheets if necessary):
Submittal Type And Fee (check type and subm	it foo):
<del></del>	Minor Revision At Manufacturer's Request \$200.00
	(no extension of approval period)
	Major Revision At Manufacturer's Request \$800.00
(new 5-year period)  Current Approval Number, If Any:	
Wisconsin Code Sections Under Which Approv	val Is Requested (if known):
Determination of approval will be based on evidence wh	nich shows that the material performs in a manner which is equal
designated as containing trade se	
or superior to the material required by the code sections  PUBLIC RECORDS: Department files and records ma	v be subject to public inspection and copying unless they are
or superior to the material required by the code sections  PUBLIC RECORDS: Department files and records madesignated as containing trade se	v be subject to public inspection and copying unless they are

SBD-8028 (R 06/92)

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.

	partment of Ir or and Huma			INSTALLA						P.O Box 79	uildings Division 169 hington Avenue
Perso	onally identifiabl	le information m	ay be used for	other purposes						Madison, V	
		o the Departme	nt of Industry,	Labor and Human						(608) 267-9	
	Install tanks		lew install self :		_		key-card-code	☐ Tank l		_	ine tanks
	Installation of pi			ice to self-service	_		ey-card-code	Line le			_
	Revise a plan		Ipgrade for spil		_	grade for				ion protectio	
and	vork is to be done Human Relation MMABLE AND C	s. The installation	on, in all respec	ing detailed staten ts, will comply with	nent and h applical	attached ble provisi	ons of Chapter I	the orders LHR 10 of ti	he Wiscor	partment of insin Administ	rative Code
	ECTIONS:									_	
is to	be made out to:	Safety & Buildin	ngs Division	olot plan, along wi							
(5) fo dista mon	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.)										
Whe	n a tank is reline	d, the "Quality (	ontrol Tank Lin	oproval will be retu ning Compliance Ri he local fire inspec	eport" m	ust be sub	mitted to the D				
LOC	ATION:			······································				<del></del>		**-	
Own	er/Operator				E	stablishm	ent Name				:
Stree	et Address Where	Tank Is Located		City   Villa	ge []To	wn of	County		State	Zip Code	
Fire (	Department Prov	riding Fire Prote	ction Coverage	To Site Of Tank	F	ire Depar	tment Identifica	tion Numb	er (FDID #	<del>(</del> )	
TAN	IK-SPECIFICAT	IONS: (each	tank)				•				
	Horizontal	Vertical	Underground	Above Ground	d C	pacity	Contents	New	I	Used *	Gauge
1	71017201741	Vertical	Onderground	Above Globin		pacity	Contents	1.00			- Cutge
								ļ	_		
2		-						ļ			
3		-			<u> </u>						
4											
*	If used, indicate	what manufactu	irer has recertif	ied the tank(s):		Size O	f Fill Pipe:	Si	ze And H	eight Of Vent X	
is pur	mp motor explos	ion proof?	. Are pump	switches explosion	n proof?		Are bonds and	grounding (	provided		d racks?
	Yes N	lo ·		Yes No		1			Yes [	) No	
What	type of overfill	protection is pro	vided? Also in	dicate manufactur	er and m	odel num	ber:				
What	t type of spill con	tainment device	? Also indicate	manufacturer and	d model i	number:					
UND	ERGROUND 1	ANKS:									
Distar	nce Buried:	TH	e tank is	Steel ☐ Fiber	glass	Other (	specify) -				
Appro	oval: 🔲 Nat'l	Std 🗀 UL	Other:					Doubl	ed walled	3? □ Y€	s 🗆 No
	Tank	How Many		Size Of		: Dielectr	1	Name	Of Appr	oved Tank Co	ating
$\cdot$	Capacity	(if steel	tank)?	Anodes		tion Bush					
-						] 00 []		· · · · · · · · · · · · · · · · · · ·		<del></del>	<u>-</u>
2							18				
3						ם טס [	18				
4					. [	ם טס [	18		:		
TANI	K LEAK DETE	CTION METH	OD (location	of all monitor	ing we	lls and/o	or monitors n	nust be sh	nown o	n plans)	
☐ Automatic tank gauging ☐ Vapor monitoring ☐ Groundwater monitoring ☐ Interstitial monitoring ☐ Inventory control and tightness testing (every 5 years for 10 years) ☐ Manual Tank Gauging (only for tanks of 1,000 gallons or less)											
PIPIN		Jone tightnes		- , ca	-, <u></u>			,		J	
,	vG: iping is □Steel		□ Other Isner	ifv) -	Approva	d: [] Nat	1 01 04	ner:	Doi	bled walled	Yes No
	sion protection			☐ Cathodi				essed curre			
	coated?	D Vac D	<u> </u>	Name of approve			<del></del>				

## ILHR 10 Appendix A

PIP	ING (continue	ed):											
	icate whether [ ressurized piping		Suction w		eck valve at tank Flow restrictor		iction with che uto shutoff	ck valve insp Provide Mod		le directly be	low p	oump at disp	enser
PIP	ING LEAK DE	TECTION MET	THOD (locat	tion o	of all monitorin	g wel	ls and/or m	onitors mu	ıst be	shown o	n pla	ns)	
If p	ressurized or che	ck valve at tank,	indicate leak		tion method used nonitoring	-	apor monitor ghtness testin	_		nonitoring etector		-	
AB	OVE GROUN	D TANKS:											
Re	gular Vent Pr	essure/Vacuu	ım	Mak						lei Number		Size	CFH -
Em	nergency Reli	ef Vent	-	Mak	e				L_	lel Number		Size	CFH
Em	Emergency Internal Valve  Make  Model Number  Size  Diking provided?   Yes   No   If no, provide   Remote Impounding?   Are the dike walls and base impervious?   Specify distance												
1					ote Impounding? Yes		e dike walls ar	•		? Yes □ No		cify distanc	
	k material appro				1	walls:	U tes U t	vo base:	u	res [] NO	bet	ween talks	•
VE	RTICAL TANK	Top	Shell - Lower		L: Remainder	·	Bottom	Тор		Shell - Low	er	Remain	der
1.			Course			4.				Course			
2	Bottom	Тор	Shell Lower Course		Remainder	5.	Bottom	Тор		Shell - Low Course		Remain	
3.	Bottom	Тор	Shell - Lower Course		Remainder	6	Bottom	Тор		Shell - Lowe Course	er	Remaine	oer .
FEE	S - ILHR - 2:												
ins	tallation Or L	ining			<u>No</u>	o. Of 1	anks	Co	<u>st</u>		<u>S</u>	ub Total	
Pla	n Examinatio	n - 1st Tank S	ystem or Co	mpo	nent	1	>	\$ 35.	00	= \$.		35.00	
	2nd thru 10th System/Component, \$10.00 ea												
	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)													
					•		·	ou.ou max	imun	n tee)			
Lin	e Tanks (inclu	des inspectio	n fee)		Pe	r Subi	nission X	\$ 65.	00	= \$			
	w Construction Self Service, I				Pe	r Subr	mission X	\$ 78	00	= \$			
Ad	dition Or Upg	rade For Leal	k Detection	;Spil	l Protection; O	verfill	Protection;	Corrosion	Prot	ection			
Pla	n Examinatio	ń						\$22.0	00	= \$			
Site	e Inspection				· · · · · · · · · · · · · · · · · · ·			\$43.0	00	= \$			
RE	VISION OF PRI	EVIOUSLY AP	PROVED PL	AN-	NUMBER: _			\$22.0	00	= . \$			
GR	OUNDWATER	SURCHARGE	(Wis. Stat	101.	14 (5))					= \$	1	100.00 *	
	Not required to protection rev			ectio	on, corrosion		· .	TOTAL F	EE	= \$			
WH	ERE SHOULD	PLAN APPRO	VALS BE SE	NT?									
		Owner/Operator	☐ Cert	tified	Installer	1	lame					*	1
Street Address City, State, Zip Code													
CER	TIFICATION:	· · · · · · · · · · · · · · · · · · ·					:			· · · · · · · · · · · · · · · · · · ·		<del></del>	
Ice	rtify by signat				rent Flammabl					40 CFR Pa	rt 28	30, and all	
required well set backs (DNR), listed or not listed on this document, will be complied with													
Sign	Signature Date Signed												
Print	Name						Tele	phone Num	er				

Wisconsin Department of Industry, Labor and Human Relations		<b>EGROUND</b>	Safe	d Completed Form To: ety & Buildings Division
For Office Use Only: Tank ID #		EUM PRODUCT	Mac	Box 7969 dison, WI 53707 ephone (608) 267-5280
This form must be completed pursuant to s 101 142, Wi petroleum product storage system is an aboveground to system. Not included are pipeline facilities, tanks of 110 storing heating oil for consumptive use on the premises each tank. Send each completed form to the address in	ink, used to store petr gallons or less capacit where stored or tanks	oleum products, together ty, farm and residential tai s owned by the state or fec	with an on-site integra nks of 1,100 gallons or	al piping or dispensing less capacity, tanks used for
2 Out of Service With Product 5	Closed - Tank Rem Closed - Tank Clea Changed Ownersh in section A. 3. bel	ned nip (Indicate new owner	Tank is Located:	viding Fire Coverage Where Village
A IDENTIFICATION (Please Print)  1 Tank Site Name	Site Add	ress		Site Telephone Number
City Uillage	☐ Town of:	State	Zip Code	County
2 Owner Name (mail sent here unless indicated other	wise in #3)	Owner Mailing Address (	mail sent here unless in	ndicated 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 Th	nan #2
☐ City ☐ Village	☐ Town of:	State	Zip Code	County
4 Tank Age (date installed, if new; years old, if used)			urer's Name (if known	
7 If more than 1 tank is being reported at a facility, p the tanks being reported. If a plot plan is being sub	rovide an 8 1/2 x 11 plo mitted, this form is fo	ot plan drawn to scale (1 " or tank number:	= 20 ft ), numbering a	nd indicating the location of
B. TYPE OF USER (check one):  1 [] Gas Station (any resale) 2 [] Bulk Stora 5 [] Industrial 6 [] Governme 9 [] Agricultural 10 [] Other (spe	ent	3 Utility 7 School		Mercantile / Commercial Residential
C. TANK CONSTRUCTION (check one):  1 [] Bare Steel 2 [] FRP Clad S 5 [] Other (specify):	teel	3 Steel With Lining	4 [	] Concrete
Tank is built to: [] National Standard	or or	☐ UL Approval or	Other	
D. ROOF (Check one): 1 [] Fixed Roof 2 [] Floating B	xternal	3.  Floating Internal	4. [	Other
E. TANK BASE:  1	rts	3	4	] On Liner
F. PIPING: Aboveg	round	☐ Underground		Both
Above Ground Piping Construction: Steel		Other		
Underground Piping Construction:  1	coated or Wrapped St	eel (a Sacrificial Anode	es or b Impressed Cu	urrent) 3 Coated Steel 6. Unknown
G. CONTAINMENT:  Dike Side Material: 1   Block 2   Conc	rete 3 🗌 Earth	4 🗍 Synthetic	5 🔲 Double W	Material Approval #
Dike Base Material: 1	seered Clay - Thicknes	s 3 [] Ea		netic- Make & Model #:
H. DISTANCE FROM DIKE WALL TO NEARES	ī:			
1 Well Ft 2 Property Line	Ft 3 Surface	Water Ft	4 Nearest Building C	On Property Ft
1. TANK CONTENTS           1 [] Diesel         2 ☐ Leaded           5 ☐ Gasohol         6 ☐ Other           10 ☐ Premix         11 ☐ Waste Oil		3  Unleaded 7 Empty 13 Chemical *		] Fuel Oil ] Unknown
14 [] Kerosene 15 [] Aviation * If # 13 is checked, indicate the chemical name(s) or no	mber(s) of the chemic	cal or waste.		
If Tank Was Removed or Cleaned For Other Use, Give Date (mu/day/vr):	ner's Signature:		Date Sig	gned:

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 Send Completed Form To: Safety & Buildings Division PETROLEUM PRODUCT For Office Use Only: P.O. Box 7969 TANK INVENTORY Madison, WI 53707 Tank ID # Information Required By Sec. 102.142, Wis. Stats. 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): Fire Department Providing Fire Coverage Where Tank Located: 1A 🗍 In Use or 1B 📋 Newly Installed 4 Closed - Tank Removed 8 Changed Ownership 2 Abandoned With Product 6 ☐ Closed - Filled With (Indicate new owner Inert Material below) or With Water 7. Out of Service - Provide Date: IDENTIFICATION: (Please Print) 1. Tank Site Name Site Address Site Telephone No City □ Village ☐ Town of: State Zip Code 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) TYPE OF USER (check one): ☐ Bulk Storage 3. Utility
7. School ☐ Gas Station ☐ Mercantile Industrial ☐ Government ☐ Other (specify): ☐ Residential ☐ Agricultural 10 TANK CONSTRUCTION: ☐ Bare Steel Cathodically Protected and Coated Steel (A | Sacrificial Anodes or B | Impressed Current) Fiberglass
Steel - Fiberglass Reinforced Plastic Composite 5 Other (specify): Relined - Date 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) PIPING CONSTRUCTION Coated Steel 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 ☐ Interstitial monitoring 5. Line Leak Detector 6. Not Required Approval: 1. Nat'l Std 2 □UL 3 Other: Double Walled: ☐ Yes ☐ No **TANK CONTENTS** ☐ Unleaded ☐ Diesel Leaded ☐ Fuel Oil ☐ Gasohol

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:

☐ Empty

14. ☐ Kerosene

☐ Waste Oil

8.

12.

Sand/Gravel/Slurry □ Propane

Aviation

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Unknown

13 Chemical \*

IMPORTANT:

6

Other

10 🔲 Premix

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

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

## ILHR 10 Appendix A

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	UN	DERGROUND		nd Completed Form To:
For Office Use Only:		LEUM PRODUCT K INVENTORY	P.C	ety & Buildings Division ) Box 7969
Tank ID #		red By Sec. 102.142, Wi	Ma s. Stats. Tel	idison, WI 53707 ephone: (608) 267-528
Underground tanks in Wisconsin that he Please see the reverse side for addition with at least 10 percent of its total volue each tank. Send each completed form this tank by submitting a form?   The information you provide may be used by other thanks to be used by other thanks.	nave stored or currently lal information on this pume (included piping) late to the agency designar ES [] NO If yes, are	rstore petroleum or re program. An undergro ocated below ground I ted in the top right cor you correcting/updati	gulated substanc ound storage tan evel. A separate ner. Have you p	es must be registered k is defined as any tank form is needed for
This registration applies to a tank that is (check o	one):		Fire Department P	Providing Fire Coverage
2 Abandoned With Product 6 [ 3 Abandoned No Product (empty)	☐ Closed - Tank Removed ☐ Closed - Filled With Inert Material ☐ Out of Service - Provide Da	(Indicate new owner below)	Where Tank Locat	ed:
A. IDENTIFICATION: (Please Print) 1. Tank Site Name	Site Add	ress		Site Telephone No
☐ City ☐ Village	☐ Town of:	State	Zip Code	( ) County
2. Owner Name (mail sent here unless indicate	d otherwise in #3 below)	Owner Mailing Address (m	ail sent here unless in	dicated otherwise in #3)
☐ City ☐ Village	☐ Town of:	State 2	ip Code	County
3. Alternate Mailing Name If Different Than #	2	Alternate Mailing Street A	ddress If Different Fro	om #2
☐ City ☐ Village	☐ Town of:	State 2	ip Code	County
4 Tank Age (date installed, if known: or years	old)   5   Tank Capacity (gall	ons)   6 Tank Manufactur	er's Name (if known)	
B. TYPE OF USER (check one):				
	k Storage vernment ner (specify):	3. Utility 7. School		Mercantile Residential
C. TANK CONSTRUCTION:  1 Bare Steel 2 Cat	hodically Protected and Coat	ted Steel ( A TT Sacrificial A	nodes or B [] Imore	essed Current)
3. Coated Steel 4. Fibe		5. [7] Oth	er (specify):	
Approval: 1. Nat'l Std. 2. UL 3.	Other:		Is Tank Double	
Tank leak detection method: 1  Automatic to	f yes, identify type: ank gauging 2  Vapor	monitoring 3. ☐ Groun	Spill Containm dwater monitoring	nent? Yes No 4 Inventory control and
tightness testing 5 Interstitial monitoring  D. PIPING CONSTRUCTION	6 Not required at pre	sent 7 Manual Tank		nks of 1,000 gallons or less)
1 Bare Steel 2 Cathodically Protected 4. Fiberglass 5 Other (specify):				9. 🗍 Unknown
Piping System Type: 1 ☐ Pressurized piping wit 3. ☐ Suction piping with ch	h: A □ auto shutoff; B □ a eck valve at pump and inspe	larm; or C  flow restricto	r 2 🗌 Suction pip	ing with check valve at tank
Piping leak detection method: used if pressurized	or check valve at tank: 1	Vapor monitoring 2	☐ Interstitial monit ☐ Not Required	oring
Approval: 1 Nat IStd 2 UL 3	Other:		Double Walled:	□Yes □No
E. TANK CONTENTS 1 Diesel 2 Lead	ded	3 Unleaded	4.0	Euol Oil
5 Gasohol 6 Oth	er .	7 🔲 Empty	8 🗆	Fuel Oil Sand/Gravel/Slurry
9	nix	11	_	Propane Aviation
* If # 13 is checked, indicate the chemical name(s	) or number(s) of the chemic	al or waste	•	····
If Tank Closed, Give Date (mo/day/yr):		Has a site assessment been	completed? (see rev □ Yes □ No	erse side for details)
If installation of a new tank is being reported, indi	cate who performed the inst	allation inspection:		
1 Fire Department 2 DILF Name of Owner or Operator (please print):	IR .	3. Other (identify)	Whathan	
or owner or operator (please print):		Indicate	Whether: ☐ Owner or ☐	Operator
Signature of Owner or Operator:		Date Sig	ned:	
				·
	complete as many items information may cause			

#### **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	ABOV	/EGROUND		d Completed Form To: ety & Buildings Division
For Office Use Only:	PETROL	EUM PRODUCT		Box 7969 dison, WI 53707
Tank ID #	TANK	INVENTORY		ephone (608) 267-5280
This form must be completed pursuant to s 101 142 petroleum product storage system is an abovegrous system. Not included are pipeline facilities, tanks of storing heating oil for consumptive use on the premeach tank. Send each completed form to the addre	nd tank, used to store peti 110 gallons or less capaci ises where stored or tank	roleum products, together ty, farm and residential tai s owned by the state or fec	product storage syster with an on-site integra aks of 1,100 gallons or	n An aboveground al piping or dispensing less capacity, tanks used for
This registration applies to a tank that is (check one			Fire Department Pro	viding Fire Coverage Where
I In Use     Out of Service With Product     Out of Service With No     Product (Empty)	<ul> <li>4. Closed - Tank Rem</li> <li>5. Closed - Tank Clea</li> <li>6. Changed Owners in section A. 3. be</li> </ul>	nned hip (Indicate new owner	Tank Is Located:	Village   Town of:
A. IDENTIFICATION (Please Print)				
1 Tank Site Name	Site Add			Site Telephone Number
☐ City ☐ Village	☐ Town of:	State	Zip Code	County
2 Owner Name (mail sent here unless indicated o	therwise in #3)	Owner Mailing Address (	mail sent here unless ir	ndicated 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 Th	nan #2
☐ City ☐ Village	Town of:	State	Zip Code	County
4 Tank Age (date installed, if new; years old, if us	ed) 5 Tank Capacity (ga	i) 6 Tank Manufact	urer's Name (if known	>
7. If more than 1 tank is being reported at a facilit the tanks being reported. If a plot plan is being			= 20 ft.), numbering a	nd indicating the location of
B. TYPE OF USER (check one):				
1 [] Gas Station (any resale) 2 [] Bulk S 5 [] Industrial 6 [] Gover 9 [] Agricultural 10 [] Other	nment	3 Utility 7 School		Mercantile/Commercial Residential
C. TANK CONSTRUCTION (check one):				
1 [] Bare Steel 2 FRP Cl 5 [] Other (specify):	ad Steel	3 Steel With Lining	4	Concrete
Tank is built to: National Standard	or	☐ UL Approval or	Other	
D. ROOF (Check one):  1.  Fixed Roof	ng External	3. Floating Internal	4.	] Other
E. TANK BASE:	<u> </u>			·
1 ☐ On Ground 2 ☐ On Su 5 ☐ Double Bottom 6. ☐ Other		3 🔲 On Cement	4	On Liner
<u> </u>	veground	☐ Underground		Both
Above Ground Piping Construction: Steel		Other		
Underground Piping Construction:  1	and coated or Wrapped St		s or b lmpressed Cu	urrent) 3.  Coated Steel Unknown
G. CONTAINMENT:				
Dike Side Material: 1 🗍 Block 2 🗍 C	oncrete 3 🗌 Earth	4 🗌 Synthetic	5 Double W	Material Approval #
Dike Base Material: 1	ngineered Clay - Thicknes	s 3 🗆 Ea	rth 4 🗌 Synth	netic- Make & Model #:
H. DISTANCE FROM DIKE WALL TO NEAR	FST:			
1 Well Ft 2 Property Line		Water Ft	4 Nearest Building C	n Property Ft
I. TANK CONTENTS				
1. [] Diesel 2 ☐ Leader	d .	3 Unleaded 7 Empty		Fuel Oil Unknown
5 [] Gasohol 6 [] Other 10 [] Premix 11 [] Waste	Oil	13 Chemical *		
14 Kerosene 15 Aviatio	on ·			
* If # 13 is checked, indicate the chemical name(s) o	r number(s) of the chemic	al or waste.		
If Tank Was Removed or Cleaned For Other Use Give Date (mo/day/yr):	Owner's Signature:		Date Sig	ned:

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 Labor and Human Rela		ry, U	NDER	GROUND STO				Safety and	pleted Form To: I Buildings Division
Tank ID Number		If this sys	item i LOSU	s permanentl RE INFORMA	y closed	d, co ectio	mplete only the n on this page.	and Fire P	Petroleum Inspection rotection 969, Madison, WI 5370
1 Tank Leak Detectio	n Complia			c Installation Date			3. Gallons		4. User
5 Tank Construction	16	Tank Double W	alled?	7 Tank Overfill I	Protection:	1 8 T	ank Spill Containment:	l 9 Tanklo	ak Detection Method
				, yank overnin	7010000		on contamment.	) Talk ce	ar betection wethou
10 Piping Constructio	n 11	Piping Double	Walled?	12 Piping Syster	п Туре	13.	Piping Leak Detection	14. Tank C	ontents
				I				<del></del>	* :
					Ì				
						•			
If the site name and dis-								· · · · · · · · · · · · · · · · · · ·	
If the site name and/or a please indicate correction			is incorre	ct in any way,			ailing name and/or addre indicate corrections bel		above is incorrect in
							* * * * * * * * * * * * * * * * * * *		
				STEM DESCR					
on this application 14. If any box has below. PLEASE NO TYPE" IN BOX 12 M	. You m no code DTE: "TA IUST BE	nust review a or the pre-p ANK CONSTR COMPLETED	nd veri rinted ( UCTIO . IF TH	ify the pre-print code is incorrec N" IN BOX 5, "P IS INFORMATIO	ted codes t, provide PIPING CO ON IS NOT CLOSUR	and e the NSTI PRC	ound petroleum stor descriptions appeal correct code for tha RUCTION" IN BOX 10 VIDED, A USE PERM ORMATION section	ring above it box from 0 AND, "PII IIT CANNO	e in boxes 2 thru In the Code Key PING SYSTEM OT BE ISSUED.
Type of User:			-			05-In	dustrial; 06-Governmen	t; 07-School	; 08-Residential
Tank Construction;	01-Bare		hodically				ificial Anodes or b -Impre	essed Curren	t); 03-Coated Steel;
Tank Leak Detection Method:	01-Aut	omatic Tank Gai	uging; (	: )2-Vapor Monitorir	ig; 03-Gr	oundy	rced Plastic Composite rater Monitoring; 04-Inv		•
Piping Construction:	01-Bare		odically P	rotected and Coate		•	17-Manual Tank Gauging eel (a -Sacrificial Anodes		-
Piping System Type:	01-Pres	surized Piping V	Vith: a -A	uto Shutoff; b -Ala	-		strictor; 02-Suction Pipin t Needed If Waste Oil Ta		k Valve at Tank;
Piping Leak Detection Method:	01-Vap		02-Inte	rstitial Monitoring;			ter Monitoring; 04-Tig		ng;
Tank Contents:				aded; 04-Fuel Oil; -Chemical; 14-Ker			Other; 07-Empty; 08-S on	and/Gravel/S	lurry; 10-Premix;
			TAN	IK CLOSURE	INFORM	ΛAΤ	ON		
Indicate whether tank		h Inert Material		ive Date Tank Was	Closed (mo	o/day/y	r): Has closure asse		completed?
Signature of Owner or	Operator	:				Date	Signed:		
If the "leak dete	ection" o	compliance d	ate ind	icated in box 1	above ha	s bee	ON OF REVERSE Sen reached, Section		everse side
must be comple  If box 12 above	shows co	ode 01 or if y	ou hav	e pressurized pi	ping but	had i	not previously indica	ated such,	you must
complete Section  If box 12 above							quirements. neck valve at the tar	nk but prev	viously had not
reported it, the reached the tan	complia	nce date for	leak de	tection on your	piping i	s the	same as that for the e, you must comple	tank If y	ou have
reverse side.		COL	<b>VIPLETE</b>	ALL SECTIONS	ON REVE	RSE	SIDE		

Δ	Le	eak Detection Verification For Tank
	In	dicate 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)
В.	Pre	essurized Piping Systems Must Have Leak Detection Installed By 12/22/90. System requires both:
	Flo	w restrictor, automatic shutoff or continuous alarm; provide the name and model number of system installed:
		Name Model # AND
	Ale	eak detection method from the following list; check all items that apply and attach requested information.
	П	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.	Lea	ak Detection For Piping
	iter	tion piping with the check valve at the tank: indicate which method(s) of leak detection you are using. Check all institute that apply and attach requested information. Leak detection deadlines for suction piping (with the check valve 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:
		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 devise:
		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  For Office Use Only: Tank ID #	PETROI TANI	DERGROUND LEUM PRODUCT ( INVENTORY	Sal P.C Ma	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)].										
2	one): ☐ Closed - Tank Removed ☐ Closed - Filled With Inert Material ☐ Out of Service - Provide Da	(Indicate new owner below)	Fire Department Where Tank Loca	Providing Fire Coverage ted:						
A. IDENTIFICATION: (Please Print)  1. Tank Site Name	Site Add	ress		Site Telephone No						
☐ City ☐ Village	☐ Town of:	State Z	ip Code	County						
2. Owner Name (mail sent here unless indicat	ed otherwise in #3 below)	Owner Mailing Address (ma	ail sent here unless i	ndicated otherwise in #3)						
☐ City ☐ Village	☐ Town of:		ip Code	County						
3. Alternate Mailing Name If Different Than a	#2	Alternate Mailing Street Ac	ldress If Different Fr	om #2						
☐ City ☐ Village	☐ Town of:	State Z	ip Code	County						
4. Tank Age (date installed, if known: or year	s old) 5 Tank Capacity (gall	ons) 6 Tank Manufactur	er's Name (if knowr	<b>)</b>						
5 Industrial 6 G	ulk Storage overnment ther (specify):	3  Utility 7  School		Mercantile . Residential						
3 Coated Steel 4 CT Fi	athodically Protected and Coa berglass eel - Fiberglass Reinforced Pla	5 ∏ Oth	er (specify):	ressed Current)						
	Other: If yes, identify type:		Is Tank Doub							
Tank leak detection method: 1  Automatic tightness testing 5 Interstitial monitoring	tank gauging 2  Vapor		dwater monitoring	4 Inventory control and anks of 1,000 gallons or less)						
D. PIPING CONSTRUCTION  1  Bare Steel 2  Cathodically Protects 4  Fiberglass 5  Other (specify):	ed and Coated or Wrapped Ste	el (A Sacrificial Anodes		9. 🔲 Unknown						
Piping System Type: 1 Pressurized piping w	ith: A auto shutoff; B a check valve at pump and inspe	ilarm; or C.  flow restricto ctable	or 2. Suction p	iping with check valve at tank						
Piping leak detection method: used if pressurize	ed or check valve at tank: 1	Vapor monitoring 2	☐ Interstitial mon . ☐ Not Required	itoring						
Approval: 1 Nat IStd 2 UL 3	Other:		Double Walled:	☐ Yes ☐ No						
E. TANK CONTENTS  1	ther emix 	3 Unleaded 7. Empty 11 Waste Oil 14 Kerosene cal or waste	8. <u>[</u> 12. [	] Fuel Oil ] Sand/Gravel/Slurry ] Propane ] Aviation						
If Tank Closed, Give Date (mo/day/yr):		Has a site assessment been	completed? (see re	everse side for details)						
,			Yes No							
If installation of a new tank is being reported, in  1. ☐ Fire Department 2. ☐ Di		tallation inspection: 3   Other (identify)								
Name of Owner or Operator (please print):			Whether:							
Signature of Owner or Operator:		Date Sig	Owner or	☐ Operator						
agnature of Owner of Operator.			•	·						
SBD-7437 (R. 05/94) IMPORTANT:	Complete as many item information may cause	ns on this form as possi you to fall under addi	ble Failure to tional regulation	provide sufficient ons.						

#### 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		/EGROUND	Send Completed Form To: Safety & Buildings Division						
For Office Use Only: Tank ID #		EUM PRODUCT	Ma	Box 7969 dison, WI 53707 ephone (608) 267-5280					
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  1.	4 ☐ Closed - Tank Rer 5 ☐ Closed - Tank Cle	aned hip (Indicate new owner	Tank is Located:	oviding Fire Coverage Where   Village   Town of:					
A. IDENTIFICATION (Please Print) 1. Tank Site Name	Site Add	dress		Site Telephone Number					
☐ City ☐ Village	☐ Town of:	State	Zip Code	County					
2 Owner Name (mail sent here unless indicat	ed otherwise in #3)	Owner Mailing Address (	mail sent here unless i	ndicated otherwise in #3)					
☐ City ☐ Village	☐ Town of:	State	Zip Code	County					
3 Alternate Mailing Name If Different Than a	y 2	Alternate Mailing Street	Address If Different T	 han #2					
☐ City ☐ Village	☐ Town of:	State	Zip Code	County					
4 Tank Age (date installed, if new; years old,	if used) 5 Tank Capacity (g	al) 6 Tank Manufact	urer's Name (if knowr	<u> </u>					
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 [] Gas Station (any resale) 2   Bi 5   Industrial 6   G	ulk Storage overnment ther (specify):	3. Utility 7. School		Mercantile/Commercial Residential					
C. TANK CONSTRUCTION (check one)  1 [] Bare Steel 2 [] Ff  5 [] Other (specify):	: RP Clad Steel	3. Steel With Lining	9 4 [	Concrete					
Tank is built to:     National Standard	or ·	UL Approval or	Other						
D. ROOF (Check one):  1 [] Fixed Roof 2. [] F	loating External	3	4. [	] Other					
E. TANK BASE:  1	n Supports ther	3 On Cement	4. [	] On Liner					
	boveground	☐ Underground	j [	Both					
Above Ground Piping Construction:   St	eel	Other							
Underground Piping Construction:  1 [] Bare Steel 2 [] Cathodically Protect 4 [] Fiberglass 5. [] Other (specify):	ted and coated or Wrapped S	teel (a Sacrificial Anode	es or b Impressed C	urrent) 3 🔲 Coated Steel 6. 🗍 Unknown					
G. CONTAINMENT:	Concrete 3 ☐ Earti	a 4 [] Synthetic	5 🖂 Double V	√all					
Dike Base Material: 1	<del>-</del>		arth 4 Synt	Material Approval # hetic- Make & Model # :					
Remote Impounding?   Yes   No .									
H. DISTANCE FROM DIKE WALL TO NE  1 Well Ft. 2 Property Line		e Water Ft	4 Nearest Building	On Property Ft					
1. TANK CONTENTS         1. □ Diesel       2 □ Le         5 □ Gasohol       6 □ Ol         10 □ Premix       11 □ W         14 □ Kerosene       15 □ Au	ther aste Oil	3 Unleaded 7 Empty 13 Chemical *		] Fuel Oil ] Unknown					
* If # 13 is checked, indicate the chemical name		cal or waste.							
If Tank Was Removed or Cleaned For Other Use Give Date (mo/day/yr):	Owner's Signature:		Date Si	gned:					

The information you provide may be used by other agency programs [Privacy Law. s 15 04(1)(m)]

SBD 8731 (R 02/94)

## ILHR 10 Appendix A

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 Labor and Human Rela		y, U	NDER	GROUND STO			YSTEM	Send Com	pleted Form To: Buildings Division
Tank ID Number		If this sys	tem is	s permanenti RE INFORMA	y closed	d, compl	ete only the n this page	Bureau of and Fire Pr	Petroleum Inspection
1. Tank Leak Detection	n Complia	nce Date	2. Tani	k Installation Date		3. (	Gallons		4 User
5 Tank Construction	6.	Tank Double W	alled?	7 Tank Overfill F	rotection:	8 Tank Sp	oill Containment:	9. Tank Le	ak Detection Method
10 Piping Construction	n 11	Piping Double	Walled?	12 Piping System	Туре	13 Piping	Leak Detection	14. Tank C	ontents
				L		L	· · · · · · · · · · · · · · · · · · ·		
				•	*				
If the site name and/or a	address ap	pearing above i	s incorre	ct in any way,	If the own	ner/mailing	name and/or addre	ess appearing	above is incorrect in
please indicate correction							ate corrections bel		1
		<del></del>		STEM DESCR					
below PIEASE NO TYPE" IN BOX 12 M If this system is per Type of User:  Fank Construction;  Fank Leak Detection Wethod:  Piping Construction:	01-Gas 09-Agri 01-Bare 04-Fibe 01-Auto Testing, 01-Bare 03-Coat 01-Press	Station; 02-Bull culture; 10-Oth Steel; 02-Cating of the control o	. IF TH mplete c Storage er hodically er; 06-R iging: 0 Monitor dically P perglass; (ith: a -A	IS INFORMATIO Only the TANK CODE  9: 03-Utility; 04-M  Protected and Coatelined; 07-Steel - 1  12-Vapor Monitorining; 06-Not Requirerotected and Coate 05-other uto Shutoff; b -Alai	N IS NOT CLOSURI KEY ercantile; ted Steel (a iberglass R g; 03-Gro ed At Press d or Wrapp	PROVIDE EINFORM 05-Industria 05-Industria 1-Sacrificial Reinforced Poundwater Nent; 07-Ma ped Steel (a	ED, A USE PERN ATION section al; 06-Governmen Anodes or b -Imprelastic Composite Monitoring; 04-Immual Tank Gauging -Sacrificial Anodes ar; 02-Suction Pipir	IT CANNO on this pay t; 07-School; essed Current ventory Contr (up to 1 000 or b Impress up With Check	T BE ISSUED.  3e.  08-Residential  ); 03-Coated Steel;  ol and Tightness gallons only) ed Current);
Piping Leak Detection		_		live at Pump and Instititial Monitoring;		04-Not Need ndwater Mo		nk Ihtness Testin	
Method:		Leak Detector;			03-0100	nowater wit	mitoring, 04-11g	intriess restin	· .
ank Contents:				aded; 04-Fuel Oil; Chemical; 14-Kero			r; 07-Empty; 08-S	and/Gravel/S	lurry; 10-Premix;
				IK CLOSURE I			y		
Indicate whether tank		n Inert Material	G	ive Date Tank Was	Closed (mo	/day/yr).	Has closure asse ☐ Ye		completed?
Signature of Owner or	Operator:					Date Signe	d:	,	
	IMPO	ORTANT IN	STRU	CTIONS FOR	COMPL	ETION C	F REVERSE S	SIDE -	
If the "leak dete must be comple If box 12 above s	ection" c ted to ve shows co	ompliance d erify complia ode 01 or if yo	ate ind nce wit ou have	icated in box 1 a th leak detection pressurized pir	above ha n code re pina but l	s been rea quiremer had not p	nched, Section . nts. reviously indica	A on the re	
complete Section	n B to ve	erify complia	nce wit	h pressurized p	ping cod	le require	ments.		•
If box 12 above s	HOWS CC	oue uz, or it y	ou nav	e a suction syste	m with t	ne cneck	vaive at the tar	ik but prev	iously 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

COMPLETE ALL SECTIONS ON REVERSE SIDE

SBD 7658 (R 12/91)

reverse side

A	. Le	eak Detection Verification For Tank	
	Inc	dicate which leak detection method(s) you are using. Check all applicable items and	dattach 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" = tanks and associated monitoring wells. Provide the name and model number of tl presence of vapors:	
		Name	Model #
		Groundwater monitoring. Attach a plot plan drawn to scale (scale not smaller that of tanks and associated monitoring wells. Provide depth to groundwater: number of device/system used to monitor for presence of product in well:	en 1" = 20') showing the location feet. Provide name and model
		Name	Model #
		Interstitial monitoring. Provide name and model number of interstitial monitoring.	g 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).	
D	Dre	essurized Piping Systems Must Have Leak Detection Installed By 12/22	/00 System requires both:
D			
	Flo	w restrictor, automatic shutoff or continuous alarm; provide the name and model	number of system installed:
	-	Name	Model #
		AND	
	Ale	eak detection method from the following list; check all items that apply and attach	requested information.
	П	Tightness testing Attach a copy of the report on the latest test of the piping syste	m.
		Vapor monitoring. Attach a plot plan drawn to scale (scale not smaller than 1" =	
		piping and associated monitoring wells. Provide the name and model number of presence of vapors:	the device used to monitor for
		Name	Model #
		Groundwater monitoring. Attach a plot plan drawn to scale (scale not smaller that of piping and associated monitoring wells. Provide depth to groundwater:number of device/system used to monitor for presence of product in well:	n 1" = 20') showing the location feet Provide name and model
		Name	Model #
		Interstitial monitoring. Provide name and model number of interstitial monitorin	g device:
		Name	Model #
	_	Line leak detector. Provide name and model # of device:	Widdel #
	ш	Efficient detector. Provide hame and moder # or device.	
		Name	Model #
ٔ ۔	Lea	ak Detection For Piping	
	Suc iter	tion piping with the check valve at the tank: indicate which method(s) of leak determs that apply and attach requested information. Leak detection deadlines for suction he tank) match that of the tank system.	ection you are using Check all on piping (with the check valve
		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" = lines and associated monitoring wells. Provide the name and model number of the presence of vapors:	20') showing the location of e device used to monitor for
		Name Name	Model #
		Groundwater monitoring Attach a plot plan drawn to scale (scale not smaller tha of piping and associated monitoring wells. Provide depth to groundwater:number of device/system used to monitor for presence of product in well:	n 1" = 20') showing the location feet Provide name and model
		Name	Model #
		Interstitial monitoring Provide name and model number of interstitial monitoring	,
		Name	Model #

ILHR 10 Appendix A

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

## **UNDERGROUND STORAGE TANK SYSTEM USE PERMIT**

THIS PERMIT MUST BE KEPT ON SITE AVAILABLE FOR INSPECTION AT ALL TIMES Bureau of Petroleum Inspection And Fire Protection P O Box 7969 Madison WI:53707 Telephone (608) 267-9725

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 Prote	ction: Tank Spill Containmen
			Tank Leak Detection:	Piping Construction	n: Piping Double Walled:
1.0			Piping System Type:	Piping Leak Detecti	ion: Tank Contents:
			Permitted Tank Locat	ed At:	
SBD-7659 (R. 06/91)			t		

#### CODE KEY

Type of User:

01-Gas Station; 02-Bulk Storage; 03-Utility; 04-Mercantile; 05-Industrial; 06-Government; 07-School; 08-Residential

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

Tank ID #: For Office Use Only

# CHECKLIST FOR UNDERGROUND TANK INSTALLATION

Complete one form for each tank and related piping.

Wisconsin Department of Industry, Labor and Human Relations Safety & Buildings Division Fire Prevention & Underground Storage Tank Section

<u> </u>				IK BIIG I					•	ladison, W	
This che	cklist covers	Installation of	of: 🗌 Tank; 🗌	Piping; 🗌	Spill Con	tainment; [	Overfill P	otect	ion; 🗌	Leak Det	ection.
	ITIFICATION: ation Name	(Please Print)	)		2. Owner	Name					
Installation	Street Address				Owner Stre	et Address					
City		Village	Town of:		City	Village	Town of:	State	· T	Zip Code	
State		Zip Code	County		County		Telephone No.	(includ	e area co	ode)	<del></del>
-							( )				
3 Installa	ition Company Na	me		Installation (	Company Stre	eet Address			State	Zip Code	9 .
Company	Telephone No (in	nclude area code)		Certified Ins	taller Name				Installe	er Certification	No
			······································	L					NSTALLER	INSPECTO	R NA
	I APPROVAL s have been sui	hmitted and an	around .					٧	ERIFIED	VERIFIED	
	e plan number (							* * * * *		· [_]	Ľ
3 Tank	Capacity:		gallons Ta	nk contents,	if known: _					*******	
	CONSTRUC									,	
			r national testing ed to meet the E		etandard	- Maria - 1 - 1 - 1 - 1 - 1					
3 Tank	is corrosion pr	otected (	thodically protec	ted steel,	fiberglass	or 🗌 compo	osite tank) and		L	LJ	LJ
mate	matches the equipment listed in the plan review										
5. Gaso	<ul> <li>Test stations have been installed for monitoring cathodic protection on the tank.</li> <li>Gasoline and other Class I flammable tank vents discharge at least 12 feet above ground</li> </ul>							LI.	لـا		
level, discharge only upward,and do not terminate under eaves or near a building opening.											
6. Fuel oil, diesel or other Class II or III A liquid storage tank vents are at least 4 feet above ground level						$\Box$	П				
7. Over	7. Overfill protection device is installed and matches plan submittal								ö		
	containment de			·							
	HANDLING		<b>G</b> chains or slings	wore place	d around the	a tank ahali			_		г.
2. Tank	coating was ins	spected and any	y damage to the	coating repa	aired					H.	
			k conducted by							_	_
press	ore, soaping an	i Suriaces, Sean	ns, and fittings a or	ano inspectin	ig for bubbl	es.				البا	U
			tank: pressurize								
			nal air supply, n a max 5 psig ai								
for m	onitoring the pr	essure Soap	all surfaces, sea	ms and fitting	gs and insp	ect for bubbl	les.				
			precision test, a rified as operative				onitor		H		H
·	SITE AND B				······································	<del></del>					
1. Tank	located a minin	num of 3 feet fro	om property line	s and 1 foot	from buildir	ngs					
2. Tank 3. Backf	is spaced a mir	nimum of 2 feet	from any other eel tank is clean	tank	all oranulate						
			er than 3/4 inch.								
4. Backfill for fiberglass tank is pea gravel naturally round with minimum diameter of 1/8 inch				ch i			<del>[ ]</del>	C,			
			ed beyond perin								
			ckfill in bottom o						ш		
7 Bottor	n hold down pa	ids used	inches)						$\exists$	H	
a Fib	erglass tank wit	th 1 foot of com	pacted backfill o	over top of pa	ad						Ë
			icted backfill ove a depth of at lea						H	H	H
			er government ager								

SBD-6294 (R. 01/94)

- CONTINUE ON NEXT PAGE -

ILHR 10 Appendix A

	INSTALLER	INSPECTOR	NA
<ul><li>E. TANK SITE AND BACKFILL (continued)</li><li>9 Backfill compaction is adequate to securely and evenly support the tank and prevent movement/settlement</li></ul>	VERIFIED	VERIFIED	П
10 Excavation is in a bog, swampy area or landfill and a filter fabric was used to prevent	,		_
the migration of the backfill material  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.  12 Tank in area not subject to traffic, a minimum of 2 feet of earth or 1 foot of earth plus	- U		
4 inches of reinforced concrete or 6 inches of asphalt.	- 🗆		
F. TANK ANCHORAGE	<b>.</b>		
<ol> <li>Installation is in an area of high water table or subject to flooding and tank is anchored.</li> <li>Anchor straps for fiberglass tank were nonmetallic and were placed according to</li> </ol>			<u></u>
manufacturer's specifications b. Anchor straps for steel tank were either nonmetallic or electrically isolated from	. 🗆		
the tank structure. (All metal fittings are protected from corrosion)  c Mid anchoring with non conductive material between tank and concrete.			B
G. PIPING (Indicate whether piping is Fiberglass or Steel; then check one of the type proceeding to answer 1 - 15.)	s below b	efore	
☐ Pressurized piping with ☐ auto shutoff, ☐ alarm or ☐ flow restrictor ☐ Suction piping with check valve at tank			
Suction piping with check valve at tank  Suction piping with check valve at pump and inspectable			
<ul><li>1 Piping is sloped back to tank (1/8 INCH per foot).</li><li>2 Piping is evenly and adequately supported by at least 6 inches of backfill bedding.</li></ul>			
3. Piping trench provides at least 18 inches of compacted backfill and paving on top of piping.	. 🗖		Ħ
<ul> <li>4 Pipes are separated by at least twice the pipe diameter.</li> <li>5 Pipes are separated from the trench excavation sidewalls by at least 6 inches</li> </ul>		Н	
<ul><li>6 Piping inspected for damage to pipe or coating</li><li>7. Metal piping is at least schedule 40 black steel or galvanized pipe, and is wrapped or coated.</li></ul>	-		R
<ul> <li>8 Fittings and couplings are extra heavy malleable iron screw-type, Schedule 40 or better.</li> <li>9 Piping was isolated from the tank and dispenser and tested at 150% of operating pressure</li> </ul>			
of the system (but not less than 50 psi) for 1 hour prior to and after backfilling			
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.			
11. Piping was isolated from the tank and dispenser and tested through another approved means prior to and after backfilling Indicate method(s) prior		_	$\Box$
after	П		
12 Metal piping is protected from corrosion by cathodic protection or impressed current.  13 Test stations have been installed for monitoring cathodic protection on piping.			$\exists$
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.	П	П	Γ٦
15. Dispensers, pumps, check valves, etc., not cathodically protected are electrically isolated from metallic piping			
H. LEAK DETECTION (Check which applies under both TANK and PIPING)			L_J
1 Tank			
☐ Tightness testing and inventory control       ☐ Automatic tank gauging       ☐ Vapor monitoring         ☐ Interstitial monitoring       ☐ Manual Tank Gauging (only for tanks of 1,000 gallons or		water monito	oring
2 Piping (pressurized or suction with check valve at tank)  Tightness testing		ar manitarir	
☐ Tightness testing ☐ Automatic line leak detectors ☐ Groundwater monitoring ☐ Interstitial monitoring	L. val	or monitorin	ıg
I. INSPECTOR INFORMATION			
Inspector Signature: Inspector #: Local O	perator #:	***	
Date Signed: Fire department providing coverage:	FDID #	<b>!:</b>	
J. INSTALLER CERTIFICATION			
I certify that the tank and related piping was installed according to the manufacturer's instructions and compl of the following standards:   API 1615,  PEI RP100 or  ANSI B31.4.	y with one		
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 o Labor and Human Relatio		• **		GROUND STO	APPLIC.	ATION		Safety and	leted Form To: Buildings Division
Tank ID Number		If this sys	stem is	permanentl RE INFORMA	y closed TION se	l, comple ection on	te only the this page.	and Fire Pro	etroleum Inspection otection 69, Madison, WI 53707
1 Tank Leak Detection	Complia	ince Date	2. Tank	Installation Date		3 Ga	llons		4 User
5 Tank Construction	6	Tank Double W	l alled?	7 Tank Overfill P	rotection:	8 Tank Spil	l Containment:	9 Tank Lea	k Detection Method
10. Piping Construction	11	Piping Double	Walled?	12 Piping System	Туре	13. Piping L	eak Detection	14 Tank Co	ontents
				. ·				<u> </u>	
If the site name and/or ac			is incorre	ct in any way.	If the ow	ner/mailing n	ame and/or addre	ess appearing	above is incorrect in
please indicate correction	is below	<b>/</b> :		e e e e e e e e e e e e e e e e e e e	any way,	piease indica	te corrections bel	ow:	
	,			. ·					
		TΔ	NK SY	STEM DESCR	IPTION	VERIFICA	ATION		
on this application.  14. If any box has n below. PLEASE NO TYPE "IN BOX 12 MU If this system is perr	o code IE: "T JST BE	or the pre-process  ANK CONSTI  COMPLETED	rinted of RUCTION OF THE	code is incorrec N" IN BOX 5, "P IS INFORMATIO	t, provide IPING CO IN IS NO	e the corre INSTRUCTI I PROVIDE	ct code for the ON" IN BOX 1 D, A USE PERN	It box from 0 AND "PIF NIT CANNO	the Code Key PING SYSTEM T BE ISSUED.
The control of a second desired control of the cont		7		CODE					
Type of User:	09-Agi	riculture; 10 Ot	her	e; 03-Utility; 04-N					
Tank Construction;	04 Fib	erglass; 05-otl	her; 06-l	Relined; 07-Steel -	Fiberglass	Reinforced Pl	astic Composite		); 03-Coated Steel;
Tank Leak Detection Method:	Testing	g; 05-Interstitia	al Monito	02-Vapor Monitorir ring; 06-Not Requi	ired At Pres	ent; 07-Man	ual Tank Gaugin	g (up to 1,000	gallons <u>only</u> )
Piping Construction:	03-Coa	ted Steel; 04-F	iberglass						
Piping System Type:	03-Suc	tion Piping With	n Check V	Auto Shutoff; b -Ala alve at Pump and In	ispectable;	04-Not Need	led If Waste Oil T	ank	
Piping Leak Detection Method:	05-Line	e Leak Detector	; 06-Not						
Tank Contents:	01 Die 11-Wa	sel; 02-Leaded ste Oil; 12-Prop	ane; 13	eaded; 04-Fuel Oil; 3-Chemical; 14-Ker	osene; 15	Aviation	; 07-Empty; 08-	Sand/Gravel/S	lurry; 10-Premix;
				NK CLOSURE Give Date Tank War			Has closure ass	essment heen	completed?
Indicate whether tank v		th Inert Materia	,	Sive Date Talik Wa.	s closed (iii		□ Y•		
Signature of Owner or (	Operato	r: · · · ·				Date Signe	id:		
						· .			
If the "leak dete must be complet	ction"	compliance	date in	ICTIONS FOR	ábove h	as been rea	ached, Section	A on the r	everse side
<ul> <li>If box 12 above s complete Section</li> </ul>	hows	code 01 or if	vou hav	e pressurized p	iping but	had not p	reviously indi	ated such,	you must
<ul> <li>If box 12 aboves reported it, the reached the tank reverse side.</li> <li>SBD 7658 (R. 12/91)</li> </ul>	hows o	code 02, or if ance date fo detection cor	you ha r leak d nplianc	ve a suction syst	tem with r piping d in box 1	the check is the same I above, yo	valve at the ta as that for th ou must compl	etank Ity	ou have

F	4. L	eak Detection Verification	on For Tank	
	li	ndicate which leak detection i	method(s) you are using. Check all applica	able items and attach requested information
			ntory control Attach a copy of the report	
		] Vapor monitoring Attach	a plot plan drawn to scale (scale not smal	ler than 1" = 20') showing the location of I number of the device used to monitor for
		***************************************	ame	Model #
	Ç	of tanks and associated mo	Attach a plot plan drawn to scale (scale n nitoring wells Provide depth to groundw sed to monitor for presence of product in v	ot smaller than 1" = 20') showing the location vater: feet. Provide name and model well:
		Na	ime .	Model #
		] Interstitial monitoring Pro	ovide name and model number of interstit	tial monitoring device:
			me	Model #
		] Automatic tank gauging. I	Provide name and model # of gauge system	m:
			me	Model #
		Manual tank gauging (tank	s of 1,000 gallons or less in size only)	
В	. Pı	ressurized Piping System	s Must Have Leak Detection Installe	ed By 12/22/90 System requires both:
	Fle	ow restrictor, automatic shut	off or continuous alarm; provide the name	e and model number of system installed:
	_	Na	me	Model #
			AND	
	A	leak detection method from t	he following list; check all items that app	ly and attach requested information.
		Tightness testing. Attach a	copy of the report on the latest test of the	e piping system.
		1 4		er than 1" = 20') showing the location of
		piping and associated moni- presence of vapors:	toring wells. Provide the name and mode	el number of the device used to monitor for
		Nai	···	Model #
		of piping and associated mo	Attach a plot plan drawn to scale (scale no onitoring wells. Provide depth to groundv ed to monitor for presence of product in w	ot smaller than 1" = 20') showing the location water: feet. Provide name and model well:
		Nar	ne	Model #
		Interstitial monitoring. Pro	vide name and model number of interstiti	al monitoring device:
		Nar	200	Madal #
			name and model # of device:	Model #
		Nan	ne	Model #
~	ما	ak Detection For Piping		
<b>.</b> .				
	ite	ction piping with the check va ms that apply and attach requ the tank) match that of the ta	ested information. Leak detection deadl	) of leak detection you are using. Check all ines for suction piping (with the check valve
		Tightness testing. Attach a	copy of the report on the latest test of the	system
		· ·	plot plan drawn to scale (scale not smalle	
		lines and associated monitor presence of vapors:	ing wells. Provide the name and model n	umber of the device used to monitor for
		Nam		Model #
		of piping and associated mor	Attach a plot plan drawn to scale (scale no nitoring wells. Provide depth to groundw d to monitor for presence of product in w	
		Nam	e	Model #
			ride name and model number of interstition	
		Nam	e	Model #

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

## UNDERGROUND STORAGE TANK SYSTEM **USE PERMIT**

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

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

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:	Gailons:	User:	Tank Construction:
Mailing Address:			Tank Double Walled:	Tank Overfill Prote	ction: Ta	ank Spill Containment:
			Tank Leak Detection:	Piping Construction	i: Pi	ping Double Walled:
			Piping System Type:	Piping Leak Detect	ion: Ta	ank Contents:
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
e e			Permitted Tank Locat	ed 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

## ILHR 10 Appendix A

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	V	·	TANK INS	UNDERGROUND	Labe Safe	or and H ety & Bui	uman I Idings	nent of Ir Relations Division	5
Tank ID #:	For Office Use	Only	tai	piete on nk and re	e form for eacl elated piping.	Stor	age Tan	k Secti	Indergro on dison, W	
This chec	klist covers	installation of	of: 🔲 Tank; 🗀	Piping; 🗌	Spill Containment;					
A. IDENT 1. Installati		(Please Print			2. Owner Name	. "				
Installation	Street Address			·	Owner Street Address					<u>·</u>
City		Village	Town of:		City Village	Town of:	State	Z	p Code	
State		Zip Code	County		County	Telephone No.	(include a	rea code	)	
3. Installati	on Company Nar	110		Installation (	Company Street Address			State	Zip Code	<del></del>
Company T	elephone No (in	clude area code)		Certified Ins	taller Name			nstaller C	ertification	No
Plans     State	APPROVAL have been suf	omitted and ap		ink contents,	if known:		VERI	ALLER	INSPECTOR VERIFIED	NA .
	CONSTRUC	TION	/							
2 Tank i	is used, but ha	s been recertifi		EPA new tani	k standard ] fiberglass or □ comp	osite tank) and	<u>[</u>			
match 4 Test s	es the equipm stations have b	ent listed in the een installed fo	plan review r monitoring cat	hodic protect	tion on the tank ast 12 feet above groun		[			
level, 6 Fuel c	discharge only	upward,and dener Class II or I	o not terminate i Il A liquid storag	under eaves je tank vents	or near a building open are at least 4 feet	ing				
7 Overfi	Il protection de	vice is installed	d and matches p	olan submitta				<u></u>		
1. Tank ( 2. Tank ( 3. Preins	was lifted using coating was ins tallation test of	spected and an single wall tan	chains or sling y damage to the k conducted by	e coating repa pressurizing	d around the tank shell aired tank with 3-5 psig air ng for bubbles		<u>.</u>			
seal in pressu for mo 4. Tank t	mer tank and d urize the interst initoring the pro ested after bac	isconnect exteritial space with essure Soap ckfilling through	rnal air supply, i a max 5 psig a all surfaces, sea i precision test,	monitor for or ir from the in ams and fittin approved tan	to a maximum of 5 psigne hour After one houn after one hounder tank and use a sectings and inspect for bubbik gauge or interstitial m	ir, ond gauge oles nonitor	[			
	SITE AND B		om oronostu line	on and I foot	from buildings			7	L.J.	
2 Tank is 3 Backfil	s spaced a mir Il for steel or fil	nimum of 2 feet perglass clad s	from any other teel tank is clear	tank n, washed, w	from buildings ell granulated sand,		· [	=		
4 Backfill	l for fiberglass aximum size of	tank is pea gra 13/4 inch or cru	avel naturally rou ushed rock or gr	und with mini avel betweer	mum diameter of 1/8 in 1/8 and 1/2 inch in siz	e	<u>[</u>	] _		
6. Minimu	im of 1 foot of	compacted ba	ckfill in bottom o	of excavation	(If hold down pads ar	e		] 		
7 Bottom a. Fibe b. Stee 8. Backfil	n hold down pa orglass tank with of tank with 6 in I material place	ds used th 1 foot of con aches of compa ed over tank to	npacted backfill acted backfill ov a depth of at le	over top of p er top of pad ast 1 foot	ad					
he information	n you provide ma	y be used by oth	er government age		Privacy Law, s. 15.04 (1)	(m)]				

ILHR 10 Appendix A

	TANK SITE AND BACKFILL (continued)	VERIFIED	VERIFIED	NA
	<ol> <li>Backfill compaction is adequate to securely and evenly support the tank and prevent movement/settlement</li> <li>Excavation is in a bog, swampy area or landfill and a filter fabric was used to prevent</li> </ol>	L	U	Ц
1	the migration of the backfill material.  1. 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			
17	2 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			
F.				
	Installation is in an area of high water table or subject to flooding and tank is anchored  a. Anchor straps for fiberglass tank were nonmetallic and were placed according to			
	manufacturer's specifications			
	the tank structure (All metal fittings are protected from corrosion.)  c Mid anchoring with non conductive material between tank and concrete			
G.	PIPING (Indicate whether piping is ☐ Fiberglass or ☐ Steel; then check one of the types proceeding to answer 1 - 15.)	below b	efore	
	☐ 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 trench provides at least 18 inches of compacted backfill and paving on top of piping     Pipes are separated by at least twice the pipe diameter			$\Box$
5	Pipes are separated from the trench excavation sidewalls by at least 6 inches Piping inspected for damage to pipe or coating			
7	Metal piping is at least schedule 40 black steel or galvanized pipe, and is wrapped or coated.			
9	Piping was isolated from the tank and dispenser and tested at 150% of operating pressure			
10	of the system (but not less than 50 psi) for 1 hour prior to and after backfilling  After backfilling, piping was isolated from the tank and dispenser and precision tested at 110%			
11	of operating pressure but not less than 50 psig for 1 hour  Piping was isolated from the tank and dispenser and tested through another approved			
	means prior to and after backfilling Indicate method(s) prior			
	Metal piping is protected from corrosion by Cathodic protection or mimpressed current.		Ħ	
	Test stations have been installed for monitoring cathodic protection on piping  Flexible connectors are used at the top of tank, between tank and vent pipe, below the dispenser		L.J	Ш
15	and also where less than 4 feet of run exists between changes in direction with fiberglass piping.  Dispensers, pumps, check valves, etc., not cathodically protected are electrically	The same		
	isolated from metallic piping			
	LEAK DETECTION (Check which applies under both TANK and PIPING)  Tank			
•			water monito	oring
2	Piping (pressurized or suction with check valve at tank)			
	☐ Tightness testing ☐ Automatic line leak detectors ☐ Groundwater monitoring ☐ Interstitial monitoring	vap	oor monitorin	ıg
	INSPECTOR INFORMATION			
	Inspector Signature: Inspector #: Local Op	erator #:		
	inspector with the control of the co	crator #.		
	Date Signed: Fire department providing coverage:	FDID#	·	
	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.	WILLI ONE		4
. 1	Installer Signature Date Signed		-	

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

SAFETY AND BUILDINGS

#### ILHR 10 Appendix A

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				201 É.	& Buildings Division Washington Ave px 7969
Dept. Use Only Plan No.		Petition For Variance	Application	Madiso	n, WI 53707 one: (608) 266-3151
Amount Paid					Page 1 of
		information you provide may be used by other			
1. Owner Inform	ation	Project Information     Building Occupancy Chapter(s) and Use		signer Info	
Company Name		Tenant Name (if any)	Design F	irm	
Number and Street		Project Location (number and street)	Number	and Street	
City State and Zip Coo	de	City Village Township	o of City Sta	te and Zip Co	de
Contact Person	<u></u>	County of	Contact	Person	
Telephone Number	Fax Number	Prop ID # (tax parcel # - contact county)		ne Number	Fax Number
4. Plan Review S		On hold	☐ Already built		
	ate Municipality	☐ Preliminary design ☐ Approved requesting revision	into compliance	e with currer	de but must be brought nt code petition determination
Plan Number		☐ Submitted with petition	Other	orinited after	petition determination
		ode cannot be attained without the va		or welfare	as addressed by the
code section pe	etitioned.				
				-	
8. List attachment articles, expert	s to be considered as opinion, previously a	s part of the petitioner's statements ( pproved variances, pictures, plans, s	i.e., model code : ketches, etc.)	sections, te	est reports, research
Section ILHR 2.52 for Note: Petitioner m	complete fee informat nust be the owner of	lid only if notarized with affixed section) the building or project. Tenants, age wer of Attorney is submitted with the	ents, designers, c	ontractors,	attorneys, etc.,
Petitioner's Name (I	vne or print)	, being duly sworn, f state as pe			
Petitioner's Signature	type or printy,	it is true and that I have signific Subscribed and sworn to Nota	ant ownership rights to ry Public	o ine subject t	My commission
		before me this date			expires on
Complete Other	Side	· · · · · · · · · · · · · · · · · · ·			SBD-9890 (R. 05/94)

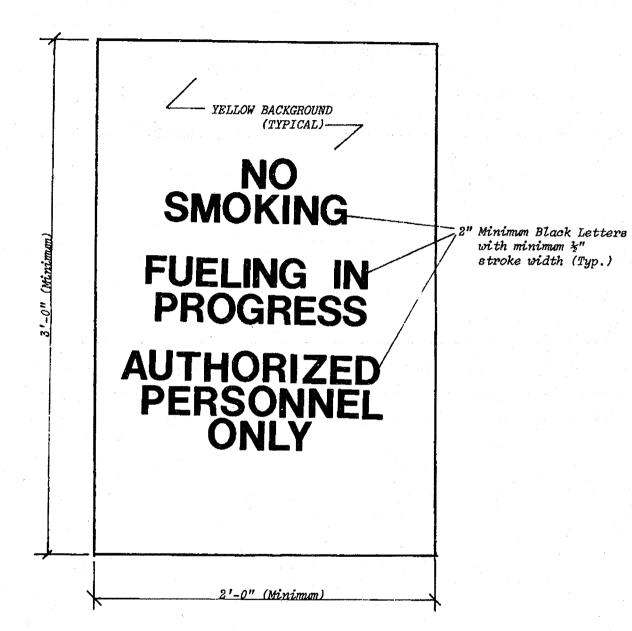
## DEPARTMENT OF INDUSTRY, LABOR & HUMAN RELATIONS

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ILHR 10 Appendix A

Owner's Name	Project Location	Plan Number
-	artment Position Statement r variances requested from ILHR 50-64, ILHR elated requirements	Page 2 of
I have read the petition for variance and	recommend: (check appropriate box)	
☐ Approval ☐ Conditional Approva	al 🗌 Denial 📋 No Comment	
Explanation for recommendation including a	ny conflicts with local rules and regulations	and suggested conditions:
· ·		
Fire Department Name and Address		
Fire Chief or Designee Name (type or print)	Te	ephone Number
Fire Chief or Designee Signature	Da	te Signed

A10.42 (3) (1) DISPENSING INTO MARINE CRAFT. The following illustration depicts a sign meeting the requirements of this section:



Note: The sign is not drawn to scale