|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| TR-WM-131 (3/22) Formerly ERS-6294 PCM | | | | | | | | | | | | | | | | | | | | | | | | | | **FOR OFFICE USE ONLY** | | | | | | | |
|  | | Wisconsin Department of Agriculture, Trade and Consumer Protection  Bureau of Weights and Measures P.O. Box 7837, Madison, WI 53707-7837 (608) 224-4942 Wis. Admin. Code §ATCP 93.115 | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| PRE-CONSTRUCTION UST/PIPE INSTALLATION CHECKLIST  Personal information you provide may be used for purposes other than that for which it was originally collected (s. 15.04(1)(m) Wis. Stats.).  Return completed form to the address above. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FACILITY IDENTIFICATION: (Please Print) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FACILITY NAME | | | | | FACILITY ID # | | | | | | | | | | | | COUNTY | | | | | | | | | | | | | TELEPHONE:  (   )     - | | | | |
| SITE STREET ADDRESS (not PO Box) | | | | | | | | | | | | | | | | | CITY  VILLAGE  TOWN | | | | | | | | | | STATE  WI | | | | ZIP | | | |
| OWNER IDENTIFICATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TANK OWNER LEGAL NAME: | | | | | | | | | | | | | | | | | COUNTY | | | | | | | EMAIL: | | | | | | TELEPHONE:  (   )     - | | | | |
| STREET ADDRESS: | | | | | | | | | | | | | | | | | CITY  VILLAGE  TOWN | | | | | | | | | | STATE  WI | | | | ZIP | | | |
| CONTRACTOR IDENTIFICATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INSTALLATION CONTRACTOR COMPANY NAME: | | | | | | | | | | | | | | | | | COUNTY | | | | | | | | | | | TELEPHONE:  (   )     - | | | | | | |
| CONTRACTOR STREET ADDRESS: | | | | | | | | | | | | | | | | | CITY  VILLAGE  TOWN | | | | | | | | | | | STATE  WI | | | ZIP | | | |
| LEAD CONTRACTOR CONTACT PERSON: | | | | | | | | | | | | | | | | | | | | | | | CONTACT PHONE:  (   )     - | | | | | | CELL PHONE:  (   )     - | | | | | |
| SECONDARY CONTRACTOR CONTACT PERSON: | | | | | | | | | | | | | | | | | | | | | | | CONTACT PHONE:  (   )     - | | | | | | CELL PHONE:  (   )     - | | | | | |
| LEAD INSPECTOR NAME: | | | | | | | | | | | | | | | | | | | | | | | CONTACT PHONE:  (   )     - | | | | | | CELL PHONE:  (   )     - | | | | | |
| SECONDARY INSPECTOR CONTACT NAME | | | | | | | | | | | | | | | | | | | | | | | CONTACT PHONE:  (   )     - | | | | | | CELL PHONE:  (   )     - | | | | | |
| PRE-CONSTRUCTION MEETING DATE: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TANK CONSTRUCTION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| State plan number/LPO plan number is: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tank is new and carries UL or other national testing label. – Listing Org. & Number: | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Tank is used, but has been recertified to meet the EPA new tank standard – Recert by: | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Tank corrosion protection via: | | | | Fiberglass | | | | | | | Composite tank | | | | | | | | | | | | | | | | | | | | | | | |
| Pipe corrosion protection via: | | | | Fiberglass | | | | | | | Non corrosive material: | | | | | | | Coating | | | | Polymer piping | | | | | | | | | | | | |
| TANK HANDLING AND TESTING | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pre installation test of double-walled tank: in accordance with manufacturer’s specifications and ATCP 93 adopted standards. Use TR-WM-138 Checklist for Underground Tank/Pipe Installation. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | No | NA | |
| TANK SITE AND BACKFILL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Installation is in an area of high water table or subject to flooding and tank is anchored or over-burden calculations furnished. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | No | NA | |
| Excavation is in a bog, swampy area or landfill and a filter fabric was used to prevent the migration of the backfill material. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | No | NA | |
| Backfill for composite, fiberglass clad steel, or fiberglass tank is clean, washed, well-granulated sand, crushed rock, or is pea gravel naturally round with minimum diameter of 1/8 inch and maximum size of 3/4 inch, or crushed rock or gravel between 1/8 and 1/2 inch in size. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | No | NA | |
| PIPING TYPE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pressurized piping with | | | auto shutoff, | | | | | | | alarm or | | | | flow restrictor. | | | | | | | | | Will any piping be manifolded? | | | | | | | | | Yes | No | |
| Suction piping with check valve at pump and inspectable. | | | | | | | | | | | | | | | Suction piping with check valve at tank. | | | | | | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | No | NA | |
| PRIMARY LEAK DETECTION (Check which applies under both TANK and PIPING) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tank: | Automatic tank gauging | | | | | | Interstitial monitoring | | | | | | | | | Manual tank gauging (only for tanks of 1,000 gallons or less) | | | | | | | | | | | | | | | | | | |
| Piping (pressurized or suction with check valve at tank): | | | | | | | | | | | | | | | | Pipe installation is: | | | | single wall | | | | | double walled | | | | | | | | | |
| Automatic line leak detectors | | | | | | Interstitial monitoring | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Equipment matches the plan review. | | | | | | | | Yes | | | | No | Note discrepancies and resolution in Comment Section | | | | | | | | | | | | | | | | | | | | | |

|  |
| --- |
| TR-WM-131 (1/20) Formerly ERS-6294 PCM |

|  |
| --- |
| PRIMARY LEAK DETECTION (Check which applies under both TANK and PIPING) |
| 1. Administrative aspects and how contractor will verify and document integrity and diagnostic tests, e.g., sump containment tightness, system leak detection, corrosion protection, overfill alarm, etc. |
|  |
| 1. Verify that system is being installed within the restrictions of the respective Material Approval or Petition For Variance. |
|  |
| 1. Verify tank, dispenser and emergency control locations and setbacks as reflected on the plan. |
|  |
| 1. Potential plan revision items. |
|  |
| 1. Agree on notification / inspection time parameters, flexibility, etc. |
|  |
| 1. Third-party contractors that may be involved, e.g., fencing contractor, tightness tester, etc. Areas of the installation that are not under the responsibility of the tank system equipment contractor, e.g., electrical. |
|  |
| 1. Who will be attending final inspection and what must be accessible and available. |
|  |
| COMMENTS: |
|  |

|  |  |  |
| --- | --- | --- |
| INSPECTOR INFORMATION   1. INSTALLER CERTIFICATION | | |
|  |  |  |
| INSPECTOR SIGNATURE: | INSPECTOR CERT#: | LPO AGENCY/COMPANY NAME |
|  | |  |
| FIRE DEPARTMENT PROVIDING COVERAGE: | | FDID#: |
|  |  |  |
| CONTRACTOR SIGNATURE: | CERT#: | DATE SIGNED |

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