



UNDERGROUND TANK SYSTEM FUNCTIONALITY VERIFICATION

*****ERS 10778*****

Division of Trade & Consumer Protection
Bureau of Weights & Measures
P.O. Box 7837
Madison, WI 53707-7837

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)].

A. OWNER INFORMATION	SITE INFORMATION	CONTRACTOR INFORMATION
Name	Facility ID#: Facility Name	Contractor Name
Company Name	Site Address	Contact Person
Number and Street	City, State, Zip Code	E-mail address
City, State, Zip Code	Assigned Anniversary month:	Telephone Number Fax Number () ()
Telephone Number Fax Number () ()	Date of Testing/Serviceing:	Work order number:

This form must be used to document testing and servicing of monitoring equipment. A separate verification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must retain these records in accordance with SPS 310.510(2).

B. Results of Testing/Serviceing

Tech's Manufacturer's Certification Number: _____ Level: _____

ATG Make and Model: _____ CSLD Software Version Installed: _____

All equipment Tested: Yes No All equipment verified as functional: Yes No

Are all deficiencies corrected? Yes No NA

Note: If response is "No" for any question above; send page 1 of this form immediately to the Dept. of Safety & Professional Services via e-mail to: COMER-Comm10forms@wisconsin.gov

In Section below, describe how and when deficiencies were or will be corrected.

Comments _____

Operator was advised to hire contractor to correct deficiencies or service items not inspected or verified:
 YES NO NA (No deficiencies or items not inspected or verified)

Certification - I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines and the system is set up correctly. Attached to this report is additional documentation (e.g. manufacturers' checklists) necessary to verify that this information is correct. For any equipment capable of generating such reports, I have also attached a copy of the report; (*check all that apply*):

Reviewed System Set-Up Set-up Corrections made Reviewed Alarm history report

Technician Name (print): _____ Signature: _____ Date: _____

Facility Representative (print): _____ Signature: _____ Date: _____

Facility Name: _____

Date: _____

C. Inventory of Tank Equipment Below check and write in the appropriate boxes.

Tank Product: _____ Manifolder Tank

Yes No NA In-Tank Gauging Probe.
Make /Model #: _____

Yes No NA Tank Interstitial Sensor is functioning properly. Float Type

Yes No NA Tank Sump Sensor installed:

Yes No NA Mechanical Line Leak Detector installed.
Model _____

Yes No NA Electronic Leak Detector installed.
Model _____

Yes No Tank Overfill -90% alert installed.

Yes No NA Tank Overfill - 95% auto shut-off drop tube

Tank Product: _____ Manifolder Tank

Yes No NA In-Tank Gauging Probe.
Make /Model #: _____

Yes No NA Tank Interstitial Sensor is functioning properly. Float Type

Yes No NA Tank Sump Sensor installed:

Yes No NA Mechanical Line Leak Detector installed.
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Yes No NA Tank Overfill - 95% auto shut-off drop tube

D. OVERFILL NA

Yes No Is an outdoor audible and visual alarm to alert when the tanks has reached the 90% fill level installed and functional?
(Check appropriate box(s)) Audible operating Visual operating

Yes No Overfill auto shut-off drop tubes were removed, inspected, reinstalled and are operational for 95% maximum tank fill.

Yes No Ball floats on all tanks have been removed or set higher than the 95% auto shut-off drop tube valve.

E. CONTAINMENT

Yes No NA Are all spill buckets intact with no evident holes, cracks, bulges, collapsed walls?

Yes No NA If spill bucket is designed with a plunger, is it functional?

Yes No NA All tank and transition sump sensors were visually inspected, functionally tested, and are confirmed operational.

Yes No NA Are all sensors installed according to manufacturer's specifications or at lowest point of secondary containment and positioned so that nothing will interfere with their proper operation?

Yes No NA Have all "stand-alone" sensors been tested and determined to be functional?

Yes No NA For pressurized piping systems does the turbine automatically shut down if the piping secondary containment monitoring system detects a leak. If yes which sensor location activates shutdown?
 Sump sensor Dispenser sensor. Did you confirm a positive shut-down? Yes No

The double-wall interstitial pipe is installed with the intention of functioning as an: Open system Closed system.

Yes No NA Test ports/fittings/boots removed or left open on secondary containment "open" interstitial piping?

Yes No NA Submersible or dispenser containment's inspection indicates holes, cracks, bulges, collapsed walls or failed penetration boots (NOTE: Liquid tight sumps must be in place by Dec 31, 2020)

Yes No NA Was liquid found inside any secondary containment system? Product Water If yes describe how resolved in comments?

Facility Name: _____

Date: _____

F. General

- Yes No Monitoring system set-up was reviewed to ensure proper settings. Corrections made? Yes No
Attach set up reports and a description of set-up corrections in section B, if applicable.
- Yes No Are there any current alarms? What: _____
- Yes No NA If alarms are relayed to a remote monitoring station is all communications equipment (e.g. modem) operational.
- Yes No Was any monitoring equipment replaced? If yes, identify specific sensors, probes, or other equipment replaced and list the manufacturer name and model for all replacement parts in comment section.
- Yes No ATG or monitoring system's visual and audible alarm(s) are operational and functioning.
- Yes No All gasoline dispenser hoses passed continuity test. List failures in comment section
- Yes No Are all dual point adaptor and vapor recovery poppet and caps functional with gaskets?

In-Tank Gauging Check this box if no tank gauging equipment installed.

Check this box if tank gauge is not functioning.

- Yes No All input wiring has been visually inspected for proper entry and termination?
- Yes No All tank gauging probes, visually inspected for damage and residue buildup?
- Yes No Accuracy of system product level readings tested?
- Yes No Have all the tanks been checked for water? Has the water been removed? Yes No NA
- Yes No All probes reinstalled properly and verified as operational. All cap, gasket and grommet fittings are watertight?
- Yes No NA All items on the equipment manufacturer's maintenance checklist completed?

Leak Detector (ELLD) *This section is in addition to the annual functionality test of MLLD or ELLD.*

- Yes No Each Electronic Line Leak Detector automatically shut off the submersible if the ELLD detects a 3gph leak?
- Yes No For Electronic Line Leak Detectors have all accessible wiring connections been visually inspected?

G. DISPENSER INFORMATION

<p>Dispenser ID: _____</p> <p>Dispenser Containment Sensor - Model: _____ or <input type="checkbox"/> NA</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Shear Valve(s) properly anchored & operational</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Dispenser does have containment in place <input type="checkbox"/> Manufactured or <input type="checkbox"/> Field constructed</p>	<p>Dispenser ID: _____</p> <p>Dispenser Containment Sensor - Model: _____ or <input type="checkbox"/> NA</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Shear Valve(s) properly anchored & operational</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Dispenser does have containment in place <input type="checkbox"/> Manufactured or <input type="checkbox"/> Field constructed</p>
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