



**FARM & CONSTRUCTION AST  
INSTALLATION NOTIFICATION**  
(less than 1,100 gallons)

For Office Use	
Date Received	_____
Unique Doc. #	_____
Reviewer	_____

**INSTRUCTIONS:** Fill in ALL applicable data. Failure to complete the form entirely may cause additional delay. Submit this form with the appropriate fee as determined below to the authority with jurisdiction for the site location. For a listing of program inspection agencies and their addresses, visit the Department of Commerce's website at [www.commerce.state.wi.us/ER/ER-BST-HomePage.html](http://www.commerce.state.wi.us/ER/ER-BST-HomePage.html) or call (608) 266-7874. **Consult local ordinances for any additional requirements.** Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)].

SITE OWNER INFORMATION	TANK LOCATION	CONTRACTOR INFORMATION
Name	Address	Contractor Name
Address	City, State, Zip Code	Number and Street
City, State, Zip Code	<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of	City, State, Zip Code
County	Fire Dept. Providing Fire Coverage	Contact Person Installer ID#
Telephone Number ( )	FDID#	Telephone Number Fax Number ( ) ( )

**TANK SPECIFICATIONS:**

Tank is for:  Farm application  Construction project Tank is:  Temporary Term of project: \_\_\_\_\_  Permanent

Tank Capacity \_\_\_\_\_ (less than 1,100 gal.) Tank Contents \_\_\_\_\_ Will tank be relocated on site?  YES  NO

Tank Steel Gauge Thickness \_\_\_\_\_ Manufacturer (if known) \_\_\_\_\_

Overfill protection consists of a  vent whistle or  site gauge Venting Diameter  1 1/2"  2"  2 1/2"  3"

Markings include "KEEP 40 FT FROM BUILDINGS" and "FLAMMABLE -- KEEP FIRE AND FLAME AWAY" and the tank contents?  Yes

**ANCILLARY EQUIPMENT:**

**Top Opening Tanks**

Pump is approved for proposed use and is permanently affix to the tank?  Yes  Insp. Ver

Pump is equipped with an antisiphoning device or the dispensing nozzle is of a self-closing type?  Yes  Insp. Ver

The pump or hanger is equipped so that at least one can be padlocked to prevent tampering?  Yes  Insp. Ver

The hose is approved for the proposed use?  Yes  Insp. Ver

The electrical wiring servicing the pump and immediate area meets Comm 16?  Yes

**Gravity Dispensing Tanks**

The discharge connection valve is a heat-activated, self-closing valve designed to close in the event of a fire?  Yes  Insp. Ver

The discharge connection valve can be manually closed or is attached to a valve that can be manually closed?  Yes  Insp. Ver

The hose is approved for the proposed use and is equipped with a self-closing nozzle?  Yes  Insp. Ver

The hose is equipped so that it can be padlocked to the hanger?  Yes  Insp. Ver

Are the support bases at grade level?  Yes  Insp. Ver. Type of Tank Supports (must be non-combust.) \_\_\_\_\_

**SETBACKS**

Is the tank 8' or more from any well (potable or non-potable) or reservoir?  Yes  Ins. Ver

Is the tank and any vehicle that will be fueling from the tank be at least 40' from all buildings, haystacks, and other combustible structures?  Yes  Ins. Ver

Is the tank located in an easement or right-of-way inhibiting such use (utility easement, etc.)?  NO  Ins. Ver

**FEE**

Submission of this form must include the appropriate fee as determined below. **Without the appropriate fee, this form will not be processed.**

Inspection Fee (inspection within 5 working days) \$75

If applicable, additional expedited inspection fee (inspection within 2 working days) \$25

**Total Amount Enclosed \$ \_\_\_\_\_**

**Complete diagram and signatures on back of this form.**

**In the space provided, complete a drawing of the proposed tank installation.** Sketch a blueprint of the proposed location of the farm tank. In the drawing, include all roads, buildings, other combustible structures, well location(s), and utility easements within 500' of the proposed location. All drawings must include at least one roadway.



N



Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**As the installer, I certify that the information contained herein is true and accurate to the best of my knowledge.**

Signed \_\_\_\_\_ Cert. #: \_\_\_\_\_ Date: \_\_\_\_\_

Inspector's signature: \_\_\_\_\_ ID #: \_\_\_\_\_ LPO Agent #: \_\_\_\_\_

Date: \_\_\_\_\_