

Complete one form for Each System Service Event.

TANK SYSTEM SERVICE AND CLOSURE ASSESSMENT REPORT

RETURN COMPLETED CHECKLIST TO:

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

CHECK ONE:
 UNDERGROUND
 ABOVEGROUND

Wisconsin Department of Commerce
 ERS Division
 Bureau of Petroleum Products and Tanks
 P.O. Box 7837
 Madison, WI 53707-7837

FOR PORTIONS OF THE FORM THAT DO NOT APPLY, CHECK THE 'N/A' BOX

Part A – To be completed by contractor performing repair or closure

A TYPE OF SERVICE: CLOSURE REPAIR/UPGRADE CHANGE-IN-SERVICE

Indicate portion of system being serviced if a repair, upgrade or change-in-service is being performed

Remote fill Tank Piping Transition/containment sump Spill bucket Dispenser

B IDENTIFICATION: (Please Print)

1. Site Name		2. Owner Name	
Site Street Address (not P.O. Box)		3. Contact Name Job Title	
Municipality:		Contact Mailing Address	
<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of:		Municipality	State Zip Code
Zip Code	County	County	Telephone No. (include area code) ()
3. Primary Service Contractor Section A above		Service Contractor Street Address	
Service Contractor Telephone No. (include area code) ()		Service Contractor City, State, Zip Code	

C. TANK SYSTEM DETAIL (Complete For All Service Activities)

a	b	c	d	e	f	g	h	
Tank ID #	Type of Closure ¹	UST Material Construction	Piping Material Construction	Tank Capacity (gallons)	Contents ²	Release - System Integrity Compromised (e.g. holes, cracks, loose connection, etc)?	If "YES" to "g", Then Specify Source & Cause of Release	
						<input type="checkbox"/> Y <input type="checkbox"/> N	Source of Release ³	Cause of Release ⁴
						<input type="checkbox"/> Y <input type="checkbox"/> N		
						<input type="checkbox"/> Y <input type="checkbox"/> N		
						<input type="checkbox"/> Y <input type="checkbox"/> N		
						<input type="checkbox"/> Y <input type="checkbox"/> N		
						<input type="checkbox"/> Y <input type="checkbox"/> N		

1 Indicate Type of Closure: P = Permanent, TOS = Temporary Out of Service, CIP = Closure in Place
2 Indicate type of product: DL = Diesel; LG = Leaded Gasoline; UG = Unleaded Gasoline; FO = Fuel Oil; GH = Gasohol; AF = Aviation Fuel; K = Kerosene; PX = Premix; WO = Waste/Used Motor Oil; FCHZW = Flammable/Combustible Hazardous Waste; OC = Other Chemical (indicate the chemical name(s):

CAS number(s): _____
3. Source of Release: T = tank, P = piping, D = dispenser, STP = submersible turbine pump, DP = delivery problem, O = other
4. Cause of Release: S = spill, O = overfill, POMD = physical or mechanical damage, C = corrosion,, IP = installation problem, O = other
5. Has release been reported to the DNR? Yes No Release not evident at this time

D. CLOSURES (Check applicable box at right in response to all statements in Section D.)

Written notification was provided to the local agent 15 days in advance of closure date. Y N
 All local permits were obtained before beginning closure. Y N NA
 UST Form ERS-7437 or AST ERS-8731 filed by owner with the Dept. of Commerce indicating closure. Y NA NA
NOTE: TANK INVENTORY FORM ERS-7437 or ERS-8731 SIGNED BY THE OWNER MUST BE SUBMITTED WITH EACH CLOSURE or CHANGE-IN-SERVICE CHECKLIST

D.1 <input type="checkbox"/> TEMPORARILY OUT OF SERVICE	Remover Verified	Inspector Verified	NA
1. Product Removed			
a. Product lines drained into tank (or other container) and liquid removed, and	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
b. All product removed to bottom of suction line, OR	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
c. All product removed to within 1" of bottom.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
2. Fill pipe, gauge pipe, tank truck vapor recovery fittings, and vapor return lines capped.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
3. All product lines at the islands or pumps located elsewhere are removed and capped, OR	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>

4. Dispensers/pumps left in place but locked and power disconnected.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
5. Vent lines left open.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
6. Inventory form filed indicating Temporary-Out-Of-Service (TOS) closure.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>

D.2. CLOSURE BY REMOVAL OR IN-PLACE

1. General Requirements

a. Product from piping drained into tank (or other container).	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
b. Piping disconnected from tank and removed.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
c. All liquid and residue removed from tank using explosion proof pumps or hand pumps.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
d. All pump motors and suction hoses bonded to tank or otherwise grounded.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
e. Fill pipes, gauge pipes, vapor recovery connections, submersible pumps and other fixtures removed.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
f. Vent lines left connected until tanks purged	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
g. Tank openings temporarily plugged so vapors exit through vent.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
h. Tank atmosphere reduced to 10% of the lower flammable range (LEL) - see Section E.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>

2. Specific Closure-by-Removal Requirements

a. Tank removed from excavation after PURGING/INERTING ; placed on level ground and blocked to prevent movement.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
b. Tank cleaned before being removed from site.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
c. Tank labeled in 2" high letters after removal but before being moved from site.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>

NOTE: COMPLETE TANK LABELING SHOULD INCLUDE WARNING AGAINST REUSE; FORMER CONTENTS; VAPOR STATE; VAPOR FREEING TREATMENT; DATE.

c. Tank vent hole (1/8" in uppermost part of tank) installed prior to moving the tank from site.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
d. Site security is provided while the excavation is open.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>

3. Specific Closure In Place Requirements

NOTE: CLOSURES IN PLACE ARE ONLY ALLOWED WITH THE PRIOR WRITTEN APPROVAL OF THE DEPARTMENT OF COMMERCE OR LOCAL AGENT.

a. Tank properly cleaned to remove all sludge and residue.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
b. Solid inert material (sand, cyclone boiler slag, pea gravel recommended) introduced and tank filled.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
c. Vent line disconnected or removed.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
d. Inventory form filed by owner with the Department of Commerce indicating closure in place.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>

E. REPAIR, UPGRADE OR CHANGE-IN-SERVICE

Written notification was provided to the local agent 15 days in advance of service date.

Y N NA

All local permits were obtained before beginning service.

Y N NA

Form ERS-7437 or ERS-8731 filed by owner with the Dept. of Commerce indicating change-in-service.

Y N NA

F. METHOD OF VAPOR FREEING TANK

Displacement of vapors by Eductor or Diffused Air Blower

Eductor driven by compressed air, bonded and drop tube left in place; vapors discharged minimum of 12 feet above ground. Diffused air blower bonded and drop tube removed. Air pressure not exceeding 5 psig.

Inert Gas using Dry Ice or Liquid Carbon Dioxide

Inert Gas using CO₂ or N₂ **NOTE: INERT GASSES PRODUCE AN OXYGEN DEFICIENT ATMOSPHERE. LEL METERS MAY NOT FUNCTION ACCURATELY. THE TANK MAY NOT BE ENTERED IN THIS STATE WITHOUT SPECIAL EQUIPMENT.**

Gas introduced through a single opening at a point near the bottom of the tank at the end of the tank opposite the vent.

Gas introduced under low pressure not to exceed 5 psig to reduce static electricity. Gas introducing device grounded.

Readings of 10% or less of the lower flammable range (LEL) or 0% oxygen obtained before removing tank from ground.

Tank atmosphere monitored for flammable or combustible vapor levels prior to and during cleaning and cutting.

Calibrate combustible gas indicator and/or oxygen meter prior to use. Drop tube removed prior to checking atmosphere. Tank space monitored at bottom, middle and upper portion of tank.

G. REMOVER/CLEANER INFORMATION

Remover/Cleaner Name (print)

Remover/Cleaner Signature

Certification No

.Date Signed

I attest that the procedures and information that I have provided as the tank closure contractor are correct and comply with Comm 10.

Company expected to perform soil contamination assessment:

H. INSPECTOR INFORMATION

Inspector Name (print)

Inspector Signature

Inspector Cert #

LPO Agency #:

FDID # For Location Where Inspection Performed

Inspector Telephone Number

Date Signed

