WISCONSIN STORAGE TANK
LEAK DETECTION INSTALLATION
OR UPGRADE APPLICATION / NOTIFICATION

Environmental & Regulatory Services Division
Bureau of Petroleum Products and Tanks
P.O. Box 7837
Madison, WI 53707-7837
(608) 267-9795 (608) 266-8981

INSTRUCTIONS: This form is to be submitted to the Department of Commerce along with the plan submittal for new installations, or submitted independently for conversions of existing systems from one leak detection methodology to another or upgrade of existing methods, equipment or software along with the respective startup tests (ATG) or precision test (SIR). For existing equipment, submit this form within five days of installation to the Department of Commerce at the address in the upper right corner of this page. Refer to Comm Table 2.43 for fee submittal.

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

OWNER INFORMATION	**PROJECT INFORMATION**	**SUBMITTER INFORMATION**
Customer ID# Contact Name	Site ID# Facility ID# Facility Name	Customer ID# Submitting Party
Company Name	Site Address	Number and Street
Number and Street	☐ City ☐ Village ☐ Town of:	City, State, Zip Code
City, State, Zip Code	County	Contact Person Customer ID#
Telephone Number Fax Number ( ) ( )	Fire Dept. Providing Fire Coverage FDID#	Telephone Number Fax Number ( ) ( )

THIS FORM IS SUBMITTED: ☐ Pre-Installation: Date projected to be installed: _____ ☐ Post Installation: Date Installed: _____

TANK SPECIFICATIONS: ☐ Underground ☐ Aboveground

Leak Detection Equipment Manufacturer: WI Material Approval No. :

Software Version, if applicable:

TANK INFORMATION ☐ TANK MONITOR UPGRADE ONLY

Tank leak detection method: ☐ Automatic tank gauging ☐ Continuous ATG ☐ Inventory control and tightness testing ☐ Interstitial monitoring ☐ Statistical Inventory Reconciliation (SIR) *[Review fee, but no system inspection fee]*

Reg. Obj #:						
Tank size:						
Product:						
Interstitial Monitoring (Y) Yes (NA) Not Applicable						
Probe Type: (U) ultrasonic, (M) magnetostrictive, (C) capacitance						
Probe Model Numbers:						
Minimum product level for test - Indicate %, inches or gallons:						
Console Name Designation/ Model Number:						
Monthly estimated throughput for Continuous ATG or SIR systems:						
Is tank manifolded to another tank? Indicate reg obj number of the other tank.						
Does the manifold line include an isolation valve to isolate the line? IndicateY/N						

PIPE INFORMATION ☐ PIPING LEAK DETECTION UPGRADE ONLY

Configuration: ☐ Single wall ☐ Double wall **Type:** ☐ Steel ☐ Fiberglass ☐ Flexible ☐ Other (*Specify*):

System Type: ☐ Pressurized piping with ⇨ A. ☐ Pump auto shutoff - ELLD; B. ☐ flow restrictor - MLLD ☐ Suction piping with check valve at tank ☐ Suction piping with check valve at pump and inspectable

Leak detection method: ☐ Electronic line monitoring Model:_____ ☐ Tightness testing ☐ Electronic Interstitial monitoring – Sump sensor or leak sensing cable Model & Probe: _____

Is line manifolded to another line? Indicate reg obj number of the other tank.						
Does the manifold line include a check valve to isolate the line? Indicate by (N) No, (UD) Under Dispenser, (TT) Tank Top, or (O) Other						
Are sump sensors installed?						
Line size (diameter):						
Total length of pipe:						

Comments:

FEES: (Fee table on reverse side)	**Plan Review**	**Inspection**	**Total**
Addition OR Upgrade for leak detection	$ _____ (7636)	$ _____(8253)	$ _____

I certify by signature that provisions of the current Comm 10 Flammable and Combustible Liquids Code, 40 CFR Part 280, manufacturer's instructions and Commerce Material Approval are complied with.

Signature _____ Date _____

For Office Use Only
Transaction #
- o Plan Review
- o Copy to Inspector
- o Copy to Permit

STORAGE TANK LEAK DETECTION INSTALLATION OR UPGRADE APPLICATION / NOTIFICATION

Completing this form:
This form is to be completed when installing a new method of leak detection or when modifying or upgrading the existing leak detection methodology or equipment. This form is to be submitted to the Department of Commerce along with the plan submittal for new installations, or submitted independently for conversions of existing systems. For leak detection modification to existing equipment, submit this form within five days of installation to the Department of Commerce at the address in the upper right corner of the first page.

This form is designed to provide the pertinent information relating to ATG, Interstitial and SIR tank leak detection methodologies, as well as the various product pipe leak detection methodologies. The fill-in blanks and questions will not always apply to a specific methodology and can be left blank or marked NA. The following items are provided as a guide to completing this form:

- Leak Detection Equipment Manufacturer section will apply to any equipment or SIR vendor.
- Software version section will apply to any electronic monitoring or SIR related software that is installed on a PC or control device at the facility.
- Tank leak detection method is the method that the system is implementing
- Probe Type & Probe Model Number sections apply to ATG and SIR when the inventory data is via a probe rather than a stick reading.
- Minimum product level for test section is the threshold that the methodology vendor and respective material approval designate. The option is gallons, percentage or inches, but should correlate with the reading that is printed on a tape.
- Monthly estimated throughput for CSLD or SIR systems section is a figure that the owner/operator will furnish. The operator should have a projection for new systems.
- "Is line manifolded" in the Pipe Information section needs to be completed only if a tank line is manifolded to another tank line. The entry must be the regulated object number of the other tank.
- When using a check valve in the manifolded line or a submersible pressure relief, provide the set point pressure of the relief valve.
- Total length of pipe section is the length of pipe associated with each line leak detector

This form is designed for the typical configurations and application of leak detection methodologies. It is likely that unique or non-typical system configurations will be experienced. Remarks in the "Comment" section would be appropriate.

This form must be signed by the technician or person responsible for performing the equipment installation or assessing the facility attributes to implement the transition from one leak detection methodology or one vintage of an existing methodology to another.

Submittal Fee:

Upgrade, exchange or conversion of existing leak detection methodology to another approved methodology or manufacturer.

	Plan Review Fee	Installation Inspection Fee	Plan Revision Fee	Re-inspection Fee
When submitted independent of a broader plan submittal application	$35	$100 Except conversion to SIR	$100	$100