



## STATE OF WISCONSIN

Department of Safety and Professional Services

Governor Scott Walker      Secretary Laura Gutierrez

Division of Industry Services  
Gas Systems Program  
141 NW Barstow St, 4<sup>th</sup> Floor  
Waukesha WI 53188-3789

Customers of DPCS,

In an attempt to improve efficiencies in our office and increase the security of data and fee collection for individuals and Wisconsin businesses, the Department has made changes in our Gas System plan submittal and payment of fee process as the following two options allow:

1. One may continue to submit the Gas Systems application, SBD-6038-A and hard copy plans per SPS 340.30(2) as in the past. With the appropriate fee amount, a check may accompany plans and be made payable to the Division of Industry Services. If desired, in lieu of attaching a check, a company may request to be invoiced the proper fee per DPCS Fee Schedule Chapter SPS 302.
2. Once the customer obtains a "SharePoint Login ID" (see instructions \* below), a customer will be able to submit plans electronically with a completed Gas Systems SBD-6038-A application that must be sent to [DSPSbPlanSchedule@wi.gov](mailto:DSPSbPlanSchedule@wi.gov) along with a request stating you wish to electronically file "e-file" your plans. The e-plan fee must be invoiced. Be aware, a customer must first register to obtain a SharePoint Login ID prior to attempting electronic submittal.


During this trial period, we will continue to accept plan submittals with check and payments attached but expect that customers may desire electronic plan submittal in the future to save time and mailing costs.

\* In order to access the Division of Industry Services ePlan Review Site, Submitters must register for a State of WI/DOA username and password at <http://Register.wi.gov>. This registration is a one-time requirement. The system for which you need to request access is called SharePoint. Once registered, submitters will be provided a DOA credential under the Wisconsin External (wiext) domain. Instructions are found at <http://dps.wi.gov> under Plan Review, click on Submitting Plans and then click on Electronic Submission.

Thank you in advance for your patience and assistance to successfully implement the new process. If you have any questions about this new process, please contact the plan entry staff in any of the Department of Safety and Professional Services offices.

**Wisconsin's Inspector Map link:**

**MAP LINK:** [Gas and Anhydrous Ammonia District Maps](#)

Map notes: Designated areas of both State District Inspectors and our State contractor - Inspection Service are shown. The Symbol  on map indicates areas of our designated State Contractor: Damarc Quality Inspection Services, LLC (866-361-4321) for inspections outside of districts.



**Gas Systems  
Installation Application  
For State Contractor (Damarc)  
Locations Only (SEE MAP)**

Division of Industry Services  
141 NW Barstow Street, 4<sup>th</sup> Floor  
Waukesha WI 53188  
262-524-3950

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Liquid Petroleum Gas (LPG) System         | <input type="checkbox"/> Liquid Natural Gas (LNG) System             | <input type="checkbox"/> Check Box to E-file plans |
| <input type="checkbox"/> Liquid Hydrogen (H <sub>2</sub> ) Systems | <input type="checkbox"/> Gaseous Hydrogen (H <sub>2</sub> ) Systems  | Required   |
| <input type="checkbox"/> Compressed Natural Gas (CNG) System       | <input type="checkbox"/> Anhydrous Ammonia (NH <sub>3</sub> ) System | SharePoint ID _____                                |
| <input type="checkbox"/> ( ) Total # Nurse Tanks at location       |  |  |

<b>1</b>	<b>DIRECTIONS:</b> Personal information you may provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)] For LPG and LNG Systems using containers of 2000 gallons (4000 aggregate) or larger water capacity, CNG and NH <sub>3</sub> systems of any size, submit one copy of this form and four sets of scaled plans including two copies of applicable specifications along with the required fees to the above address. Containers moved within Wisconsin must have a data report or a legible rubbing / copy of the container nameplate stamping. <b>NOTE:</b> Inspections may be conducted during or after installation by authorized representative(s). Use a second form copy if more than four tanks are to be installed.				
<b>2</b>	<b>SCOPE OF WORK / OWNER INFO:</b> <input type="checkbox"/> Key/card code operation <input type="checkbox"/> Self service fueling <input type="checkbox"/> Revision (Check all boxes that apply) <input type="checkbox"/> New installation <input type="checkbox"/> Alteration/addition to an approved existing site Site Owner Name                      Owner E-Mail                      Site Owner Address                      Site Owner City / State / Zip				
<b>3</b>	<b>CONTAINER LOCATION</b>		Business Installation Name		Business E-mail
	Business Installation Address		<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Zip Code                      Business Telephone
	Name of Fire Dept providing Fire Protection		Fire Dept ID #	County of Installation	~ Complete Date
<b>4</b>	<b>TANK AND APPURTENANCE SPECIFICATIONS</b>	Tank 1	Tank 2	Tank 3	Tank 4
	New Tank (Vessels must be registered with National Board)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Used Tank(s) (Indicate WI and provide nameplate picture or rubbing)				
	Manufacturer's Data Report Enclosed (new or out of state vessels)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	National Board #				
	Model, Serial or other #				
	Location (U- Under Ground, A- Above Ground, I- Inside)				
	MAWP or Working Pressure (PSIG)				
	Water Capacity / Surface Area (Indicate gallons / sq. ft)				
	Relief Valve (Indicate Manufacturer / Aggregate Capacity)				
	Excess Flow Valve	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Back Check Valve	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Float Gauge	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Outage Gauge	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Rotary Gauge	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Thermometer	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Emergency Shutoff Valve	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Piping Material Specifications (W-welded, T-threaded or B-both)				
	Piping Hydrostatic Relief Valves	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Corrosion Protection Provided	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5</b>	<b>FEES (Per SPS 302) CHECK PAYABLE TO:</b> DSPS, Division. of Industry Services Tank(s) Installation                      Plan Examination (per site) ..... \$300.00 ..... _____ Revisions of Approved Plans                      ..... \$175.00 ..... _____ <b>Invoice Installer: (ePlan authorizing signature) _____ TOTAL \$ _____</b> <b>NOTE: Site Inspection FEE of \$400.00 will be billed directly by the contracted service agent to your Company</b> NOTE: SPS 340.15 (2) Plan examination and up to 2 site inspections are included with the plan examination and inspection fees specified in SPS 302.43. If more than two inspections are required, then the inspection fees shall be determined in accordance with SPS 302.04.				
<b>6</b>	<b>STATEMENT:</b> Application is made to the department for conditional approval to install the above referenced system(s). Installation will be in accordance with the details described herein and attached plot plans, subject to the orders of the Department of Safety and Professional Services. The installation will comply with the applicable provisions of SPS 340, 341 or 343 and all standards adopted by reference. A "certificate of installation" form shall be completed and made available for review by an authorized representative(s) and when required, a copy shall be forwarded to the local fire department within 10 business days of installation.  Phone:                      Print Applicant Name: _____                      E-mail: _____ Fax:                      Applicant Signature: _____                      Date: _____ <b>SharePoint ID :</b> _____ (Required for electronic plan submittal )				
<b>7</b>	<b>RETURN PLANS TO:</b> (Please print or type) Name: _____ Company: _____ Street Address: _____ City: _____ State: _____ Zip: _____				