

STATE OF WISCONSIN

Department of Safety and Professional Services

Governor Scott Walker Secretary Laura Gutierrez

Division of Industry ServicesGas Systems Program
141 NW Barstow St, 4th Floor
Waukesha WI 53188-3789

Customers of DSPS.

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 -B 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 DSPS 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-B application that must be sent to DSPSsbPlanSchedule@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.wisconsin.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://dsps.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 All Districts Except State Contractor (SEE MAP)

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

Liquid Petroleum Gas (LPG) System	Liquid Natural Gas (LNG) System	Check box to E-File plans
Liquid Hydrogen (H ₂) Systems	Gaseous Hydrogen (H ₂) Systems	Required
Compressed Natural Gas (CNG) System	Anhydrous Ammonia (NH ₃) System	SharePoint ID

	() Total # Nurse Tanks at location											
1	DIRECTIONS : 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 NH3 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. NOTE : Inspections may be conducted during or after installation by authorized representative(s). Use a second form copy if more than four tanks are installed.											
2	SCOPE OF WORK / OWNER IN (Check all boxes that apply)	NFO: Key/card code operation Self service fueling Revision New installation Alteration/addition to an approved existing site										
	Site Owner Name	Owner E-M	-	l c:				Site Owner City / State / Zip				
	Site Owner Ivallie	Owner E-Man			Site Owner Address			Site Owner City / State / Zip				
3	CONTAINER LOCATION		Business Installation			Business	E-mail					
5												
	Business Installation Address	☐ City ☐ Village			own		Zip Code Bu		Business	usiness Telephone		
	Name of Fire Dept providing Fire Protection	rotection				Fire Dept ID # Cour			nty of Installation		~ Complete Date	
4	TANK AND APPURTENANCE SPECIFICATIONS			Tank 1		Ta	nk 2 Tank 3		ık 3	Tank 4		
	New Tank (Vessels must be registered with National Board)			Yes	Yes No		□ No □ Yes □ N		☐ No	☐ Yes	☐ No	
	Used Tank(s) (Indicate WI and provide	e nameplate p	icture or rubbing)									
	Manufacturer's Data Report Enclosed (1	new or out of s	state vessels)	☐ Yes	☐ No	☐ Yes	☐ No	Yes	☐ No	☐ Yes	☐ No	
	National Board #											
	Model, Serial or other #											
	Location (U- Under Ground, A-	Above Groun	d, I- Inside)									
	MAWP or Working Pressure (PSIG) Water Capacity / Surface Area (I	ndicate gallon	s / sa ft)									
	Relief Valve (Indicate Manufacture											
	Excess Flow Valve	- 7 88 8	- upusus /	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No	
	Back Check Valve			Yes	☐ No	Yes	☐ No	Yes	☐ No	Yes	☐ No	
	Float Gauge			Yes	□ No	Yes	□ No	Yes	□ No	Yes	□ No	
	Outage Gauge			Yes Yes	☐ No	Yes Yes	□ No	Yes Yes	□ No	Yes Yes	□ No	
	Rotary Gauge Thermometer		Yes	□ No	Yes	□ No	Yes	□ No	Yes	□ No		
	Emergency Shutoff Valve			Yes	□ No	Yes	□ No	Yes	□ No	Yes	□ No	
	Piping Material Specifications (W-welded, T-threaded or B-both)						_ 					
	Piping Hydrostatic Relief Valves [☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No	
	Corrosion Protection Provided			Yes	☐ No	Yes	☐ No	Yes	☐ No	☐ Yes	☐ No	
5	FEES (Per SPS 302) CHECKS	PAYABLE		Division o	f Industry	Services.	200.00					
	Tank(s) Installation Plan Examination (per site)								_			
	Revisions of Approve	Revisions of Approved Plans \$175.00								_		
	Invoice Installer: (ePlan authorizing signature)											
	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, the inspection fee is determined in accordance with SPS 302.04.									_		
_	•	•	•									
6	STATEMENT: Application is made the details described herein and attached											
	the applicable provisions of SPS 340, 34											
	for review by an authorized representati		1	,					1			
	Dhona											
	riione ri	e: Print Applicant Name: E-mail:										
	Fax: A _I	Date:										
	SharePoint ID (Required for	or electronic pl	an submittal)									
7	RETURN PLANS TO: (Please prin											
	Name			Company								
	Street Address				City				State	Zip		