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|  | **STATE OF WISCONSIN**  Department of Safety and Professional Services | **Division of Industry Services**  Gas 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](mailto: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](https://register.wisconsin.gov/AccountManagement/AccountCreationOverview.aspx). 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](http://dsps.wi.gov/Documents/Industry%20Services/Forms/Gas%20Systems/SB-GasSystemsSubmProcedures06-2013.pdf) 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](https://dsps.wi.gov/Documents/Programs/Maps/MechanicalRefrigerationGasSystemsAnhydrousAmmonia.pdf)

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.

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|  | **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 (H2) Systems  Gaseous Hydrogen (H2) Systems Required

Compressed Natural Gas (CNG) System  Anhydrous Ammonia (NH3) System **SharePoint ID**

(     ) Total # Nurse Tanks at location

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| **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. | | | | | | | | | | | | | | |
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| **2** | **SCOPE OF WORK / OWNER INFO**:  Key/card code operation  Self service fueling  Revision  (Check all boxes that apply)  New installation  Alteration/addition to an approved existing site | | | | | | | | | | | | | | |
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|  | Site Owner Name | Owner E-Mail | | | Site Owner Address | | | | | | Site Owner City / State / Zip | | | | |
| **3** | **CONTAINER LOCATION** | | Business Installation Name | | | | | | Business E-mail | | | | | | |
|  | Business Installation Address | | City  Village  Town | | | | | | Zip Code | | | Business Telephone | | | |
| Name of Fire Dept providing Fire Protection | | | | | | Fire Dept ID # | | County of Installation | | | | | ~ Complete Date | |
| **4** | **TANK AND APPURTENANCE SPECIFICATIONS** | | | Tank 1 | | | | Tank 2 | | Tank 3 | | | | Tank 4 | |
| New Tank (Vessels must be registered with National Board) | | | Yes  No | | | | Yes  No | | Yes  No | | | | Yes  No | |
| Used Tank(s) (Indicate WI and provide nameplate picture or rubbing) | | |  | | | |  | |  | | | |  | |
| Manufacturer’s Data Report Enclosed (new or out of state vessels) | | | Yes  No | | | | Yes  No | | Yes  No | | | | Yes  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 | | | 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  No | | | | Yes  No | | Yes  No | | | | Yes  No | |
| Rotary Gauge | | | Yes  No | | | | Yes  No | | Yes  No | | | | Yes  No | |
| 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 TO:**  DSPS Division of Industry Services.  Tank(s) Installation Plan Examination (per site) ……….… ... $300.00  Site Inspection ……………..………..… $400.00  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 **TOTAL $**  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 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:    **SharePoint ID**       ( Required for electronic plan submittal ) | | | | | | | | | | | | | | |
| **7** | **RETURN PLANS TO**: (Please print or type) | | | | |  | | | | | | | | | |
| Name | | | | | Company | | | | | | | | | |
| Street Address | | | | | City | | | | | | | State | | Zip |

SBD-6038-B (R3/19)