

# CHECKLIST FOR ABOVEGROUND STORAGE TANK INSTALLATION

**Return Completed Checklist To:**  
 Wisconsin Department of Safety and Professional Services  
 Bureau of Petroleum Products and Tanks  
 P. O. Box 7837  
 Madison, WI 53707-7837

Reg Obj #: For Office Use Only

**Complete one form for each tank and related piping.**

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

**This checklist covers**

**installation of:**  Tank;  Piping;  Secondary Containment;  Overfill Protection;  Vapor Recovery;  Leak Detection;  Spill Containment;  Automated Fueling (key-card-code);

**A. IDENTIFICATION: (Please Print)**

1. Installation Name			2. Owner Name		
Installation Street Address (not P.O. Box)			Owner Street Address		
<input type="checkbox"/> City	<input type="checkbox"/> Village	<input type="checkbox"/> Town of:	<input type="checkbox"/> City	<input type="checkbox"/> Village	<input type="checkbox"/> Town of:
State		Zip Code	County	Telephone No. (include area code) ( )	

**B. TANK CONTENTS (Current, or previous product if tank now empty)**

Diesel  Biodiesel  B100  Unleaded  E85  Ethanol  Aviation Fuel  Premix  Fuel Oil  Kerosene  New Oil  
 Waste/Used Motor Oil  Hazardous Waste  Chemical (Specify name & CAS#): \_\_\_\_\_  Other \_\_\_\_\_  Empty

**C. LAND OWNER TYPE (check one)**

State  County  Municipal  Federal Owned  Federal Leased  Tribal Nation  Other Government  Utility  
 Residential  Private

**D. OCCUPANCY TYPE (check one)**

Gas/Retail Sales  Bulk Storage  Terminal Storage  Industrial  Mercantile/Commercial  Backup or Emergency Generator  
 Agricultural (Crop or livestock production)  Government  School  Utility  Residential  Other (specify): \_\_\_\_\_

**E. PLAN APPROVAL**

	Installer Verified	Inspector Verified	NA
1. Plans have been approved. State plan number/LPO plan number is: _____	<input type="checkbox"/>	<input type="checkbox"/>	
2. Tank Capacity: _____ gallons.			
3. <input type="checkbox"/> Public POS dispensing (include form ERS 6294 POS) <input type="checkbox"/> Vehicle <input type="checkbox"/> Marine craft <input type="checkbox"/> Aircraft			

**F. TANK CONSTRUCTION**

1. Tank exhibits recognized Listing or API label [Comm 10.400]. .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Tank is used and has been tested for leaks. <input type="checkbox"/> Air <input type="checkbox"/> Hydrostatic Length of test: _____ min.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Tank has vents installed and configured for: <input type="checkbox"/> Class I, <input type="checkbox"/> Class II, <input type="checkbox"/> Class III product.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Emergency relief vent is provided where required. Type: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. All normal and emergency vents terminate outside where required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Overfill protection provided? [Comm 10.410] Make/Model: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Tank gauge is provided.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Tank mounted pump <input type="checkbox"/> Remote pump / dispenser independent of tank <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**G. TANK HANDLING AND PRE-TESTING**

1. Tank was tested after set in place for leakage per the manufacturer's recommendations. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**H. TANK SITE**

1. Tank located per approved plans (walls, buildings, power lines, streets, well, etc.). ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Tank is spaced a minimum of 3 feet from any other tank. (NFPA 30 Table 22.4.2.1) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Tank in bulk plant facility is spaced a minimum of 2 feet from the toe of the dike wall.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Tank (s) meet Comm 10.615 setbacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Tank markings per Comm 10.400(7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**I. PROJECT SITE**

1. Collision protection provided. <input type="checkbox"/> Cement filled pipe <input type="checkbox"/> Traffic bollards <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Storage tank for vehicle fueling Comm 10.615(7) compliant .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Warning signs posted for dispensing area. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. 80 B:C rated fire extinguisher provided if motor vehicle fueling & within 100 ft travel distance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. NFPA 704 emergency response hazard rating signage provided on tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**J. PIPING**

**Pipe construction material:**  Fiberglass;  Steel;  Poly type material;  Other (type): \_\_\_\_\_

**Pipe installation is:**  single wall  double wall.

**Piping system is:**  Aboveground only  Underground only  Combination of aboveground and underground

**Piping system Type:**  Pressurized piping with ⇒ A.)  Pump auto shutoff - ELLD B.)  Flow restrictor - MLLD;  
 ELLD serves as catastrophic:  Yes  No; MLLD serves as catastrophic:  Yes  No;

*Make/Model:* \_\_\_\_\_

Suction piping with ⇒  anti-siphon  Solenoid valve;  AST Gravity/Head pressure

**Piping leak detection method:**  Interstitial monitoring  Tightness testing  Aboveground visual  Not required  
 Electronic line monitor - ELLD  Electronic interstitial monitoring - sump sensor or leak sensing cable

**Aboveground Pipe:**

- 1. Coated to inhibit corrosion.
- 2. Supported and protected against physical damage and stress.
- 3. Piping was isolated from the tank and dispenser and air tested at 150% of operating pressures of the system (but not less than 50 p.s.i.) for 1 hour.

**Underground Pipe**

- 1. Piping is sloped to a sump (min. 1/8 inch per foot).
- 2. Metal piping is at least schedule 40 black steel or galvanized pipe, and is protected or coated.
- 3. Fittings and couplings are extra-heavy malleable iron screw-type, schedule 40 or better.
- 4. Piping was isolated from the tank and dispenser and air tested at 150% of operating pressure of the system (but not less than 50 psig) for 1 hour prior to backfilling.
- 5. After backfilling, piping was isolated from the tank and dispenser and precision tested at 110% of operating pressure but not less than 50 psi for 1 hour.
- 6. Test stations have been installed for monitoring cathodic protection on piping.
- 7. Approved flexible connectors are installed below dispenser.
- 8. Dispensers, pumps, check valves, etc., not cathodically protected are electrically isolated from metallic piping.

**Underground pipe corrosion protection:**  cathodic protection  impressed current  corrosion resistant construction material

**K. SECONDARY CONTAINMENT**

- 1. Tank secondary containment:  Double Wall  Diked  Remote impounding
- 2. Dike material:  Concrete  Steel  Engineered clay  Engineered clay with liner  Earthen with Liner  
 Other: \_\_\_\_\_
- 3. Dike capacity: Weather protected meets 100%  Yes  No Unprotected meets 125%  Yes  No;
- 4. Motor fuel dispenser has liquid tight sump with a sensor  Yes  Not required
- 5. Pipe run is a combination of aboveground and underground pipe  Yes  No If "yes" there is a transition sump  Yes  No

**L. LIQUID HANDLING, TRANSFER AND USE**

- 1. Check valve installed in piping at connection/disconnection for tank vehicle.
- 2. Tank is provided with minimum 5 gal. spill protection.
- 3. Dispensing device is listed.
- 4. Anti-siphon protection with pressure relief.
- 5. Electric equipment and wiring is installed in accordance with Comm 16 (NFPA 70).
- 6. Aircraft fueling system provides bonding mechanism between aircraft and fueling equipment
- 7. Emergency shutoff installed for motor vehicle fueling and clearly identified and accessible.
- 8. Emergency electrical shutoff installed for bulk transfers (Comm10.370), identified and accessible
- 9. Where required, listed emergency breakaway, hose and dispensing devices are provided.
- 10. Dispensing nozzle at marine service stations shall be auto-closing without hold open device.
- 11. Hose length: \_\_\_\_\_ ft.

**M. INSTALLER CERTIFICATION**

Installation Company Name (print)	Installation Company Mailing Address	City/State/Zip Code
Company Telephone No. (include area code) ( )	Certified Installer Name (print)	Installer Certification No.

I certify that the tank system and related components have been installed according to the manufacturer's instructions, conditionally approved plans, and comply with Comm 10.

Installer Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**N. INSPECTOR INFORMATION**

Inspection Dates: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_ 5) \_\_\_\_\_ 6) \_\_\_\_\_

Inspection Company Name: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Inspector #: \_\_\_\_\_ Local Operator #: \_\_\_\_\_

Date Signed: \_\_\_\_\_ Fire department providing coverage: \_\_\_\_\_ FDID #: \_\_\_\_\_

**O. COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TANK INVENTORY FORM ERS-8731 SIGNED BY THE OWNER MUST BE SUBMITTED WITH EACH INSTALLATION CHECKLIST.**