



Wisconsin Department of Agriculture, Trade and Consumer Protection
 Bureau of Weights and Measures
 P.O. Box 7837, Madison, WI 53707-7837
 (608) 224-4942

Wis. Admin. Code §ATCP 93.560

FOR OFFICE USE ONLY

TANK SYSTEM SERVICE AND CLOSURE ASSESSMENT REPORT

Personal information you provide may be used for purposes other than that for which it was originally collected (s. 15.04(1)(m) Wis. Stats.).

Complete One Form for Each System Service Event

FOR PORTIONS OF THE FORM THAT DO NOT APPLY, CHECK THE 'N/A' BOX

CHECK ONE: UNDERGROUND ABOVEGROUND

Part A – To be completed by contractor performing repair or closure

A. TYPE OF SERVICE CLOSURE REPAIR/UPGRADE CHANGE-IN-SERVICE

Indicate portion of system being serviced if a repair, upgrade or change-in-service is being performed

Remote fill Tank Piping Transition/containment sump Spill bucket Dispenser

B. IDENTIFICATION

OWNER INFORMATION

OWNER NAME		CONTACT NAME		TITLE	
MAILING ADDRESS			<input type="checkbox"/> CITY <input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE	STATE	ZIP
TELEPHONE: () -			E-MAIL		

SITE INFORMATION

FACILITY NAME	
SITE ADDRESS (Not PO Box)	<input type="checkbox"/> CITY <input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE STATE ZIP

SERVICE CONTRACTOR INFORMATION

PRIMARY SERVICE CONTRACTOR Section A Above		TELEPHONE: () -	CELL: () -
STREET ADDRESS		<input type="checkbox"/> CITY <input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE	STATE ZIP

C. TANK SYSTEM DETAIL (Complete for all service activities)

a	b	c	d	e	f	g	h	
Tank ID #	Type of Closure ¹	Tank Material of Construction	Piping Material of Construction	Tank Capacity (gallons)	Contents ²	Release - System Integrity Compromised (e.g. holes, cracks, loose connection, etc)?	If "Yes" to "g", Then Specify Source and Cause of Release ⁵	
							Source of Release ³	Cause of Release ⁴
						<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		
						<input type="checkbox"/> Yes <input type="checkbox"/> No		
						<input type="checkbox"/> Yes <input type="checkbox"/> No		

1. Indicate type of closure: P = Permanent, TOS = Temporarily Out-of-Service, CIP = Closure In-Place

2. Indicate type of product: DL = Diesel, LG = Leaded Gasoline, UG = Unleaded Gasoline, FO = Fuel Oil, GH = Gasohol, AF = Aviation Fuel, K = Kerosene, PX = Premix, WO = Waste/Used Motor Oil, FCHZW = Flammable/Combustible Hazardous Waste, OC = Other Chemical (indicate the chemical name(s):

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3. CAS number(s):

4. Source of release: T = tank, P = piping, D = dispenser, STP = submersible turbine pump, DP = delivery problem, O = other, UNK = Unknown

5. Cause of release:

S = spill, O = overflow, POMD = physical or mechanical damage, C = corrosion, IP = installation problem, O = other, UNK = Unknown

6. Has release been reported to the Department of Natural Resources? Yes No Release not evident at this time

D. CLOSURES (Check applicable box at right in response to all statements in section D)

Written notification was provided to the local agent 5 days in advance of closure date. Yes No

All local permits were obtained before beginning closure. Yes No NA

UST Form TR-WM-137 or AST Form TR-WM-118 filed by owner with the DATCP indicating closure. Yes No NA

NOTE: TANK INVENTORY FORM TR-WM-137 or TR-WM-118 SIGNED BY THE OWNER MUST BE SUBMITTED WITH EACH CLOSURE or CHANGE-IN-SERVICE CHECKLIST

D.1 TEMPORARILY OUT-OF-SERVICE

	Remover Verified	Inspector Verified	Inspector Not Present	NA
1. Product removed.				
a. Product lines drained into tank (or other container) and liquid removed, and	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
b. All product removed to bottom of suction line, OR	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
c. All product removed to within 1" of bottom.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
2. Fill pipe, gauge pipe, tank truck vapor recovery fittings, and vapor return lines capped.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
3. All product lines at the islands or pumps located elsewhere are removed and capped, OR	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
4. Dispensers/pumps left in place but locked and power disconnected.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
5. Vent lines left open.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
6. Inventory form filed indicating temporarily out-of-service (TOS) closure.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>

D.2. CLOSURE BY REMOVAL OR IN-PLACE

1. General Requirements	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
a. Product from piping drained into tank (or other container).	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
b. Piping disconnected from tank and removed.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
c. All liquid and residue removed from tank using explosion-proof pumps or hand pumps.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
d. All pump motors and suction hoses bonded to tank or otherwise grounded.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
e. Fill pipes, gauge pipes, vapor recovery connections, submersible pumps and other fixtures removed.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
f. Vent lines left connected until tanks purged.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
g. Tank openings temporarily plugged so vapors exit through vent.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
h. Tank atmosphere reduced to 10% of the lower flammable range (LEL) - see Section E.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>

2. Specific Closure-by-Removal Requirements				
a. Tank removed from excavation after PURGING/INERTING; placed on level ground and blocked to prevent movement.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
b. Tank cleaned before being removed from site.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
c. Tank labeled in full compliance with API 1604 after removal but before being moved from site.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: COMPLETE TANK LABELING SHOULD INCLUDE WARNING AGAINST REUSE; FORMER CONTENTS; VAPOR STATE; VAPOR FREEING TREATMENT; MONTH/DAY/YEAR OF REMOVAL

d. Tank vent hole (1/8" in uppermost part of tank) installed prior to moving the tank from site.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
e. Site security is provided while the excavation is open.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
3. Specific Closure-In-Place Requirements	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: CLOSURES IN-PLACE ARE ONLY ALLOWED WITH THE PRIOR WRITTEN APPROVAL OF THE DEPARTMENT OF AGRICULTURE, TRADE AND CONSUMER PROTECTION (DATCP) OR LOCAL AGENT.

a. Tank properly cleaned to remove all sludge and residue.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
b. Solid inert material (sand, cyclone boiler slag, or pea gravel recommended) introduced and tank filled.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
c. Vent line disconnected or removed.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
d. Inventory form filed by owner with the DATCP indicating closure in-place.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>

E. REPAIR, UPGRADE OR CHANGE-IN-SERVICE

Written notification was provided to the local agent 5 days in advance of service date. Y N NA

All local permits were obtained before beginning service. Y N NA

Form TR-WM-137 or 0 TR-WM-118 filed by owner with the DATCP indicating change-in-service. Y N NA

F. METHOD OF VAPOR FREEING OF TANK

Displacement of vapors by eductor or diffused air blower.

Eductor driven by compressed air, bonded and drop tube left in place; vapors discharged minimum of 12 feet above ground.

Inert gas using dry ice or liquid carbon dioxide.

Inert gas using CO2 or N2 **NOTE: INERT GASSES PRODUCE AN OXYGEN DEFICIENT ATMOSPHERE. LEL METERS MAY NOT FUNCTION ACCURATELY. THE TANK MAY NOT BE ENTERED IN THIS STATE WITHOUT SPECIAL EQUIPMENT.**

Gas introduced through a single opening at a point near the bottom of the tank at the end of the tank opposite the vent.

Gas introduced under low pressure not to exceed 5 psig to reduce static electricity. Gas introducing device grounded.

Readings of 10% or less of the lower flammable range (LEL) or <5% oxygen obtained before removing tank from ground.

Tank atmosphere monitored for flammable or combustible vapor levels prior to and during cleaning and cutting.

Calibrate combustible gas indicator and/or oxygen meter prior to use. Drop tube removed prior to checking atmosphere. Tank space monitored at bottom, middle and upper portion of tank.

G. REMOVER/CLEANER INFORMATION

REMOVER/CLEANER NAME (PRINT):	REMOVER/CLEANER SIGNATURE	CERTIFICATION NO	DATE SIGNED
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I attest that the procedures and information which I have provided as the tank closure contractor are correct and comply with ATCP 93.

Company expected to perform soil contamination assessment

H. INSPECTOR INFORMATION

INSPECTOR NAME (PRINT):	INSPECTOR SIGNATURE	INSPECTOR CERTIFICATION NO	LPO AGENCY #
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() -

FDID # FOR LOCATION WHERE INSPECTION PERFORMED

INSPECTOR TELEPHONE:NUMBER

DATE SIGNED

INSPECTOR NOTES:

Part B – To be completed by environmental professional - Submit original Part B to the WDNR along with a copy of Part A

I. TANK-SYSTEM SITE ASSESSMENT (TSSA)

SITE NAME - *Note: SITE NAME and address MUST MATCH with Part A Section 1.*

SITE ADDRESS (Not PO Box)	<input type="checkbox"/> CITY <input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE	STATE	ZIP
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To determine if a TSSA is required, see ATCP 93 and section II part B of *ASSESSMENT AND REPORTING OF SUSPECTED AND OBVIOUS RELEASES FROM UNDERGROUND AND ABOVEGROUND STORAGE TANK SYSTEMS*.

If a TSSA is required, then follow the procedures detailed in *ASSESSMENT AND REPORTING OF SUSPECTED AND OBVIOUS RELEASES FROM UNDERGROUND AND ABOVEGROUND STORAGE TANK SYSTEMS*

1. Site Information

- a. Has there been a previously documented release at this site? Y N
 If yes, provide the DATCP # _____ or DNR BRRT's # _____
- b. Number of active tanks at facility prior to completion of current services: USTs _____ ASTs _____
 (**NOTE 1: Do not include previously closed systems or system components.**)
- c. Excavation/trench dimensions (in feet). (Photos must be provided.)

EXCAVATION/TRENCH #	LENGTH	WIDTH	DEPTH

2. Visual Excavation/Trench Inspection (Photos must be provided for "Yes" responses, except item b.)

Do any of the following conditions exist in or about the excavation(s)?

- a. Stained soils: Yes No b. Petroleum odor: Yes No c. Water In excavation/trench: Yes No
- d. Free product in the excavation/trench: Yes No e. Sheen or free product on water: Yes No

3. Geology/Hydrogeology

- a. Depth to groundwater _____ feet b. Indicate type of geology² _____

4. Receptors

- a. Water supply well(s) within 250 feet of the facility? Yes No If yes, specify: _____
- b. Surface water(s) within 1000 feet of the facility? Yes No If yes, specify: _____

5. Sampling

- a. Follow the procedures detailed in *ASSESSMENT AND REPORTING OF SUSPECTED AND OBVIOUS RELEASES FROM UNDERGROUND AND ABOVEGROUND STORAGE TANK SYSTEMS*.
- b. Complete Tables 1 and 2 as appropriate. (Attach chain-of-custody and laboratory analytical reports.)
- c. Attach a detailed map of site features and sample locations.

J. NOTE RELEVANT OBSERVATIONS, SPECIFIC PROBLEMS OR CONCERNS BELOW

TABLE 1 SOIL FIELD SCREENING & GRO/DRO LABORATORY ANALYTICAL RESULTS-FOR PETROLEUM PRODUCTS

Sample ID #	Sample Location & Soil/Geologic Description	Sample Collection Method				Depth Below Tank/Piping (feet)	Field Screening Result (ppm)	GRO (mg/kg)	DRO (mg/kg)
		Grab	Shelby Tube	Direct Push	Split Spoon				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

TABLE 2 SOIL LABORATORY ANALYTICAL RESULTS-FOR PETROLEUM PRODUCTS

Sample ID #	BENZENE	TOLUENE	ETHYLBENZENE	MTBE	TRIMETHYL - BENZENES (TOTAL)	XYLENES (TOTAL)	NAPHTHALENE
	ug/kg	ug/kg	ug/kg	ug/kg	ug/kg	ug/kg	ug/kg

K. TANK-SYSTEM SITE ASSESSMENT INFORMATION

- As a tank-system site assessor certified under Wis. Admin. Code section SPS 305.83, it is my opinion that there is no indication of a release of a regulated substance to the environment.
- Sampling at the site indicates there has been a release to the environment. Pursuant to Wis. Admin. Code section ATPC 93.585 (2) (a) and Wis. Stats. section 292.11 (2) (a), the owner or operator or contractor performing work under chapter ATPC 93 shall immediately report any release of a regulated substance to the Wisconsin Department of Natural Resources. Failure to do so may result in forfeitures of a minimum of \$10 and a maximum of \$5000 for each violation under Wis. Stats. Section 168.26 (5). Each day of continued violation and each tank are treated as separate offenses.

TANK-SYSTEM SITE ASSESSOR NAME (PRINT): TANK-SYSTEM SITE ASSESSOR SIGNATURE CERTIFICATION NO.

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TANK-SYSTEM SITE ASSESSOR TELEPHONE NUMBER DATE SIGNED COMPANY NAME