OFFICE USE ONLY	

Wisconsin Department of Agriculture, Trade and Consumer Protection
Division of Trade and Consumer Protection
Bureau of Weights and Measures
PO Box 7837, Madison, WI 53707-7837
Phone: (608) 224-4942

TANK SYSTEM SERVICE AND CLOSURE ASSESSMENT REPORT

Per the requirements of Wis. Stat. § 15.04(1)(m), the following information is provided. This form is authorized by Wis. Stat. §§ 93.07(2) and 168.23. Completion of this form TR-WM-140 is mandatory under Wis. Admin. Code § ATCP 93.560(2). Under Wis. Stat. § 168.26, failure to complete this form as required by ATCP 93.560(2) is subject to a civil forfeiture of not less than $10 nor more than $5,000 and each day of continued violation is a separate offense. This form is subject to Wisconsin's public records laws, Wis. Stat. §§ 19.31 to 19.39. Therefore, personally identifiable information you provide in this form might be used for purposes other than for which it was originally collected. *Wis. Admin. Code § ATCP 93.560*

Complete One Form for Each System Service Event. For portions of the form that do not apply, check the "N/A" box**.**

(Choose one): ☐ Underground ☐ Aboveground

PART A – TO BE COMPLETED BY CONTRACTOR PERFORMING REPAIR OR CLOSURE

A. TYPE OF SERVICE

(Choose one): ☐ Closure ☐ Repair/Upgrade ☐ Change-in-Service

If repair, upgrade, or change-in-service is being performed, indicate portion of system being serviced:

☐ Remote fill ☐ Tank ☐ Piping ☐ Transition/Containment sump ☐ Spill bucket ☐ Dispenser

B. IDENTIFICATION

Owner Information

OWNER NAME:	CONTACT NAME:	TITLE:

MAILING ADDRESS:	☐ CITY ☐ TOWN ☐ VILLAGE:	STATE:	ZIP CODE:

PHONE:	EMAIL:

Site Information

FACILITY NAME:

SITE ADDRESS *(Not PO BOX)*:	☐ CITY ☐ TOWN ☐ VILLAGE:	STATE:	ZIP CODE:

Service Contractor Information

TANK SPECIALTY FIRM NAME:	TANK SPECIALTY FIRM REGISTRATION #:	PHONE:	CELL:

ADDRESS:	☐ CITY ☐ TOWN ☐ VILLAGE:	STATE:	ZIP CODE:

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

A. Tank ID #	B. Type of Closure[1]	C. Tank Material of Construction	D. Piping Material of Construction	E. Tank Capacity (gallons)	F. Contents[2]	G. Release - System Integrity Compromised (e.g. holes, cracks, loose connection, etc)?	If "Yes" to "G", then specify Source of Release[3] & Cause of Release[4]
						☐ Yes ☐ No	[3] & [4]
						☐ Yes ☐ No	[3] & [4]
						☐ Yes ☐ No	[3] & [4]
						☐ Yes ☐ No	[3] & [4]
						☐ Yes ☐ No	[3] & [4]
						☐ Yes ☐ No	[3] & [4]

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

2. Indicate contents (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)*:

3. Source of release: T = Tank, P = Piping, D = Dispenser, STP = Submersible Turbine Pump, DP = Delivery Problem, O = Other, UNK = Unknown

4. Cause of release: S = Spill, O = Overfill, POMD = Physical or Mechanical Damage, C = Corrosion, IP = Installation Problem, O = Other, UNK = Unknown

CAS number(s):

Has release been reported to the Wisconsin Department of Natural Resources?
☐ Yes ☐ No ☐ Release not evident at this time (pending sample analysis)

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 ☐ N/A

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

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*

1. General Requirements	**Remover Verified**	**Inspector Verified**	**Inspector Not Present**	**N/A**
a. Product from piping drained into tank (or other container).	☐ Y ☐ N	☐ Y ☐ N	☐	☐
b. Piping disconnected from tank and removed.	☐ Y ☐ N	☐ Y ☐ N	☐	☐
c. All liquid and residue removed from tank using explosion-proof pumps or hand pumps prior to removing tank from excavation.	☐ Y ☐ N	☐ Y ☐ N	☐	☐
d. All pump motors and suction hoses bonded to tank or otherwise grounded.	☐ Y ☐ N	☐ Y ☐ N	☐	☐
e. Fill pipes, gauge pipes, vapor recovery connections, submersible pumps and other fixtures removed.	☐ Y ☐ N	☐ Y ☐ N	☐	☐
f. Vent lines left connected until tanks purged.	☐ Y ☐ N	☐ Y ☐ N	☐	☐
g. Tank openings temporarily plugged so vapors exit through vent.	☐ Y ☐ N	☐ Y ☐ N	☐	☐
h. Tank atmosphere reduced to 10% of the lower flammable range (LEL) - see Section E.	☐ Y ☐ N	☐ Y ☐ N	☐	☐
2. Specific Closure-By-Removal Requirements	**Remover Verified**	**Inspector Verified**	**Inspector Not Present**	**N/A**
a. Tank removed from excavation after PURGING/INERTING; placed on level ground and blocked to prevent movement.	☐ Y ☐ N	☐ Y ☐ N	☐	☐
b. Tank cleaned before being removed from site.	☐ Y ☐ N	☐ Y ☐ N	☐	☐
c. Tank labeled in full compliance with API 1604 after removal but before being moved from site**.** **Note:** *Complete tank labeling should include warning against reuse; former contents; vapor state; vapor freeing treatment; month/day/year of removal.*	☐ Y ☐ N	☐ Y ☐ N	☐	☐
d. Tank vent hole (1/8" in uppermost part of tank) installed prior to moving the tank from site.	☐ Y ☐ N	☐ Y ☐ N	☐	☐
e. Site security is provided while the excavation is open.	☐ Y ☐ N	☐ Y ☐ N	☐	☐
3. Specific Closure-In-Place Requirements **Note:** *Closures in-place are only allowed with the prior written approval of the Wisconsin Department of Agriculture, Trade and Consumer Protection (DATCP).*	**Remover Verified**	**Inspector Verified**	**Inspector Not Present**	**N/A**
a. Tank properly cleaned to remove all sludge and residue.	☐ Y ☐ N	☐ Y ☐ N	☐	☐
b. Solid inert material (sand, cyclone boiler slag, or pea gravel recommended) introduced and tank filled.	☐ Y ☐ N	☐ Y ☐ N	☐	☐
c. Vent line disconnected or removed.	☐ Y ☐ N	☐ Y ☐ N	☐	☐
d. Inventory form filed by owner with DATCP indicating closure in-place.	☐ Y ☐ N	☐ Y ☐ N	☐	☐

E. REPAIR, UPGRADE OR CHANGE-IN-SERVICE

a.	Written notification was provided to the local agent 5 days in advance of service date.	☐ Yes ☐ No ☐ N/A
b.	All local permits were obtained before beginning service.	☐ Yes ☐ No ☐ N/A
c.	Form TR-WM-137 or 0 TR-WM-118 filed by owner with DATCP indicating change-in-service.	☐ Yes ☐ No ☐ N/A

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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. Diffused air blower bonded and drop tube removed. Air pressure not exceeding 5 psig.

☐ Inert gas using dry ice or liquid carbon dioxide

☐ Inert gas using CO2 or N2

Note: *Inert gases 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

☐ 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.

G. REMOVER/CLEANER INFORMATION

I attest that the procedures and information which I have provided as the tank closure contractor are correct and comply with *Wis. Admin. Code ch. ATCP 93*.

REMOVER/CLEANER NAME *(PRINT)*	REMOVER/CLEANER SIGNATURE	CERTIFICATION #	DATE TANK REMOVED

Company expected to perform soil contamination assessment:

H. INSPECTOR INFORMATION

INSPECTOR NAME *(PRINT)*	INSPECTOR SIGNATURE	CERTIFICATION #	DATE

COMPANY NAME	FDID # FOR LOCATION WHERE INSPECTION PERFORMED	INSPECTOR PHONE

Inspector Notes:

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PART B – TO BE COMPLETED BY ENVIRONMENTAL PROFESSIONAL
(Submit **original** *Part B to the Wisconsin Department of Natural Resources (DNR) 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 B***

SITE ADDRESS *(Not PO BOX)*:	☐ CITY ☐ TOWN ☐ VILLAGE:	STATE:	ZIP CODE:

To determine if a TSSA is required, see *Wis. Admin. Code ch. 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? ☐ Yes ☐ No
If yes, provide the DATCP #: OR
Wisconsin DNR Bureau for Remediation and Redevelopment Tracking System (BRRT) #:

b. Number of active tanks at facility prior to completion of current services - USTs: ASTs:
Note: *Do not include previously closed systems or system components.*

c. Excavation/trench dimensions (in feet). *(Fill in the chart below, and 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 geology:

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 Table 1 and 2 in section J 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

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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)
		☐ Grab ☐ Shelby Tube ☐ Direct Push ☐ Split Spoon		
		☐ Grab ☐ Shelby Tube ☐ Direct Push ☐ Split Spoon		
		☐ Grab ☐ Shelby Tube ☐ Direct Push ☐ Split Spoon		
		☐ Grab ☐ Shelby Tube ☐ Direct Push ☐ Split Spoon		
		☐ Grab ☐ Shelby Tube ☐ Direct Push ☐ Split Spoon		
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		☐ Grab ☐ Shelby Tube ☐ Direct Push ☐ Split Spoon		

TABLE 2 - SOIL LABORATORY ANALYTICAL RESULTS-FOR PETROLEUM PRODUCTS

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

K. TANK-SYSTEM SITE ASSESSMENT INFORMATION

☐ As a tank-system site assessor certified under *Wis. Admin. Code § ATCP 93.240*, 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 § ATCP 93.585(2)(a)* and *Wis. Stat. § 292.11(2)(a)*, the owner or operator or contractor performing work under ch. ATCP 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. Stat. § 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.
TANK-SYSTEM SITE ASSESSOR PHONE	COMPANY NAME	DATE SIGNED

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