

UNDERGROUND PETROLEUM PRODUCT TANK INVENTORY

Send Completed Form To:
Safety & Buildings Division
P.O. Box 7969
Madison, WI 53707
Telephone (608) 267-5280

For Office Use Only:
Tank ID #

Information Required By Sec. 101.142, Wis. Stats.

Underground tanks in Wisconsin that have stored or currently store petroleum or regulated substances must be registered. Please see the reverse side for additional information on this program. An underground storage tank is defined as any tank with at least 10 percent of its total volume (included piping) located below ground level. A separate form is needed for each tank. Send each completed form to the agency designated in the top right corner. Have you previously registered this tank by submitting a form? YES NO If yes, are you correcting/updating information only? Yes No

| | | | | |
|--|--|---|---|--|
| This registration applies to a tank that is (check one): | | | Fire Department Providing Fire Coverage Where Tank Located: | |
| 1A. <input type="checkbox"/> In Use or 1B <input type="checkbox"/> Newly Installed | 4. <input checked="" type="checkbox"/> Closed - Tank Removed | 8. <input type="checkbox"/> Changed Ownership | <i>Brown Deer, WI</i> | |
| 2. <input type="checkbox"/> Abandoned With Product | 6. <input type="checkbox"/> Closed - Filled With Inert Material | (Indicate new owner below) | | |
| 3. <input type="checkbox"/> Abandoned No Product (empty) or With Water | 7. <input type="checkbox"/> Out of Service - Provide Date: _____ | | | |
| | | | | |

A. IDENTIFICATION: (Please Print)

1. Tank Site Name: *JANET AUGUSTINE* Site Address: *3920 W. BRADLEY DR* Site Telephone No: *(414) 365-0613*

City Village Town of: _____ State: *WI* Zip Code: *53209* County: *MIL.*

2. Owner Name (mail sent here unless indicated otherwise in #3 below): _____ Owner Mailing Address (mail sent here unless indicated otherwise in #3): _____

City Village Town of: _____ State: _____ Zip Code: _____ County: _____

3. Alternate Mailing Name If Different Than #2: *JANET AUGUSTINE* Alternate Mailing Street Address If Different From #2: _____

City Village Town of: _____ State: _____ Zip Code: _____ County: _____

4. Tank Age (date installed, if known: or years old) _____ 5. Tank Capacity (gallons): *550* 6. Tank Manufacturer's Name (if known) _____

B. TYPE OF USER (check one):

1. Gas Station 2. Bulk Storage 3. Utility 4. Mercantile

5. Industrial 6. Government 7. School 8. Residential

9. Agricultural 10. Other (specify): _____

C. TANK CONSTRUCTION:

1. Bare Steel 2. Cathodically Protected and Coated Steel (A. Sacrificial Anodes or B. Impressed Current)

3. Coated Steel 4. Fiberglass 5. Other (specify): _____

6. Relined - Date _____ 7. Steel - Fiberglass Reinforced Plastic Composite 9. Unknown

Approval: 1. Nat'l Std. 2. UL 3. Other: _____ Is Tank Double Walled? Yes No

Overfill Protection Provided? Yes No If yes, identify type: _____ Spill Containment? Yes No

Tank leak detection method: 1. Automatic tank gauging 2. Vapor monitoring 3. Groundwater monitoring 4. Inventory control and tightness testing 5. Interstitial monitoring 6. Not required at present 7. Manual Tank Gauging (only for tanks of 1,000 gallons or less)

D. PIPING CONSTRUCTION

1. Bare Steel 2. Cathodically Protected and Coated or Wrapped Steel (A. Sacrificial Anodes or B. Impressed Current) 3. Coated Steel

4. Fiberglass 5. Other (specify): _____ 9. Unknown

Piping System Type: 1. Pressurized piping with: A. auto shutoff; B. alarm; or C. flow restrictor 2. Suction piping with check valve at tank

3. Suction piping with check valve at pump and inspectable

Piping leak detection method: used if pressurized or check valve at tank: 1. Vapor monitoring 2. Interstitial monitoring

3. Groundwater monitoring 4. Tightness testing 5. Line Leak Detector 6. Not Required

Approval: 1. Nat'l Std 2. UL 3. Other: _____ Double Walled: Yes No

E. TANK CONTENTS

1. Diesel 2. Leaded 3. Unleaded 4. Fuel Oil

5. Gasohol 6. Other 7. Empty 8. Sand/Gravel/Slurry

9. Unknown 10. Premix 11. Waste Oil 12. Propane

13. Chemical * _____ 14. Kerosene 15. Aviation

* If # 13 is checked, indicate the chemical name(s) or number(s) of the chemical or waste.

If Tank Closed, Give Date (mo/day/yr): *11-12-93* Has a site assessment been completed? (see reverse side for details) Yes No

If installation of a new tank is being reported, indicate who performed the installation inspection:

1. Fire Department 2. DILHR 3. Other (identify) _____

Name of Owner or Operator (please print): *JANET AUGUSTINE* Indicate Whether: Owner or Operator

Signature of Owner or Operator: *[Signature]* (Remover) Date Signed: *11-12-93*