

CITY OF WAUKESHA FIRE DEPARTMENT

130 W. ST. PAUL AVENUE
WAUKESHA, WI 53188
PHONE: (262) 524-3648
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FLAMMABLE LIQUID TANKS INSTALLATION APPLICATION

APPLICATION IS MADE TO THE WAUKESHA FIRE DEPARTMENT TO:

- INSTALL TANKS AND/OR LINES
- INSTALLATION OF PIPING
- REVISE A PLAN
- RELINE TANKS
- NEW INSTALLATION OF SELF OR KEY-CARD-CODE
- CONVERT FULL SERVICE TO SELF OR CONVERT TO KEY CODE
- UPGRADE FOR SPILL PROTECTION
- UPGRADE FOR OVERFILL

All work is to be done in accordance with the following detailed statement and attached plans, subject to the orders of the Dept. of Industry, Labor, and Human Relations. The installation in all respects will comply with applicable provisions of Chapter COMM 10 of the Wis. Administrative Code, FLAMMABLE AND COMBUSTIBLE LIQUIDS.

DIRECTIONS:

Each plan submittal must include a plot plan drawn to scale, (not smaller than 1" = 20 ft. showing): 1) Property lines; 2) buildings; 3) tanks; 4) piping; 5) load and unload racks OR pump islands; 6) streets and highways; 7) streams and bodies of water within 200 ft. of tanks; 8) vehicular routes; 9) distances; 10) wells; 11) spill containment device; 12) overfill protection method, and 13) leak detection system to be used, including location of monitoring wells, if used. (If groundwater or vapor monitoring wells are used, data must be submitted to show that the installation complies with State Statute 280.43 and 280.44).

Submit this form and four (4) copies of the design and plot plan along with the required fees

Three (3) copies of the plans and a letter of conditional approval will be returned to you after approval. When a tank is relined, the "Quality Control Tank Lining Compliance Report" must be submitted to the Fire Department once the relining is complete. A final inspection of the site must be performed by the local fire inspector or other authorized individual before the tank is covered and put into service.

FEE SCHEDULE: (Payable to the City of Waukesha)

INSTALLATION OR RELINING

	<u>No. of Tanks</u>	<u>Cost</u>	<u>Subtotal</u>
PLAN REVIEW (One Tank or Component)	1	x \$ 75.00	\$ 75.00
(Each additional tank or component – up to 10 – add an add'l. \$25.00 each)	_____	x \$ 25.00	_____
11 or More Tanks or Components (Maximum fee: \$150.00)	TOTAL PLAN EXAMINATION FEES:		
SITE INSPECTION - \$100.00 Each Tank/Component (\$100 Min. Charge; \$500 Max. Charge)	_____	x \$ 100.00	_____
RELINING (Incl. Inspection Fee) – Per Submission	_____	x \$ 100.00	_____
<u>NEW CONSTRUCTION/CONVERSION</u>			
<u>TO SELF-SERVICE, KEY-CARD-CODE</u> – Per Submission	_____	x \$ 100.00	_____

ADDITION OR UPGRADE FOR LEAK DETECT/SPILL PROTECT/OVERFILL PROTECT/CORROSION PROTECTION

PLAN REVIEW	\$ 50.00
SITE INSPECTION	\$ 75.00
<u>REVISION – PREVIOUSLY APPROVED PLAN</u>	\$ 50.00

TOTAL FEE SUBMITTED: _____

(PLEASE PRINT)

LOCATION:				
Owner/Operator:		Establishment Name:		
Street Address:	City:	County:	State:	Zip Code:

TANK SPECIFICATIONS (Each Tank):

	Horizontal	Vertical	Undergrnd	Above Grnd	Capacity	Contents	New	Used*	Gauge
1									
2									
3									
4									

*If used, indicate what mfg. has recertified the tank(s):

Size of Fill Pipe:

Size & Height of Vent:

Is pump motor explosion proof?

Are pump switches explosion proof:

Are bonds & grounding provided at load/unload racks?

YES

NO

YES

NO

YES

NO

What type of overfill protection is provided? Also indicate manufacturer and model number:

What type of spill containment device? Also indicate manufacturer and model number:

UNDERGROUND TANKS:

Distance Buried:

The tank is:

Steel

Fiberglass

Other (Specify):

Approval: National Standard

UL

Other (Specify):

Double Walled?

YES

NO

	Tank Capacity	How Many Anodes (If Steel Tank)	Size of Anodes	Specify: Dielectric Union or Isolation Bushing	Name of Approved Tank Coating:
1				DU IB	
2				DU IB	
3				DU IB	
4				DU IB	

TANK LEAK DETECTION METHOD: (Location of all monitoring wells and/or monitors must be shown on plans):

Automatic Tank Gauging

Vapor Monitoring

Groundwater Monitoring

Interstitial Monitoring

Inventory Control & Tightness Testing (Every 5 Yrs. for 10 Yrs.)

Manual Tank Gauging (for tanks of 1,000 gal. or less)

PIPING:

The Piping is:

Steel

Fiberglass

Other (Specify):

Approval: National Standard

UL

Other (Specify):

Double Walled?

YES

NO

Corrosion protection for steel piping provided by:

Cathodic protection

Impressed current

Pipes Coated?

Yes

No

Name of Approved Coating? (Identify):

Indicate: Pressurized

Suction with check valve at tank

Suction w/check valve inspectable below pump at dispenser

If pressurized piping, indicate if:

Alarm

Flow restrictor

Auto shutoff

Provide Model:

PIPING LEAK DETECTION METHOD: (Location of all monitoring wells and/or monitors must be shown on plans):

If pressurized or check valve at tank, indicate leak detection method used:

Vapor monitor

Interstitial monitoring

Tightness testing

Line leak detector

ABOVEGROUND TANKS:

Regular Vent/Pressure Vacuum	Make:	Number:	Size	CFH
Emergency Relief Vent	Make:	Number:	Size	CFH
Emergency Internal Valve	Make:	Number:	Size	

Diking Provided? Yes No

Remote impounding?

Are the dike walls and base impervious?

Specify Distance Between Tanks:

If no, provide tank material approval #:

Yes

No

WALLS? Yes No BASE? Yes No

WHERE SHOULD PLAN APPROVALS BE SENT?

Owner/Operator	Certified Installer	Name:
Street Address:	City/State/Zip Code:	

CERTIFICATION:

I certify by signature that provisions of the current Flammable and Combustible Liquids Code and 40 CFR Part 280, listed or not listed on this document, will be complied with. Also, no tank will be installed within 100 ft. of a well (DNR Rule).

SIGNATURE

DATE SIGNED

TELEPHONE NUMBER