

**Complete One Form for Each System Service Event**

**TANK SYSTEM SERVICE AND CLOSURE ASSESSMENT REPORT**

**RETURN COMPLETED CHECKLIST TO:**

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

**CHECK ONE:**  
 **UNDERGROUND**  
 **ABOVEGROUND**

Wisconsin Department of Commerce  
 ERS Division  
 Bureau of Petroleum Products and Tanks  
 P.O. Box 7837  
 Madison, WI 53707-7837

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

**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 (Please Print)**

1. Site Name		2. Owner Name	
Site Street Address (not P.O. Box)		3. Contact Name <span style="float:right">Job Title</span>	
Municipality		Contact Mailing Address	
<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of:		Municipality	State <span style="float:right">Zip Code</span>
Zip Code	County	County	Telephone No. (include area code) ( )
4. Primary Service Contractor Section A above		Service Contractor Street Address	
Service Contractor Telephone No. (include area code) ( )		Service Contractor City, State, Zip Code	

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

a	b	c	d	e	f	g	h	
Tank ID #	Type of Closure <sup>1</sup>	Tank Material of Construction	Piping Material of Construction	Tank Capacity (gallons)	Contents <sup>2</sup>	Release - System Integrity Compromised (e.g. holes, cracks, loose connection, etc)?	If "Yes" to "g", Then Specify Source & Cause of Release <sup>5</sup>	
						<input type="checkbox"/> Y <input type="checkbox"/> N	Source of Release <sup>3</sup>	Cause of Release <sup>4</sup>
						<input type="checkbox"/> Y <input type="checkbox"/> N		
						<input type="checkbox"/> Y <input type="checkbox"/> N		
						<input type="checkbox"/> Y <input type="checkbox"/> N		
						<input type="checkbox"/> Y <input type="checkbox"/> N		
						<input type="checkbox"/> Y <input type="checkbox"/> N		

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))

CAS number(s): \_\_\_\_\_

3. Source of release: T = tank, P = piping, D = dispenser, STP = submersible turbine pump, DP = delivery problem, O = other  
 4. Cause of release: S = spill, O = overflow, POMD = physical or mechanical damage, C = corrosion, IP = installation problem, O = other  
 5. 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 15 days in advance of closure date.  Y  N  
 All local permits were obtained before beginning closure.  Y  N  NA  
 UST Form ERS-7437 or  AST Form ERS-8731 filed by owner with the Dept. of Commerce indicating closure.  Y  N  NA  
**NOTE: TANK INVENTORY FORM ERS-7437 or ERS-8731 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	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"/>
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"/>
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"/>
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"/>
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"/>
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"/>

5. Vent lines left open.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<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"/>

**D.2.  CLOSURE BY REMOVAL OR IN-PLACE**

**1. General Requirements**

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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>

**2. Specific Closure-by-Removal Requirements**

a. Tank removed from excavation after <b>PURGING/INERTING</b> ; 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"/>
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"/>
c. Tank labeled in 2" high letters 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"/>
<b>NOTE: COMPLETE TANK LABELING SHOULD INCLUDE WARNING AGAINST REUSE; FORMER CONTENTS; VAPOR STATE; VAPOR FREEING TREATMENT; DATE.</b>			
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"/>
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"/>

**3. Specific Closure-In-Place Requirements**

**NOTE: CLOSURES IN-PLACE ARE ONLY ALLOWED WITH THE PRIOR WRITTEN APPROVAL OF THE DEPARTMENT OF COMMERCE 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"/>
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"/>
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"/>
d. Inventory form filed by owner with the Department of Commerce indicating closure in-place.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>

**E. REPAIR, UPGRADE OR CHANGE IN SERVICE**

Written notification was provided to the local agent 15 days in advance of service date.  Y  N  NA  
 All local permits were obtained before beginning service.  Y  N  NA  
 Form ERS-7437 or  ERS-8731 filed by owner with the Department of Commerce 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.  
 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 CO<sub>2</sub> or N<sub>2</sub> **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 0% 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 \_\_\_\_\_  
 I attest that the procedures and information which I have provided as the tank closure contractor are correct and comply with Comm 10.  
 Company expected to perform soil contamination assessment \_\_\_\_\_

**H. INSPECTOR INFORMATION**

Inspector Name (print) \_\_\_\_\_ Inspector Signature \_\_\_\_\_ Inspector Cert # \_\_\_\_\_ LPO Agency #: \_\_\_\_\_  
 FDID # For Location Where Inspection Performed \_\_\_\_\_ Inspector Telephone Number \_\_\_\_\_ Date Signed \_\_\_\_\_

**Part B – To be completed by environmental professional**

**I. TANK-SYSTEM SITE ASSESSMENT (TSSA)**

**Site Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

To determine if a TSSA is required, see Comm 10 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 Commerce # \_\_\_\_\_, or DNR BRRT's # \_\_\_\_\_.

b. Number of active tanks<sup>1</sup> 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:  Y  N    b. Petroleum odor:  Y  N    c. Water In excavation/trench:  Y  N

d. Free product in the excavation/trench:  Y  N    e. Sheen or free product on water:  Y  N

**3. Geology/Hydrogeology**

a. Depth to groundwater \_\_\_\_\_ feet    b. Indicate type of geology<sup>2</sup> \_\_\_\_\_

(Note 2: Use these symbols individually or in combination as appropriate: C = Clay, SLT = Silt, S = Sand, Gr = Gravel)

**4. Receptors**

a. Water supply well(s) within 250 feet of the facility?  Y  N    If yes, specify \_\_\_\_\_

b. Surface water(s) within 1000 feet of the facility?  Y  N    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**

---



---



---



---



---



---



---



---



---



---

