

**WISCONSIN
STORAGE TANK ALTERNATIVE FUEL
INSTALLATION / CONVERSION APPLICATION**

Environmental & Regulatory Services Division
Bureau of Petroleum Products and Tanks
P.O. Box 7837
Madison, WI 53707-7837
(608) 267-9795 (608) 266-8981

INSTRUCTIONS: Part I if this form is to be submitted to the Department of Commerce along with the plan submittal for new installations, or submitted independently for conversions of existing systems from conventional motor fuels to blends greater than 10% ethanol or for biodiesel blends greater than B5. For existing tank systems, Part I of this form shall be completed and submitted for approval prior to the conversion to the address in the upper right corner of this page. Part II shall be given by the contractor to the owner/operator for completion prior to system operation and retained on-site for Commerce Inspector review. **Note:** Tanks with interior lining will not be approved for alternative fuel storage.

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

Part I

1. OWNER INFORMATION Customer ID# Name	2. PROJECT INFORMATION Site ID# Facility ID# Facility Name	3. CONTRACTOR INFORMATION Customer ID# Contractor Name
Company Name	Site Address	Number and Street
Number and Street	<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of:	City, State, Zip Code
City, State, Zip Code	County	Contact Person Customer ID#
Telephone Number Fax Number () ()	Fire Dept. Providing Fire Coverage FDID#	Telephone Number Fax Number () ()

4. Tank Information

Tank Orientation: Underground Aboveground New Tank Existing Tank → Date Installed: _____ **Reg. Object #:** _____

Tank leak detection method: Automatic tank gauging Inventory control and tightness testing Interstitial monitoring
 Statistical Inventory Reconciliation (SIR) Visual (Aboveground storage tank only)

Component:	Existing Manufacturer	Existing Model/Brand	New Equip. Manufacturer	New Equip. Model/Brand	UL Listed or Verified by Manufacturer for Fuel to be stored
<i>Note: Write "HC" and the treatment material if a hard-coat treatment is used to achieve compatibility.</i>					
Tank construction material;					<input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> Unknown
Spill bucket					<input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> Unknown
Overfill / Auto shut-off / Ball float					<input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> Unknown
Drop tube					<input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> Unknown
STP/Suction pump					<input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> Unknown
Leak detection probes					<input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> Unknown
Sump monitoring sensors					<input type="checkbox"/> Material Approval

5. Pipe Information:

New **Existing** **Mixed (New/Existing)** **Existing Pipe Install Date:** _____

Configuration: Single wall Double wall **Type:** Steel Fiberglass Flexible Other _____ **Sumps:** Submersible Pipe Connections

Pipe fitting/valve material					<input type="checkbox"/> Listed (N/E) <input type="checkbox"/> Verified (N/E) <input type="checkbox"/> Unk (N/E)
Gaskets/seals					<input type="checkbox"/> Listed (N/E) <input type="checkbox"/> Verified (N/E) <input type="checkbox"/> Unk (N/E)
Pipe sealant/adhesive					<input type="checkbox"/> Listed (N/E) <input type="checkbox"/> Verified (N/E) <input type="checkbox"/> Unk (N/E)
Flex connector					<input type="checkbox"/> Listed (N/E) <input type="checkbox"/> Verified (N/E) <input type="checkbox"/> Unk (N/E)
Line leak detector					<input type="checkbox"/> Listed (N/E) <input type="checkbox"/> Verified (N/E) <input type="checkbox"/> Unk (N/E)
Flow restrictor					<input type="checkbox"/> Listed (N/E) <input type="checkbox"/> Verified (N/E) <input type="checkbox"/> Unk (N/E)

6. Dispenser Information:

Dedicated E85 Hose: Yes No **Blending dispenser:** Yes No **Containment sump under dispenser:** Yes No

Dispenser piping					<input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> Unknown
Dispenser Sump					<input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> Unknown
Dispenser sump sensor					<input type="checkbox"/> Material Approval
Gaskets/seals					<input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> Unknown
Blending valve					<input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> Unknown
Check valve					<input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> Unknown
Meter					<input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> Unknown
Emergency valve					<input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> Unknown
Fuel filters					<input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> Unknown
Break-away device					<input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> Unknown
Nozzle(s)/Swivel(s)					<input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> Unknown
Hose(s)					<input type="checkbox"/> Listed <input type="checkbox"/> Verified <input type="checkbox"/> Unknown

Comments:

FEES: (Fee table on reverse side)	Plan Review	Inspection	Total
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Alternative Fuel Conversion Fee \$ _____ (7636) \$ _____ (8253) \$ _____

I certify by signature that I have personally examined and/or am familiar with the information submitted to verify system alternative fuel compatibility, and the information is true, accurate, and complete.

Signature of petroleum equipment contractor or professional engineer Date: _____

For Office Use Only

Transaction #

Plan Review
 Copy to Inspector
 Copy to Permit

Part II

Responsibilities of Tank Owner/Operator Before Blends of Greater than 10% Ethanol or 5% Biodiesel is Transferred to the Tank

- Determine equipment compatibility - Part I of this form.
- Inform the facility's UST insurance carrier of plans to convert to a gasoline-ethanol blend exceeding 10% ethanol or biodiesel exceeding 5%. The UST insurance carrier may have additional requirements other than what Commerce or Comm 10 requires.
- Obtain an amended certificate of insurance indicating UST coverage for the ethanol or biodiesel blend stored and submit to Commerce.
- Check for water in the tank. No level of water is acceptable for gasoline-ethanol blended fuels.
- All visible fittings and connections at the top of the tank are tight (no vapors escape and no water enters).
- Sump and spill containment covers secured to prevent water from entering.
- Water infiltration problems fixed if necessary.
- The tank has been cleaned of all water and sediment. Company providing service:
Company providing service: _____
City: _____ State: _____ Telephone #: _____
- How / where is product being disposed of: _____
- Fill labeling - Identify fill port and paint access cover according to API RP 1637.
- Dispenser labeling – label dispenser in compliance with Comm 48.

First Delivery

- Tank filled to 80 percent capacity (recommended by the Renewable Fuels Association or RFA) and kept as full as possible for 7 to 10 days.
- Conduct a precision test of the tank system (0.1 gph leak rate) with ATG system within seven days after tank is filled to make sure system is tight and leak detection equipment is operating properly. Report any "Fail" results.
- Test for water (use alcohol compatible paste if you stick your tanks) at the beginning of each shift for the first 48 hours after delivery (RFA). If there is water in the tank, remove it, find out how it got there and fix it so it doesn't occur again.
- Have dispenser calibrated prior to any retail sales.
- Prior to dispensing, notify Commerce Retail Inspector that ethanol or biodiesel has been delivered and the dispensing system is going operational.
- Submit Tank Registration Form ERS-7437 or ERS-8731 along with a completed copy of ERS-9 Alternative Fuels Application Form.

Tank Owner Signature

Company

(Note: By signing, signer is acknowledging that all the above preparatory items have been conducted.)

Print Tank Owner Name

Date

Failure to submit this form with all items completed will result in the tank and dispenser being subject to red-tagging and shutdown.

A tank with any "unknowns" will not be approved for service for gasoline-ethanol blends exceeding 10% ethanol or biodiesel blends exceeding 5% without a statement from the contractor or professional engineer stating that in their professional judgment the system is acceptable for service in the alternative fuel. Without such statement the tank and dispenser will be subject to red-tagging and shutdown.

Fee Submittal	Plan Review Fee	Installation Inspection Fee	Plan Revision Fee	Re-inspection Fee
When submitted independent of a broader plan submittal application	\$35	\$100 Except conversion to SIR	\$100	\$100