



**FARM & CONSTRUCTION AST
INSTALLATION NOTIFICATION**
(less than 1,100 gallons)

For Office Use	
Date Received	_____
Unique Doc. #	_____
Reviewer	_____

INSTRUCTIONS: Fill in ALL applicable data. Failure to complete the form entirely may cause additional delay. Submit this form with the appropriate fee as determined below to the authority with jurisdiction for the site location. For a listing of program inspection agencies and their addresses, visit the Department of Agriculture, Trade & Consumer Protection (DATCP) website at http://dsps.wi.gov/php/er-lpolicies/lpo_agency_list.php **Consult local ordinances for any additional requirements.**

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

SITE OWNER INFORMATION	TANK LOCATION	CONTRACTOR INFORMATION
Name	Address	Contractor Name
Address	City, State, Zip Code	Number and Street
City, State, Zip Code	<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of	City, State, Zip Code
County	Fire Dept. Providing Fire Coverage	Contact Person Installer ID#
Telephone Number ()	FDID#	Telephone Number Fax Number () ()

TANK SPECIFICATIONS:

Tank is for: Farm application Construction project Tank is: Temporary- Term of project : _____ Permanent
 Tank Capacity _____ (less than 1,100 gal.) Tank Contents _____ Will tank be relocated on site? YES NO
 Tank Steel Gauge Thickness _____ Manufacturer (if known) _____
 Overfill protection consists of a vent whistle or site gauge Tanks are separated from each other by at least 3 ft? YES NO
 Normal Vent Diameter 1 1/2" 2" 2 1/2" 3" Emergency Vent Size (NFPA 30-22.7): _____ inch
 Markings include "KEEP 40 FT FROM BUILDINGS" and "FLAMMABLE -- KEEP FIRE AND FLAME AWAY" and the tank contents? Yes

ANCILLARY EQUIPMENT:

Top Opening Tanks

Pump is approved for proposed use and is permanently affixed to the tank? Yes Insp. Ver
 Pump is equipped with an antisiphoning device or the dispensing nozzle is of a self-closing type? Yes Insp. Ver
 The pump or hanger is equipped so that at least one can be padlocked to prevent tampering? Yes Insp. Ver
 The hose is approved for the proposed use? Yes Insp. Ver
 The electrical wiring servicing the pump and immediate area meets SPS 316? Yes

Gravity Dispensing Tanks

The discharge connection valve is a heat-activated, self-closing valve designed to close in the event of a fire? Yes Insp. Ver
 The discharge connection valve can be manually closed or is attached to a valve that can be manually closed? Yes Insp. Ver
 The hose is approved for the proposed use and is equipped with a self-closing nozzle? Yes Insp. Ver
 The hose is equipped so that it can be padlocked to the hanger? Yes Insp. Ver
 Are the support bases at grade level? Yes Insp. Ver. Type of Tank Supports (must be non-combust.) _____

SETBACKS

Tank and dispensing system comply with setback requirements of SPS 310.260? Yes Insp. Ver
 Tank and any vehicle that will be fueling from the tank meet setbacks from all buildings, haystacks, and other combustible structures? Yes Insp. Ver
 Tank located in an easement or right-of-way inhibiting such use (utility easement, etc.)? NO Insp. Ver

FEE

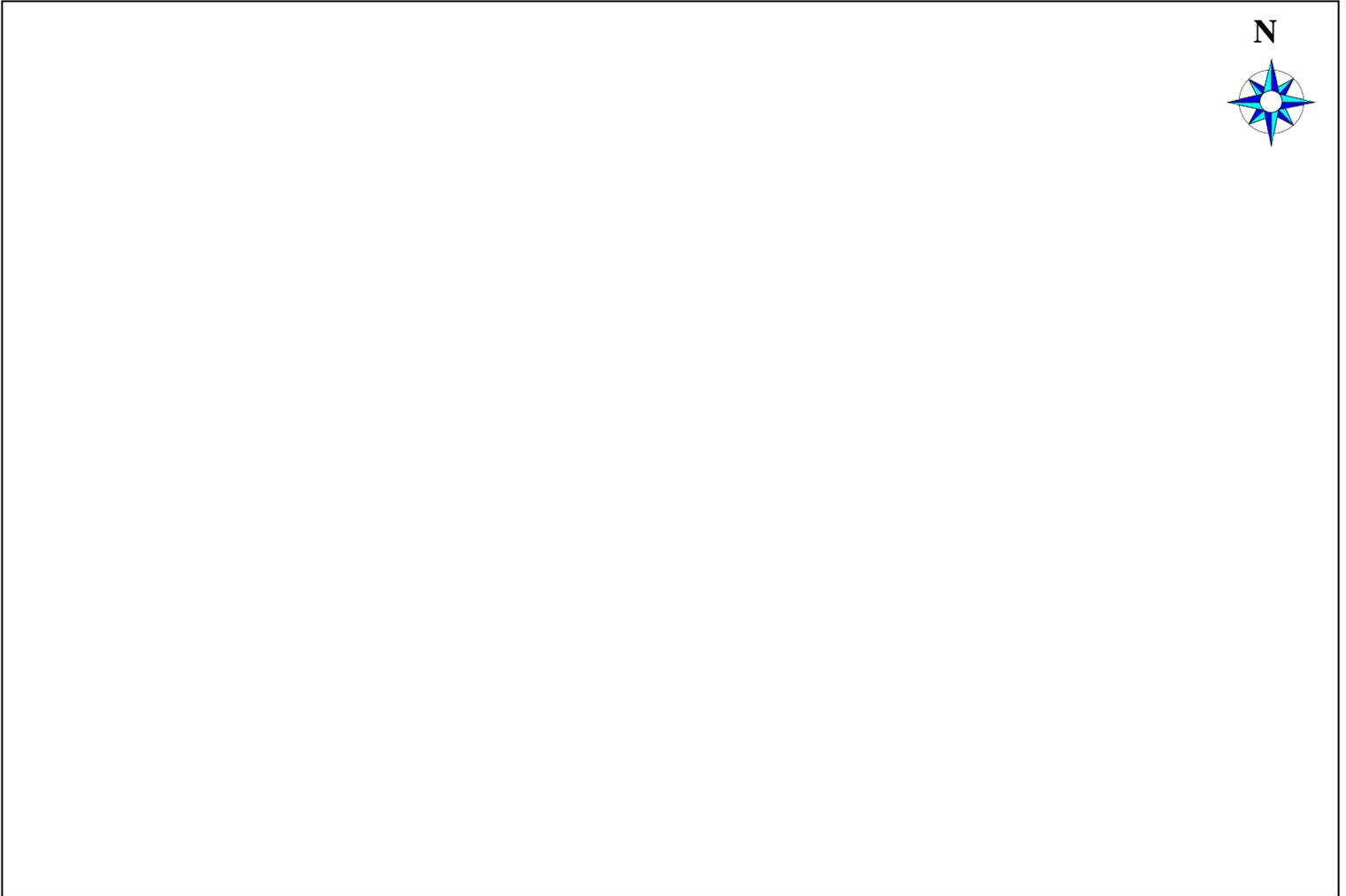
Submission of this form must include the appropriate fee as determined below. **Without the appropriate fee, this form will not be processed.**

Inspection Fee (inspection within 5 working days) \$75
 If applicable, additional expedited inspection fee (inspection within 2 working days) \$25

Total Amount Enclosed \$ _____

Complete diagram and signatures on back of this form.

In the space provided, complete a drawing of the proposed tank installation. Sketch a blueprint of the proposed location of the farm tank. In the drawing, include all roads, buildings, other combustible structures, well location(s), and utility easements within 500' of the proposed location. All drawings must include at least one roadway.



N



Comments: _____

As the installer, I certify that the information contained herein is true and accurate to the best of my knowledge.

Signed _____ Cert. #: _____ Date: _____

Inspector's signature: _____ ID #: _____ LPO Agent #: _____

Date: _____