TR-WM-137 (11/23) Formerly ERS 7437

Wisconsin Department of Agriculture, Trade and Consumer Protection
Bureau of Weights and Measures
PO Box 7837 Madison, WI 53707-7837
(608) 224-4942

FOR OFFICE USE ONLY

Wis. Admin. Code §ATCP 93.140

UNDERGROUND FLAMMABLE/COMBUSTIBLE/HAZARDOUS LIQUID STORAGE TANK REGISTRATION

Personal information you provide may be used for purposes other than that for which it was originally collected (s. 15.04(1)(m) Wis. Stats.).

Underground tanks in Wisconsin that have stored or currently store petroleum or regulated substances must be registered.
A separate form is needed for each tank. Send each completed form to the agency designated above.

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 ☒ piping status that is *(check one)*: Date of status change: 10/14/26

- ☐ In Use
- ☐ Newly Installed
- ☐ Temporarily Out of Service – Provide Date:
- ☐ Ownership Change (Indicate new owner name in box 2 – *attach deed)*
- ☐ Abandoned with Water
- ☒ Closed - Removed
- ☐ Closed – Filled with Inert Materials
- ☐ Abandoned with Product
- ☐ Abandoned without Product (empty)
- ☐ Change of Site/Facility Address Only (complete boxes 1.a. and b. below)

IDENTIFICATION (Please Print)

1. TANK SITE NAME: JENNIFER VRANA	COUNTY: WAUKESHA	PHONE: ( ) -	
a. CURRENT SITE STREET ADDRESS: S77W32781 COUNTRY LANE	☐ CITY ☐ VILLAGE ☒ TOWN OF: MUKWONAGO	STATE: WI	ZIP: 53149
b. PREVIOUS SITE STREET ADDRESS	☐ CITY ☐ VILLAGE ☐ TOWN OF:	STATE	ZIP

Fire Dept. providing fire coverage where tank is located: ☐ CITY ☐ TOWN ☐ VILLAGE of: MUKWONAGO

2. TANK OWNER LEGAL NAME: JENNIFER VRANA	COUNTY: WAUKESHA	PHONE: Check ☐ CELL or ☐ LAND ( ) -	
MAILING ADDRESS: S77W32781 COUNTRY LANE	☐ CITY ☐ VILLAGE ☒ TOWN OF: MUKWONAGO	STATE: WI	ZIP: 53149
3. PROPERTY OWNER NAME *(if different from Tank Owner Legal Name #2)*	COUNTY *(if different from County #2)*		
PROPERTY OWNER ADDRESS *(if different from Site Street Address #1)*	☐ CITY ☐ VILLAGE ☐ TOWN OF:	STATE	ZIP

4. CLASS A NAME	DOB	CERTIFICATION: (Attach certificate)
5. CLASS B NAME	DOB	CERTIFICATION: (Attach certificate)

SITE ID:	FACILITY ID #	CUSTOMER ID #
Tank Capacity (gallons): 1000	Tank Age (age or date installed):	Vehicle fueling: ☐ Yes ☒ No

LAND OWNER TYPE *(Refer to back; check one)*: ☐ County ☐ State ☐ Federal Leased ☐ Federal Owned ☐ Tribal Nation ☐ Municipal ☐ Other Government ☒ Private

OCCUPANCY TYPE *(check one)* Refer to back
☐ Retail Fuel Sales ☐ Mercantile/Commercial ☐ Bulk Storage ☐ Terminal Storage ☐ Industrial ☒ Residential ☐ School ☐ Government Fleet
☐ Agricultural (crop or livestock production) ☐ Utility ☐ Backup or Emergency Generator ☐ Other (specify):

TANK CONSTRUCTION:
☒ Bare Steel ☐ Coated Steel ☐ Steel – Fiberglass Reinforced Plastic Composite
☐ Fiberglass ☐ Unknown ☐ Other (specify): ☐ Lined (date):

Overfill Protection? ☐ Yes ☒ No
Spill Containment? ☐ Yes ☒ No
Tank Double Walled? ☐ Yes ☒ No

TANK CATHODIC PROTECTION: ☐ Sacrificial Anodes ☐ Impressed Current ☒ N/A

TANK LEAK DETECTION METHOD: ☐ Automatic tank gauging ☐ Interstitial monitoring ⇨ Electronic ☐ Yes ☐ No ☐ Statistical Inventory Reconciliation (SIR)
☒ Manual tank gauging (only for tanks of 1,000 gallons or less) ☐ Unknown

PIPING CONSTRUCTION: ☒ Single Wall ☐ Double Wall:
☒ Bare Steel ☐ Coated Steel ☐ Fiberglass ☐ Flexible ☐ Copper ☐ Unknown ☐ N/A ☐ Other:

PIPING CATHODIC PROTECTION: ☐ Sacrificial Anodes ☐ Impressed Current ☒ N/A

PRIMARY PIPING SYSTEM TYPE: ☐ Pressurized piping with ⇨ ☐ A. Pump auto shutoff - ELLD ☐ B. Flow restrictor – MLLD ☒ Unknown
☐ Suction piping with check valve at tank ☐ Suction piping with check valve at pump and inspectable ☐ Not needed if waste oil

PIPING LEAK DETECTION METHOD: ☐ Interstitial monitoring ⇨ Electronic ☐ Yes ☐ No ⇨ Sump or cable sensor ☐ Yes ☐ No
☐ Tightness testing ☐ Electronic line monitor - ELLD ☐ SIR ☐ Not required ☒ Unknown

TANK CONTENTS *Current, or previous product (if tank now empty)* (* = NOT PECFA eligible)
☐ Leaded ☐ Unleaded ☐ Gas-ethanol blend: ___ % ethanol ☐ Diesel
☐ Bio-Diesel: ___ % ☐ Hazardous Waste/Interface* ☐ Kerosene ☒ Fuel Oil ☐ Premix ☐ New Oil ☐ New oil – Flash point less than 200°F
☐ Waste/Used Motor Oil ⇨ ☐ Used for Heating ☐ Aviation ☐ Empty* ☐ Sand/Grave/Slurry* ☐ Unknown
☐ Other (specify): ☐ Chemical* Name: CAS#

Has a site assessment been completed? *(see reverse side for details)* ☐ Yes ☒ No

TANK OWNER LEGAL NAME (please print): X Jennifer Vrana	TANK OWNER E-MAIL
TANK OWNER SIGNATURE (Note: By signing, signer is accepting legal and financial responsibility for the storage tank system.): X Jennifer Vrana	DATE: 10-14-2026

Note: Refer to comments on reverse side of form.

TR-WM-140 (rev. 05/2026)

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Phone: (608) 224-4942

TANK SYSTEM SERVICE AND CLOSURE ASSESSMENT REPORT

Per the requirements of Wis. Stat. § 15.04(1)(m), the following information is provided. This form is authorized by Wis. Stat. §§ 93.07(2) and 168.23. Completion of this form TR-WM-140 is mandatory under Wis. Admin. Code § ATCP 93.560(2). Under Wis. Stat. § 168.26, failure to complete this form as required by ATCP 93.560(2) is subject to a civil forfeiture of not less than $10 nor more than $5,000 and each day of continued violation is a separate offense. This form is subject to Wisconsin's public records laws, Wis. Stat. §§ 19.31 to 19.39. Therefore, personally identifiable information you provide in this form might be used for purposes other than for which it was originally collected. *Wis. Admin. Code § ATCP 93.560*

Complete One Form for Each System Service Event. For portions of the form that do not apply, check the "N/A" box.

(Choose one): ☑ Underground ☐ Aboveground

PART A – TO BE COMPLETED BY CONTRACTOR PERFORMING REPAIR OR CLOSURE

A. TYPE OF SERVICE

(Choose one): ☑ Closure ☐ Repair/Upgrade ☐ Change-in-Service

If repair, upgrade, or change-in-service is being performed, indicate portion of system being serviced:

☐ Remote fill ☐ Tank ☐ Piping ☐ Transition/Containment sump ☐ Spill bucket ☐ Dispenser

B. IDENTIFICATION

Owner Information

OWNER NAME:	CONTACT NAME:	TITLE:
JENNIFER VRANA	JENNIFER VRANA	OWNER

MAILING ADDRESS:	☐ CITY ☒ TOWN ☐ VILLAGE:	STATE:	ZIP CODE:
S77W32781 COUNTRY LANE	MUKWONAGO	WI	53149

PHONE:	EMAIL:

Site Information

FACILITY NAME: JENNIFER VRANA

SITE ADDRESS (Not PO BOX):	☐ CITY ☒ TOWN ☐ VILLAGE:	STATE:	ZIP CODE:
S77W32781 COUNTRY LANE	MUKWONAGO	WI	53149

Service Contractor Information

TANK SPECIALTY FIRM NAME:	TANK SPECIALTY FIRM REGISTRATION #:	PHONE:	CELL:
A-1 Tank Removal LLC	402036	262-252-4030	

ADDRESS:	☐ CITY ☐ TOWN ☑ VILLAGE:	STATE:	ZIP CODE:
W178 N6006 Praire Sky Ct	Menomonee Falls	WI	53051

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

A. Tank ID #	B. Type of Closure[1]	C. Tank Material of Construction	D. Piping Material of Construction	E. Tank Capacity (gallons)	F. Contents[2]	G. Release - System Integrity Compromised (e.g. holes, cracks, loose connection, etc)?	If "Yes" to "G", then specify Source of Release[3] & Cause of Release[4]
	R	STEEL	STEEL	1000	FO	☐ Yes ☒ No	[3] & [4]
						☐ Yes ☐ No	[3] & [4]
						☐ Yes ☐ No	[3] & [4]
						☐ Yes ☐ No	[3] & [4]
						☐ Yes ☐ No	[3] & [4]
						☐ Yes ☐ No	[3] & [4]

KEY ON NEXT PAGE

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1. Indicate type of closure: R = Removal, TOS = Temporarily Out-of-Service, CIP = Closure In-Place

2. Indicate contents (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)*:

3. Source of release: T = Tank, P = Piping, D = Dispenser, STP = Submersible Turbine Pump, DP = Delivery Problem, O = Other, UNK = Unknown

4. Cause of release: S = Spill, O = Overfill, POMD = Physical or Mechanical Damage, C = Corrosion, IP = Installation Problem, O = Other, UNK = Unknown

CAS number(s):

Has release been reported to the Wisconsin Department of Natural Resources?
☐ Yes ☒ No ☒ Release not evident at this time (pending sample analysis)

D. CLOSURES *(Check applicable box at right in response to all statements in section D)*

Written notification was provided to the local agent 5 days in advance of closure date. ☒ Yes ☐ No

All local permits were obtained before beginning closure. ☑ Yes ☐ No ☐ N/A

☑ UST Form TR-WM-137 or ☐ AST Form TR-WM-118 filed by owner with the DATCP indicating closure.
☑ Yes ☐ No ☐ N/A

Note: *Tank inventory form TR-WM-137 or TR-WM-118 signed by the owner must be submitted with each closure or change-in-service checklist*

1. General Requirements	**Remover Verified**	**Inspector Verified**	**Inspector Not Present**	**N/A**
a. Product from piping drained into tank (or other container).	☑ Y ☐ N	☐ Y ☐ N	☒	☐
b. Piping disconnected from tank and removed.	☑ Y ☐ N	☐ Y ☐ N	☒	☐
c. All liquid and residue removed from tank using explosion-proof pumps or hand pumps prior to removing tank from excavation.	☑ Y ☐ N	☐ Y ☐ N	☒	☐
d. All pump motors and suction hoses bonded to tank or otherwise grounded.	☑ Y ☐ N	☐ Y ☐ N	☒	☐
e. Fill pipes, gauge pipes, vapor recovery connections, submersible pumps and other fixtures removed.	☑ Y ☐ N	☐ Y ☐ N	☒	☐
f. Vent lines left connected until tanks purged.	☑ Y ☐ N	☐ Y ☐ N	☒	☐
g. Tank openings temporarily plugged so vapors exit through vent.	☑ Y ☐ N	☐ Y ☐ N	☒	☐
h. Tank atmosphere reduced to 10% of the lower flammable range (LEL) - see Section E.	☑ Y ☐ N	☐ Y ☐ N	☒	☐
2. Specific Closure-By-Removal Requirements	**Remover Verified**	**Inspector Verified**	**Inspector Not Present**	**N/A**
a. Tank removed from excavation after PURGING/INERTING; placed on level ground and blocked to prevent movement.	☑ Y ☐ N	☐ Y ☐ N	☒	☐
b. Tank cleaned before being removed from site.	☑ Y ☐ N	☐ Y ☐ N	☒	☐
c. Tank labeled in full compliance with API 1604 after removal but before being moved from site. **Note:** *Complete tank labeling should include warning against reuse; former contents; vapor state; vapor freeing treatment; month/day/year of removal.*	☑ Y ☐ N	☐ Y ☐ N	☒	☐
d. Tank vent hole (1/8" in uppermost part of tank) installed prior to moving the tank from site.	☐ Y ☑ N	☐ Y ☐ N	☒	☐
e. Site security is provided while the excavation is open.	☑ Y ☐ N	☐ Y ☐ N	☒	☐
3. Specific Closure-In-Place Requirements **Note:** *Closures in-place are only allowed with the prior written approval of the Wisconsin Department of Agriculture, Trade and Consumer Protection (DATCP).*	**Remover Verified**	**Inspector Verified**	**Inspector Not Present**	**N/A**
a. Tank properly cleaned to remove all sludge and residue.	☐ Y ☐ N	☐ Y ☐ N	☐	☒
b. Solid inert material (sand, cyclone boiler slag, or pea gravel recommended) introduced and tank filled.	☐ Y ☐ N	☐ Y ☐ N	☐	☒
c. Vent line disconnected or removed.	☐ Y ☐ N	☐ Y ☐ N	☐	☒
d. Inventory form filed by owner with DATCP indicating closure in-place.	☐ Y ☐ N	☐ Y ☐ N	☐	☒

E. REPAIR, UPGRADE OR CHANGE-IN-SERVICE

a.	Written notification was provided to the local agent 5 days in advance of service date.	☐ Yes ☐ No ☑ N/A
b.	All local permits were obtained before beginning service.	☐ Yes ☐ No ☐ N/A
c.	Form TR-WM-137 or 0 TR-WM-118 filed by owner with DATCP indicating change-in-service.	☐ Yes ☐ No ☑ N/A

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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 CO2 or N2

Note: *Inert gases 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 <5% oxygen obtained before removing tank from
- ☑ 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.

G. REMOVER/CLEANER INFORMATION

I attest that the procedures and information which I have provided as the tank closure contractor are correct and comply with *Wis. Admin. Code ch. ATCP 93.*

Earl Petermann	Earl Petermann	401505	10-14-26
REMOVER/CLEANER NAME *(PRINT)*	REMOVER/CLEANER SIGNATURE	CERTIFICATION #	DATE TANK REMOVED

Company expected to perform soil contamination assessment:

H. INSPECTOR INFORMATION

Erin O'Brien	E O'Brien	402106	10/14/26
INSPECTOR NAME *(PRINT)*	INSPECTOR SIGNATURE	CERTIFICATION #	DATE

WI DATCP		920 397 2273
COMPANY NAME	FDID # FOR LOCATION WHERE INSPECTION PERFORMED	INSPECTOR PHONE

Inspector Notes:

Inspector unable to attend, completed by photos.

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