



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

FOR OFFICE USE ONLY

Wis. Admin. Code §ATCP 93.115
 §ATCP 93.350

ATCP 93 NOTIFICATION RECORD

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.).

TO: Mr. Ryan Berghammer

OFFICE LOCATION: Rhinelander Fire Dept.

(Refer to https://datcp.wi.gov/Pages/Programs_Services/StorageTankContacts.aspx for a jurisdiction's authorized agent/department.)

Note: Only the notification form is required for non-flammable, non-combustible, hazardous liquid, or CERCLA tanks greater than or equal to 5,000 gallon capacity that are under the direct supervision of a qualified engineer. A plan review is not required. (ATCP 93.350(2)(b)).

LOCATION / IDENTIFICATION

SITE NAME Monster Mart		FACILITY NUMBER 455255	FIRE DEPT. Providing fire protection coverage 4301			
SITE STREET ADDRESS 825 N Stevens St.		<input checked="" type="checkbox"/> CITY <input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE Rhinelander	STATE WI	ZIP 54501	COUNTY Oneida	
OWNER NAME S Sindu		PHONE NUMBER (920) -	TANK OWNER EMAIL n/a			
OWNER STREET ADDRESS 911 Touhy Ave.		<input checked="" type="checkbox"/> CITY <input type="checkbox"/> TOWN <input checked="" type="checkbox"/> VILLAGE Rhinelander	STATE WI	ZIP 54501		
CONTRACTOR NAME Environmental Services Plus		PHONE NUMBER (920) 766 - 6756	CELL NUMBER (920) 740 - 3600	EMAIL jesse@environmentalservicesplus.com		
STREET ADDRESS 1734 KenDale Dr PO Box 187		<input checked="" type="checkbox"/> CITY <input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE Kaukauna	STATE WI	ZIP 54130		
Date work is to begin: <i>May 6, 7, 8 2019</i>		Date/Time Requested for tank inspection: <i>mon 7th or 8th will use</i>		ATCP 93 certified installer supervisor or qualified engineer: Jesse F. Rose <i>401 475</i>		

ORIGINAL

PROJECT WILL INVOLVE: (Check all that apply)

	CHECK		NUMBER OF TANKS	PLAN NUMBER	APPROVAL DATE
	UST	AST			
Tank Installation	<input type="checkbox"/>	<input type="checkbox"/>			
Dispenser POS Conversion	<input type="checkbox"/>	<input type="checkbox"/>			
Piping Installation or Upgrade	<input type="checkbox"/>	<input type="checkbox"/>			
Leak Detection Upgrade	<input type="checkbox"/>	<input type="checkbox"/>			
Spill or Overfill Protection	<input type="checkbox"/>	<input type="checkbox"/>			
Cathodic Protection or Interior Lining	<input type="checkbox"/>	<input type="checkbox"/>			
CERCLA Chemical Tank(s) Only	<input type="checkbox"/>	<input type="checkbox"/>		Send notice to DATCP(use address above)	
Tank Closure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2		

Site assessment conducted by: N/A *CEI OR PEI*

Comments: (1) 4,000 gallon unleaded UST and (1) 8,000 gallon unleaded gasoline UST