R-WM-134 2/18 Forn	FOR OFFICE USE ONLY		
OUTURE, TRADE AND G	Wisconsin Department of Agriculture, Tra		
	Bureau of Weights and Measures		
	PO Box 7837, Madison, WI 53707-7837		
WISCONSIN . W	Phone: (608) 224-4942	Wis. Admin. Code §ATCP 93.400	
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STI SP031 TANK REPAIR/MODIFICATION SUMMARY

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.).

INSTRUCTIONS: Fill in ALL applicable data. A copy of this completed form must be kept on site, available for viewing by the authorized Wisconsin Inspection Agency upon request.

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TELEPHONE: CELL: E-MAIL ()) - ()) Fill TANK SPECIFICATIONS: Specific Gravity: Manufacturer: Contents: Specific Gravity: Product headed: Yes No Maximum Operating Temperature(F): WI Regulated Object No. (If applicable): TANK CONSTRUCTION: I 1. □ Bars Sized 2. Cathodically Protected (Check one: A. □ Galvanic or B. □ Impressed Current) Date Installed: 3. □ Coated Steel 4. □ Double Bottom 5. □ Double Wall 6. □ Lined 7. □ Other (specify): Material Specification: Original Thickness: □ Leak Detection Date Installed: Shell: Welded No. of courses: Orig. Course Thickness 1. 2. 3. 4, Foundation: Grade □ Concrete Pad □ Concrete Ringwall □ Other (specify): Standard (Standard) Standard (Standard) 2. □ Cathodic Protection Last Survey Date Results: 3. 4, Cathodic Protection A. 5. 6. 7. 8. 5. □ Internal Lining Date Installed: Type Installed: Type Installed: A. 4. □ Groundwater monitoring 6. □ Interstitual monitoring 7. □ Other: Reading: □ Internal <td< td=""><td></td><td>CUSTOMER ID#</td><td></td><td>CONTACT</td><td>PERSON</td><td></td><td></td></td<>		CUSTOMER ID#		CONTACT	PERSON		
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	Lap Plate (describe):						

Insert Plate (describe):

TR-WM-134 2/18 Formerly ERS 10873 (UCTIVE TEST M							
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(Check where test applied)	Bottom	Shell	Roof		Bottom	Shell	Roof	i
				Pneumatic Pressure Test				
				Vacuum Box				
Penetrating Oil				Vacuum				
Drill & Tap				Tracer Gas				
Hydrostatic								
Other (describe)								
REPAIR / MODIFICATION SU Foundation:	JMMARY: (Inclu	de description, date	completed, and dat	e of post-repair inspection)				
Bottom:								
Shell:								
Roof:								
Appurtenances:								
Hydrostatic test required?	□ Yes □ No	Test date:						
Results:								
SIGNATURE(S):								
REPAIR CONTRACTOR SIG	NATURE		REPAIR CONTRA	CTOR PRINT NAME	<u> </u>	DATE		
WI STATE INSPECTOR			INSP. NO.			DATE		

DATE