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| TR-WM-141 (1/20) Formerly ERS-10785 | | **FOR OFFICE USE ONLY** |
|  | Wisconsin Department of Agriculture, Trade and Consumer Protection  Bureau of Weights and Measures P.O. Box 7837, Madison, WI 53707-7837 (608) 224-4942 | Wis. Admin. Code §ATCP 93.100 |
| UST CORROSION PROTECTION TEST/SURVEY REPORT | | |
| 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.). | | |

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| OWNER INFORMATION | | | | | | | | | | | | | |
| CUSTOMER NAME: | | COMPANY NAME: | | | | | TELEPHONE:  (   )     - | | E-MAIL: | | | | |
| STREET ADDRESS: | | | | | CITY  VILLAGE  TOWN | | | | | | | STATE | ZIP |
| SITE INFORMATION | | | | | | | | | | | | | |
| FACILITY NAME: | | | FACIILITY ID#: | | | | | ASSIGNED ANNIVERSARY MONTH | | | DATE OF TESTING/SERVICING | | |
| STREET ADDRESS: | | | | | CITY  VILLAGE  TOWN | | | | | | | STATE | ZIP |
| TESTER INFORMATION | | | | | | | | | | | | | |
| SUBMITTING PARTY: | | | | CONTACT PERSON | | | | | | WORK ORDER #: | | | |
| TELEPHONE:  (   )     - | CELL PHONE:  (   )     - | | | | | E-MAIL: | | | | | | | |

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| TESTER NAME: |  | | | | | | SURVEY TYPE: | | | | | | | | | | | | | | | | |
| Wisconsin Certification Type: | | | |  | | | Routine | | | | Re-Survey | | Post-Repair or Modification | | | | | | | | Post-Installation | | |
| Wisconsin Certification #: | | | |  | | | TYPE OF SYSTEM: | | | | | Impressed Current | | | Galvanic | | | | | | | | |
| CP CRITERION APPLIED: | | | | -0.850 volts “ON” (Galvanic) | | | 100 mV Polarization (Impressed) | | | | | | | -0.850 volts “INSTANT-OFF” (Impressed) | | | | | | | | | |
| SECTION I: Tester’s evaluation (mark only one) | | | | | | | | | | | | | | | | | | | | | | | |
| PASS | | | All protected structures at this site pass the cathodic protection survey and it is judged that adequate cathodic protection has been provided to the UST system. Complete Section III. | | | | | | | | | | | | | | | | | | | | |
| FAIL | | | One or more protected structures at this site fail the cathodic protection survey and it is judged that adequate cathodic protection has not been provided to the UST system. Complete Section III. | | | | | | | | | | | | | | | | | | | | |
| INCONCLUSIVE | | | If the remote and the local do not both indicate the same test result on all protected structures (both pass or both fail), inconclusive is indicated and the survey must be evaluated and/or conducted by a corrosion expert. Go to Section II. | | | | | | | | | | | | | | | | | | | | |
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| CP TESTER (Print): | | | | | | | | | | CP TESTER’S SIGNATURE: | | | | | | | | | | | | | |
| SECTION II: Corrosion expert’s evaluation (mark only one) | | | | | | | | | | | | | | | | | | | | | | | |
| The survey must be conducted and/or evaluated by a corrosion expert when: a) supplemental anodes or other changes in the cathodic protection system are made; b) stray current may be affecting buried metallic structures or c) an inconclusive result was indicated. | | | | | | | | | | | | | | | | | | | | | | | |
| PASS | | | All protected structures at this site pass the cathodic protection survey and it is judged that adequate cathodic protection has been provided to the UST system. Complete Section III. | | | | | | | | | | | | | | | | | | | | |
| FAIL | | | One or more protected structures at this site fail the cathodic protection survey and it is judged that adequate cathodic protection has not been provided to the UST system. Complete Section III. | | | | | | | | | | | | | | | | | | | | |
| **COMMENT:** | | | | | | | | | | | | | | | | | | | | | | | |
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| CORROSION EXPERT’S NAME (Print): | | | | | | | | | | CORROSION EXPERT’S NAME | | | | | | | | | | | | | |
| COMPANY NAME: | | | | | | | | WISCONSIN CORROSION EXPERT CERTIFICATION #: | | | | | | | | | | REVIEW DATE: | | | | | |
| STREET ADDRESS: | | | | | | | | | CITY | | | | | | | | | | STATE | | | | ZIP |
| **SECTION III: Action required as a result of this evaluation (mark only one)** | | | | | | | | | | | | | | | | | | | | | | | |
| NONE | | | | | | Cathodic protection is adequate. Test again within regulatory window or by: | | | | | | | | | | | (DATE): | | | | |  | |
| REPAIR & RETEST  Send report to: [DATCPStorageTanks@wisconsin.gov](mailto:DATCPStorageTanks@wisconsin.gov) | | | | | | Cathodic protection is not adequate. (Corrosion Expert evaluation in Section II is required if adding supplemental anodes, impressed current, or if stray current is suspected.) Repair/modification is necessary by: | | | | | | | | | | | (DATE): | | | | |  | |
| TESTING INDICATES INCONCLUSIVE  Send report to: [DATCPStorageTanks@wisconsin.gov](mailto:DATCPStorageTanks@wisconsin.gov) | | | | | | Wisconsin Corrosion Expert evaluation required within 30 days: | | | | | | | | | | | (DATE): | | | | |  | |
| TR-WM-141 (1/20)  Formerly ERS-10785 | | FACILITY NAME: | | |  | | | | | | | | | | | DATE: | | | |  | | | | |

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| Rectifier Info: | | VOLTS |  | | AMPS: | |  | | | SETTINGS COARSE: | | |  | | | | | FINE: | |  | | | | | | | |
| Anode Output: | |  | |  | |  | | |  | |  | | |  | | |  | | | |  |  | | TOTAL: | | 0.00 | |
| **POTENTIAL MEASUREMENTS** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TEST LOCATION NUMBER | DESCRIPTION  (i.e. Tank A–White (REG) Fill End) | | | | | | | CONTACT POINT (i.e. Tank Bottom  or Test Lead) | | | | HALF CELL PLACEMENT (i.e. Soil  over Tank) | | | ON READING  (VOLTS) | INSTANT-OFF (VOLTS) | | | DEPOL NATIVE  DATE: | | | | mV Polarized  (100mV Criteria) | | STRUCTURE to CONDUIT or REC NEGATIVE (VOLTS) | | Pass/ Fail |
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| TR-WM-141 (1/20)  Formerly ERS-10785 | FACILITY NAME: |  | DATE: |  |

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| Rectifier Info: | | VOLTS |  | | AMPS: | |  | | | SETTINGS COARSE: | | |  | | | | | FINE: | |  | | | | | | | |
| Anode Output: | |  | |  | |  | | |  | |  | | |  | | |  | | | |  |  | | TOTAL: | | 0.00 | |
| **POTENTIAL MEASUREMENTS** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TEST LOCATION NUMBER | DESCRIPTION  (i.e. Tank A–White (REG) Fill End) | | | | | | | CONTACT POINT (i.e. Tank Bottom  or Test Lead) | | | | HALF CELL PLACEMENT (i.e. Soil  over Tank) | | | ON READING  (VOLTS) | INSTANT-OFF (VOLTS) | | | DEPOL NATIVE  DATE: | | | | mV Polarized  (100mV Criteria) | | STRUCTURE to CONDUIT or REC NEGATIVE (VOLTS) | | Pass/ Fail |
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Provide a drawing or use the space below:

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| NOTE: Requirements for periodic corrosion testing of tank systems (tank and/or piping) can be found in Wis. Admin. Code § ATCP 93.520(1)(c) |
|  |
| Include Service Station Diagram that shows all Tanks and Dispensers in relation to Buildings and Streets. Include on the drawing the location of the Submersible Pumps, Fills, ATGs, Risers, and Vents. If this is an Impressed Current System, show Rectifier location. Clearly indicate on diagram where all Test Readings were taken by identifying each structure being tested (UST by Product Stored or Product Piping by Tank/Dispenser) and numbering each individual test location. Show on drawing if corrosion test leads and/or test stations exist for the USTs or product piping and their location. Show locations of all reference electrodes. Indicate North on the drawing. |