(608) 224-4942

Wisconsin Department of Agriculture, Trade and Consumer Protection *Bureau of Weights and Measures* 

P.O. Box 7837, Madison, WI 53707-7837

FOR OFFICE USE ONLY

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.).

OWNER INFORMATION	1																
CUSTOMER NAME:	IAME: COMPANY NAME:						TELEPHONE: E-MAIL:										
									(	)	-						
STREET ADDRESS:									LAGE	🗆 то	WN			STATE	2	ZIP	
SITE INFORMATION													<u> </u>				
FACILITY NAME:				FACIILITY I	D#:					ASSIG	NED ANNIV	ERSARY	MONTH I	H DATE OF TESTING/SERVICING			
STREET ADDRESS:									LAGE	П ТО	WN			STATE	Z	ZIP	
TESTER INFORMATION	N																
SUBMITTING PARTY:					CONTA	ACT PERSON				WORK ORDER #:							
TELEPHONE:			CELL	PHONE:		E-MAIL:											
( ) -			(	) -													
TESTER NAME						SUP		DE.									
TESTER NAME.						301											
Wisconsin Certificatio	n Type:						_ Routine U Re-Survey D Post-Repair or Modifi			Modificati	ation Dest-Installation						
Wisconsin Certificatio	n #:					TYP	TYPE OF SYSTEM: Impressed Current Galvanic										
CP CRITERION APP	LIED:	-0.850	volts	"ON" (Galva	anic)		□ 100 mV Polarization (Impressed) □ -0.850 volts "INSTANT-OFF" (Im						FF" (Impressed)				
SECTION I: Tester's ev	aluation	(mark only	one)														
	All prote system	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.															
	One or the US	more protect T system. Co	ed stru omplet	uctures at this e Section III.	site fail the	e catho	odic prote	ction su	irvey a	nd it is ju	udged that a	dequate o	athodic pro	tection h	as n	ot been provided to	
	If the re survey	mote and the must be eval	e local uated	do not both ir and/or condu	ndicate the cted by a c	same orrosio	test resul	t on all Go to	protect Sectio	ed struc n II.	tures (both p	bass or bo	oth fail), inco	onclusive	is ir	ndicated and the	

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.									
	All protected structures at this site pass the cathodic protection survey and it is judged that adequate cathodic protection has been provided to the system. Complete Section III.								
	One or more protected structures at this site fail the cathodic protected UST system. Complete Section III.	otection survey and it is judged that adequate cathodic protection has not been provided to							
COMMENT:									

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)										
	Cathodic protection is ac	dequate. Test again within regulatory window or by:	(DATE):							
REPAIR & RETEST Send report to: DATCPStorageTanks@wisconsin.gov	Cathodic protection is no is required if adding sup is suspected.) Repair/m	(DATE):								
TESTING INDICATES INCONCLUSIVE Send report to: <u>DATCPStorageTanks@wisconsin.gov</u>	Wisconsin Corrosion Exp	pert evaluation required within 30 days:	(DATE):							

TR-WM-141 (1/20)	
Formerly ERS-10785	

TR-WM-141 (1/20) Formerly ERS-10785	FACIL	ITY NAME	::										DATE:			
Rectifier Info:	VOLTS		AMPS:		SETTINGS	COARSE:			FINE:							
Anode Output:		ľ											т	DTAL:	0.0	00
POTENTIAL MI	EASUREMENTS	3														
TEST LOCATION NUMBER	TEST DESCRIPTION OCATION (i.e. Tank A–White (REG) Fill End)		ill End)	CONTACT POINT (i.e. Tank Bottom or Test Lead)		HALF CELL PLACEMENT (i.e. Soil over Tank)	ON READING (VOLTS)	INS (VC	TANT- DFF DLTS)	I	DEPOL NATIVE DATE:	m	mV Polarized (100mV Criteria)		TURE to IT or REC ATIVE LTS)	<u>P</u> ass/ <u>F</u> ail
				1		1	1	1						1		

TR-WM-1	41	(1/20)
Formerly	ER	S-10785

FACILITY NAME:

DA	TI	E	:

Rectifier Info	o:	VOLTS		AMPS:		SETTINGS COARSE:			FINE	:						
Anode Outp	out:												т	OTAL:	0.0	00
POTENTIAL MEASUREMENTS																
TEST LOCATION NUMBER		DES (i.e. Tank A–V	SCRIPTION White (REG)	CRIPTION CC hite (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)	STRUC CONDU NEG (VC	TURE to IT or REC ATIVE DLTS)	<u>P</u> ass/ <u>F</u> ail
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Provide a drawing or use the space below:

**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.