

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

TANK LOCATION:
Owner Name
Number and Street
City, State, Zip Code

TANK ID/Number:
SPECIFICATION
Design: <input type="checkbox"/> UL <input type="checkbox"/> SWRI <input type="checkbox"/> API <input type="checkbox"/> Other <input type="checkbox"/> Unknown
Configuration: <input type="checkbox"/> Horizontal cylindrical <input type="checkbox"/> Vertical <input type="checkbox"/> Rectangular
Manufacturer: _____ Contents: _____
Construction Date: _____ Last Repair/Reconstruction Date: _____
Dimensions: _____ Capacity: _____
Product heated: <input type="checkbox"/> Yes <input type="checkbox"/> No Maximum Operating Temperature (F): _____

TANK / CONTAINMENT CONSTRUCTION
<input type="checkbox"/> Bare Steel <input type="checkbox"/> Cathodically Protected: (A. <input type="checkbox"/> Galvanic or B. <input type="checkbox"/> Impressed Current) Date Installed: _____ <input type="checkbox"/> Coated Steel <input type="checkbox"/> Double Bottom <input type="checkbox"/> Double Wall <input type="checkbox"/> Plastic/Fiberglass <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Lined- Date Installed: _____

Secondary Containment: (Check all that apply) <input type="checkbox"/> Earthen Dike <input type="checkbox"/> Steel Dike <input type="checkbox"/> Concrete <input type="checkbox"/> Synthetic Liner <input type="checkbox"/> Double Wall <input type="checkbox"/> Remote Impound	<input type="checkbox"/> Leak Detection Date Installed: _____
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CRDM: (Check all that apply) Type: <input type="checkbox"/> Elevated Tank <input type="checkbox"/> Secondary Containment <input type="checkbox"/> Other (specify): _____ Date Installed: _____
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Release Prevention Barrier: (Check all that apply) Type: <input type="checkbox"/> Double Bottom <input type="checkbox"/> Double Wall <input type="checkbox"/> Steel Dike <input type="checkbox"/> Concrete Dike <input type="checkbox"/> Dike Liner <input type="checkbox"/> Other (specify): _____ Date Installed: _____
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