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| TR-WM-134 2/18 Formerly ERS 10873 (3/08) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | FOR OFFICE USE ONLY | | | | | | | | | | | |
|  | | | | Wisconsin Department of Agriculture, Trade and Consumer Protection  Bureau of Weights and Measures  PO Box 7837, Madison, WI 53707-7837  Phone: (608) 224-4942 Wis. Admin. Code §ATCP 93.400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OWNER INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CUSTOMER NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | CUSTOMER ID# | | | | | | | | | | | | | | | | | | | | | | | | |
| COMPANY NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | TELEPHONE:  (   )     - | | | | | | | | | | | E-MAIL | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | CITY  TOWN  VILLAGE | | | | | | | | | | | | | | | | | STATE | | | | ZIP | |
| PROJECT INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FACILITY NAME | | | | | | | | | | | | | | | | | | | | | | | | FACILITY ID# | | | | | | | | | | | | | | | | | | | | | SITE ID# | | | | | | | | | | | | | | |
| SITE ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | CITY  TOWN  VILLAGE | | | | | | | | | | | | | | | | | STATE | | | | ZIP | |
| FIRE DEPT. PROVIDING FIRE COVERAGE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | FDID# | | | | | | | | | | | | | COUNTY | | | | | | | | | |
| CONTRACTOR INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CONTRACTOR NAME | | | | | | | | | | | | | | | | | | | | | | | | CUSTOMER ID# | | | | | | | | | | | | | | | | | | | | | CONTACT PERSON | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | CITY  TOWN  VILLAGE | | | | | | | | | | | | | | | | | STATE | | | | ZIP | |
| TELEPHONE:  (   )     - | | | | | | CELL:  (   )     - | | | | | | | | | | | | | | | | | | | | | | | E-MAIL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TANK SPECIFICATIONS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manufacturer: | | | | | | | | | | | | | | | | | | | | | | Contents: | | | | | | | | | | | | | | | | | | | | | | Specific Gravity: | | | | | | | | | | | | | | | |
| Dimensions: | | | | | | | | | | | | | | | | | | | | | | Capacity: | | | | | | | | | | | | | | | | | | | | | | Fill Height: | | | | | | | | | | | | | | | |
| Product heated: | | | | | Yes | | | | | No | | | | | Maximum Operating Temperature(F): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WI Regulated Object No. (If applicable): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TANK CONSTRUCTION: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Bare Steel | | | | | | 1. Cathodically Protected | | | | | | | | | | | | | | (Check one: A.  Galvanic or B.  Impressed Current) | | | | | | | | | | | | | | | | | | | | | | | Date Installed: | | | | | | | | | | | | | | | | |
| 1. Coated Steel | | | | | | 1. Double Bottom | | | | | | | | | | | 1. Double Wall | | | | | | | | | | | 1. Lined | | | | | | 1. Other (specify): | | | | | | | | | | | | | | | | | | | | | | | | | |
| Material Specification: | | | | | | | | Original: | | | | | | | | | | | | | | | | | | | | | | | | New: | | | | | | | | | | | | | | | Weld: | | | | | | | | | | | | |
| Bottom: | | Welded | | | | | Original Thickness: | | | | | | | | | | | | | | | | | | | | | | | | Leak Detection | | | | | | | | | Date Installed: | | | | | | | | | | | | | | | | | | | |
| Shell: | Welded | | | | | | No. of courses: | | | | | | | | | | | | | | | | | | | Orig. Course Thickness | | | | | | | | | | | | |  | | |  | | | | | | | | |  | | | | |  | | | |
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| Foundation: | | | Grade | | | | | Concrete Pad | | | | | | | | | Concrete Ringwall | | | | | | | | | | | Stone Ringwall | | | | | | | | | | Other (specify) | | | | | | | | | | | | | | | | | | | | | |
| Bottom Release Prevention/Detection: | | | | | | | | | | | | | | | | | 1. Impermeable Dike Liner | | | | | | | | | | | | | | | | (Description) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Cathodic Protection | | | | | | | | | | | Last Survey Date | | | | | | | | | | | | | | | Results: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Internal Lining | | | | | | | | | | | | Date Installed: | | | | | | | | | | | | | | Type Installed: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Groundwater monitoring | | | | | | | | | | | | 1. Vapor monitoring | | | | | | | | | | | 1. Interstitial monitoring | | | | | | | | | | | | | 1. Other: | | | | | | | | | | | | | | | | | | | | | | | |
| Roof | 1. Open | | | | | 1. Fixed: | | | | | | | Cone | | | | Dome | | | | Umbrella | | | | | | | | | Other | | | | | | | | | | | | | | | | 1. Floating: | | | | | | | Internal | | External | | | | None |
| TANK REPAIR: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Personal Qualification: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Weld Procedure Specification: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Modification Type | | | | | Nozzle Addition | | | | | | | | | | | Manway Addition | | | | | | | | | Support (requires tank manufacturer or PE evaluation; attach) | | | | | | | | | | | | | | | | | | | | | | | | Other | | | | | | | | | | |
| Repair Type: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Weld Deposition (describe): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lap Plate (describe): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Insert Plate (describe): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TR-WM-134 2/18 Formerly ERS 10873 (3/08) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| POST-REPAIR NON-DESTRUCTIVE TEST METHOD: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (Check where test applied) | | | | | | | | | Bottom | | | | | | | | | | Shell | | | | | | | | Roof | | | | | | |  | | | | | | | | | Bottom | | | | | | | | | Shell | | | | | Roof | | |
| Visual (required) | | | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | | | | | Pneumatic Pressure Test | | | | | | | | |  | | | | | | | | |  | | | | |  | | |
| Liquid Penetrant | | | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | | | | | Vacuum Box | | | | | | | | |  | | | | | | | | |  | | | | |  | | |
| Penetrating Oil | | | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | | | | | Vacuum | | | | | | | | |  | | | | | | | | |  | | | | |  | | |
| Drill & Tap | | | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | | | | | Tracer Gas | | | | | | | | |  | | | | | | | | |  | | | | |  | | |
| Hydrostatic | | | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | |  | | |
| Other (describe) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REPAIR / MODIFICATION SUMMARY: (Include description, date completed, and date of post-repair inspection) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Foundation: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Bottom: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Shell: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Roof: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Appurtenances: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Hydrostatic test required? | | | | | | | | | Yes | | | | | No | | | | Test date: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Results: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| SIGNATURE(S): | | |
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| REPAIR CONTRACTOR SIGNATURE | REPAIR CONTRACTOR PRINT NAME | DATE |
|  |  |  |
| WI STATE INSPECTOR | INSP. NO. | DATE |