**STI SP031 TANK REPAIR/MODIFICATION SUMMARY**

**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
<table>
<thead>
<tr>
<th>CUSTOMER NAME</th>
<th>COMPANY NAME</th>
<th>TELEPHONE:</th>
<th>E-MAIL</th>
</tr>
</thead>
</table>

### PROJECT INFORMATION
<table>
<thead>
<tr>
<th>FACILITY NAME</th>
<th>FACILITY ID#</th>
<th>SITE ID#</th>
</tr>
</thead>
<tbody>
<tr>
<td>CITY</td>
<td>TOWN</td>
<td>VILLAGE</td>
</tr>
</tbody>
</table>

### CONTRACTOR INFORMATION
<table>
<thead>
<tr>
<th>CONTRACTOR NAME</th>
<th>CUSTOMER ID#</th>
<th>CONTACT PERSON</th>
</tr>
</thead>
<tbody>
<tr>
<td>CITY</td>
<td>TOWN</td>
<td>VILLAGE</td>
</tr>
<tr>
<td>TELEPHONE:</td>
<td>CELL:</td>
<td>E-MAIL</td>
</tr>
</tbody>
</table>

### 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  
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:**
- **New:**
- **Weld:**

**Bottom:**  
- [ ] Welded  
- **Original Thickness:**
- **Leak Detection**  
- **Date Installed:**

**Shell:**  
- [ ] Welded  
- **No. of courses:**
- **Orig. Course Thickness:**
1.  
2.  
3.  
4.  
5.  
6.  
7.  
8.  

**Foundation:**  
- [ ] Grade  
- [ ] Concrete Pad  
- [ ] Concrete Ringwall  
- [ ] Stone Ringwall  
- [ ] Other (specify)

**Bottom Release Prevention/Detection:**  
1. [ ] Impermeable Dike Liner (Description)
2. [ ] Cathodic Protection  
   **Last Survey Date**  
   **Results:**
3. [ ] Internal Lining  
   **Date Installed:**  
   **Type Installed:**

4. [ ] Groundwater monitoring  
5. [ ] Vapor monitoring  
6. [ ] Interstitial monitoring  
7. [ ] Other:

**Roof:**  
1. [ ] Open  
2. [ ] Fixed: [ ] Cone [ ] Dome [ ] Umbrella [ ] Other  
3. [ ] 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):
**POST-REPAIR NON-DESTRUCTIVE TEST METHOD:**

<table>
<thead>
<tr>
<th>Test Method</th>
<th>Bottom</th>
<th>Shell</th>
<th>Roof</th>
<th>Bottom</th>
<th>Shell</th>
<th>Roof</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visual (required)</td>
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<tr>
<td>Liquid Penetrant</td>
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<tr>
<td>Penetrating Oil</td>
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<tr>
<td>Drill &amp; Tap</td>
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<tr>
<td>Hydrostatic</td>
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<tr>
<td>Other (describe)</td>
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</table>

**Vacuum Box**  ☐
**Vacuum**  ☐
**Tracer Gas**  ☐
**Other** (describe)  ☐

**REPAIR / MODIFICATION SUMMARY:** (Include description, date completed, and date of post-repair inspection)

**Foundation:**

**Bottom:**

**Shell:**

**Roof:**

**Appurtenances:**

**Hydrostatic test required?** ☐ Yes ☐ No  
**Test date:**

**Results:**

**SIGNATURE(S):**

**REPAIR CONTRACTOR SIGNATURE**

**REPAIR CONTRACTOR PRINT NAME**

**DATE**

**WI STATE INSPECTOR**

**INSP. NO.**

**DATE**