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| TR-WM-152 (1/20) | | FOR OFFICE USE ONLY |
|  | Wisconsin Department of Agriculture, Trade and Consumer Protection  Bureau of Weights and Measures, Permits and Licensing  2811 Agriculture Drive, PO Box 7837, Madison, WI 53707-7837  Phone: (608) 224-4942 |  |
|  |
| TANK TIGHTNESS TEST REPORT | | |

Personal information you provide may be used for purposes other than that which it was originally collected (s.15.04 (1)(m) Wis. Stats.).

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| OWNER INFORMATION | | | | | | | | | | | | |
| NAME | | | | | | | TELEPHONE  (     )     - | | | | CELL  (     )     - | |
| COMPANY NAME | | | | CONTACT PERSON | | | | EMAIL | | | | |
| STREET ADDRESS | | | | CITY  VILLAGE  TOWN | | | | | | | ZIP    ZIP | |
| **SITE INFORMATION** | | | | | | | | | | | | |
| FACILITY NAME | | | | FACILITY ID# | | | | | | DATE OF TESTING/SERVICE | | |
| SITE ADDRESS | | | | CITY  VILLAGE  TOWN | | | | | | ZIP    ZIP | | |
| **CONTRACTOR INFORMATION** | | | | | | | | | | | | |
| CONTRACTOR COMPANY NAME | | | | | | | TELEPHONE  (     )     - | | | | CELL PHONE  (     )     - | |
| CONTACT PERSON | | | | EMAIL | | | | | | WORK ORDER | | |
| Type of Testing Equipment (Brand & Model): | | | | | | | | | | | | |
| Material Approval #: | | | | | | | | | | | | |
| Tank test: | 1 | 2 | 3 | | 4 | 5 | | | 6 | | | 7 |
| Product type |  |  |  | |  |  | | |  | | |  |
| Tank volume |  |  |  | |  |  | | |  | | |  |
| Product volume |  |  |  | |  |  | | |  | | |  |
| Ullage volume |  |  |  | |  |  | | |  | | |  |
| Tank burial depth (from surface) |  |  |  | |  |  | | |  | | |  |
| Groundwater depth (from surface) |  |  |  | |  |  | | |  | | |  |
| Tank isolation method |  |  |  | |  |  | | |  | | |  |
| Water sensor used? | Yes  No | Yes  No | Yes  No | | Yes  No | Yes  No | | | Yes  No | | | Yes  No |
| Interface liquid used with ethanol content greater than 0% and less than 11%?\* | Yes  No | Yes  No | Yes  No | | Yes  No | Yes  No | | | Yes  No | | | Yes  No |
| Test pressure |  |  |  | |  |  | | |  | | |  |
| Time completed |  |  |  | |  |  | | |  | | |  |
| Time started |  |  |  | |  |  | | |  | | |  |
| Total test time in minutes |  |  |  | |  |  | | |  | | |  |
| Initial cylinder level |  |  |  | |  |  | | |  | | |  |
| Final cylinder level |  |  |  | |  |  | | |  | | |  |
| Final hourly leak rate |  |  |  | |  |  | | |  | | |  |
|  | | | | | | | | | | | | |
| TEST RESULT |  |  |  | |  |  | | |  | | |  |

\* Note: Any tank with ethanol content greater than 0% and less than 11% and groundwater above the bottom of the tank that uses a water conductivity meter/sensor to detect water ingress shall use an interface fluid between the water and fuel to prevent phase separation. Any tank with ethanol content greater than 10% and groundwater above the bottom of the tank that uses a tank tightness method with a water sensor to detect water ingress shall be completely emptied of product prior to testing.

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| TECHNICIAN NAME (TYPE OR PRINT) | TECHNICIAN SIGNATURE | DATE |
| I attest by signature that the equipment identified in this document was inspected and/or serviced in accordance with the manufacturers’ guidelines and the information is true, accurate, and complete. | | |
| Comments: |  |  |

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