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| TR-WM-119 (9/16) Formerly ERS-10737 (6/13) | | FOR OFFICE USE ONLY |
|  | Wisconsin Department of Agriculture, Trade and Consumer Protection  Bureau of Weights and Measures  P O Box 7837 Madison, WI 53707-7837  (608) 224-4942 |  |
| Wis. Admin. Code §ATCP 93.440 |
| API 653 TANK INSPECTION 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 shall be kept on site; available for viewing by the authorized Wisconsin Inspection Agency upon request.

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| IDENTIFICATION: | | | | | | | | | | | | | | |
| OWNER NAME | | | CUSTOMER ID# | | | | COMPANY NAME | | | | | | | |
| STREET ADDRESS | | | | | CITY  VILLAGE  TOWN OF | | | | | | STATE | | | ZIP |
| E-MAIL | | | | | | PHONE  (   )     - | | | | | | | CELL  (   )     - | |
| FACILITY NAME | SITE ID # | | | FACILITY ID # | | | | | TANK# | | | CONSTRUCTION DATE | | |
| SITE ADDRESS | | CITY  VILLAGE  TOWN OF | | | | | | STATE | | ZIP | COUNTY | | | |
| INSPECTOR NAME | | | API CERT.## | | | | COMPANY NAME | | | | | | | |
| STREET ADDRESS | | | | | CITY  VILLAGE  TOWN OF | | | | | | STATE | | | ZIP |
| E-MAIL | | | | | | PHONE  (   )     - | | | | | | | CELL  (   )     - | |

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| GENERAL INSPECTION INFORMATION: | | | | | | | | | | | |
| INSPECTION DATE: | | TYPE: | | | PURPOSE: | | | | | | |
|  | | External | Ultrasonic | Internal | Scheduled | | Unscheduled | | Other: (specify) | |  |
| PRIOR INSPECTION DATE: |  | | | | TYPE: | External | | Ultrasonic | | Internal | |

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| TANK SPECIFICATIONS: | | | | | | | | | | | |
| Manufacturer: |  | | | | Contents: |  | | | Specific Gravity: |  | |
| Dimensions: |  | | | | Capacity: |  | | | Fill Height: |  | |
| Product heated: | | Yes | No | Maximum Operating Temperature(F): | | |  | WI Regulated Object No. (If applicable): | | |  |

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| TANK CONSTRUCTION: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bare Steel | | | | | Cathodically Protected (Check one): | | | | | | | | | | | | | | | | | | | A. Galvanic or | | | | | | | | B. Impressed Current | | | | | | | | | Date Installed: | |  | |
| Bottom: | | | Welded | | | | | Riveted | | | | | | | | Original Thickness: | | | | | | | | | |  | | | | | | | | | | Leak Detection | | | | | Date Installed: | |  | |
| Shell: | | Welded | | | | | Riveted | | | | | | | | | No. of courses: | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | |
| Original Course Thickness | | | | | | | | | | | 1. | | | | | | 2. | | | | | | | | | 3. | | | | | 4. | | | | | | | 5. | | 6. | | 7. | | 8. |
| Foundation: | | | | Grade | | | | | | Concrete Pad | | | | | | | | | Concrete Ringwall | | | | | | | | | | Stone Ringwall | | | | | | Other | | | |  | | | | | |
| Bottom Release Prevention/Detection: | | | | | | | | | | | | | | | | | | 1. Impermeable Dike Liner (Description): | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| 2. Cathodic Protection: | | | | | | | | | | | | Date of last survey: | | | | | | | | |  | | | | | | | | Results: | | | |  | | | | | | | | | | | |
| 3. Internal Lining: | | | | | | | | | | | | Date installed: | | | | | | | | |  | | | | | | | | Type: | | | |  | | | | | | | | | | | |
| 4. Groundwater monitoring | | | | | | | | | | | | | 5. Vapor monitoring | | | | | | | | | | | | | | 6. Interstitial monitoring | | | | | | | | | | | | | | | | | |
| Roof: | 1. Open | | | | | 2. Fixed: | | | | | | | | Cone | | | | | | Dome | | | | | Umbrella | | | | | Other | | | |  | | | | | | | | | | |
|  | 3. Floating: | | | | | | | | Internal | | | | | | External | | | | | | | None | | | | | | | | | | | | | | | | | | | | | | |

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| TANK INSPECTION: Non-Destructive Test Method (Check where test applied) | | | | | | | | | | | | | | | |
|  | Bottom | | | | Shell | | Roof | |  | Bottom | | Shell | | Roof | |
| Weld | | Plate | | Weld | Plate | Weld | Plate | Weld | Plate | Weld | Plate | Weld | Plate |
| Visual |  | |  | |  |  |  |  | Radiography |  |  |  |  |  |  |
| Ultrasonic (Spot) |  | |  | |  |  |  |  | Mag Flux Scan |  |  |  |  |  |  |
| Ultrasonic (Scan) |  | |  | |  |  |  |  | Vacuum Box |  |  |  |  |  |  |
| Liquid Penetrant |  | |  | |  |  |  |  | Tracer Gas |  |  |  |  |  |  |
| Penetrating Oil |  | |  | |  |  |  |  | Holiday (Coatings) |  |  |  |  |  |  |
| Magnetic Particle |  | |  | |  |  |  |  | Other (describe): |  | | | | | |
| Settlement Evaluation: | | Yes | | No | | | | | | | | | | | |

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| INSPECTION RESULTS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | Bottom | | | | | | Bottom | | | | | | | | | Shell | | | | | | Shell | | | | | | | Roof | | | | | |
|  | | | | | (External) | | | | | | (Internal) | | | | | | | | | (External) | | | | | | (Internal) | | | | | | | Fixed | | | | Floating | |
| Min. Remaining Thickness | | | | |  | | | | | |  | | | | | | | | |  | | | | | |  | | | | | | |  | | | |  | |
| Min. Required Thickness | | | | |  | | | | | |  | | | | | | | | |  | | | | | |  | | | | | | |  | | | |  | |
| Max. Corrosion Rate | | | | |  | | | | | |  | | | | | | | | |  | | | | | |  | | | | | | |  | | | |  | |
| Release? | Bottom: | | Yes | | | No | | | Differential: | | | | | Yes | | | No | | | | | (Suspected releases shall be investigated and reported per ATCP 93.470) | | | | | | | | | | | | | | | | |
| Settlement Within Tolerance? | | | | | | Bottom (max.): | | | | Yes | | | No | | | Differential: | | | | | | Yes | No | | Edge: | | | Yes | | No | | Bulges/Ridges: | | | | Yes | | No |
| Comments: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| REPAIR 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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| INSPECTION SCHEDULE: (Supporting calculations must be available for review upon request) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| External (ultrasonic): Corrosion rate known?: | | | | | | | | | | Yes | | | No | | (Year) | | | | #1 | | | | | #2 | | | | | #3 | | #4 | | | | #5 | | | |
| External (visual): (Year) | | | | #1 | | | | | | | | #2 | | | | | | | | | #3 | | | | | | #4 | | | | | | | #5 | | | | |
| Internal: (Year) | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| API 653 INSPECTOR SIGNATURE(S): | DATE |

This document can be made available in alternate formats to individuals with disabilities upon request.