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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 ProtectionBureau of Weights and MeasuresPO Box 7837, Madison, WI 53707-7837Phone: (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 | 1.
 | 1.
 | 1.
 | 1.
 |
|  | 1.
 | 1.
 | 1.
 | 1.
 |
| 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):       |
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| 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:  |
|       |
| Bottom:  |
|       |
| Shell:  |
|       |
| Roof:  |
|       |
| Appurtenances:  |
|       |
| Hydrostatic test required?  | [ ]  Yes | [ ]  No | Test date:       |
| Results: |
|       |

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| SIGNATURE(S):  |
|       |       |       |
| REPAIR CONTRACTOR SIGNATURE | REPAIR CONTRACTOR PRINT NAME | DATE |
|       |       |       |
| WI STATE INSPECTOR | INSP. NO.  | DATE |