



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

FOR OFFICE USE ONLY

## 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		<input type="checkbox"/> CITY <input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE	STATE ZIP

### PROJECT INFORMATION

FACILITY NAME	FACILITY ID#	SITE ID#	
SITE ADDRESS		<input type="checkbox"/> CITY <input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE	STATE ZIP
FIRE DEPT. PROVIDING FIRE COVERAGE		FDID#	COUNTY

### CONTRACTOR INFORMATION

CONTRACTOR NAME		CUSTOMER ID#		CONTACT PERSON	
STREET ADDRESS			<input type="checkbox"/> CITY <input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE	STATE	ZIP
TELEPHONE: ( ) -	CELL: ( ) -	E-MAIL			

### TANK SPECIFICATIONS:

Manufacturer:	Contents:	Specific Gravity:
Dimensions:	Capacity:	Fill Height:
Product heated: <input type="checkbox"/> Yes <input type="checkbox"/> No Maximum Operating Temperature(F):		
WI Regulated Object No. (If applicable):		

### TANK CONSTRUCTION:

1. <input type="checkbox"/> Bare Steel		2. <input type="checkbox"/> Cathodically Protected		(Check one: A. <input type="checkbox"/> Galvanic or B. <input type="checkbox"/> Impressed Current)		Date Installed:	
3. <input type="checkbox"/> Coated Steel		4. <input type="checkbox"/> Double Bottom		5. <input type="checkbox"/> Double Wall		6. <input type="checkbox"/> Lined	
						7. <input type="checkbox"/> Other (specify):	
<b>Material Specification:</b>		Original:		New:		Weld:	
<b>Bottom:</b> <input type="checkbox"/> Welded		Original Thickness:		<input type="checkbox"/> Leak Detection		Date Installed:	
<b>Shell:</b> <input type="checkbox"/> Welded		No. of courses:		Orig. Course Thickness		1. 2. 3. 4.	
						5. 6. 7. 8.	
<b>Foundation:</b> <input type="checkbox"/> Grade <input type="checkbox"/> Concrete Pad <input type="checkbox"/> Concrete Ringwall <input type="checkbox"/> Stone Ringwall <input type="checkbox"/> Other (specify)							
<b>Bottom Release Prevention/Detection:</b> 1. <input type="checkbox"/> Impermeable Dike Liner (Description)							
2. <input type="checkbox"/> Cathodic Protection		Last Survey Date		Results:			
3. <input type="checkbox"/> Internal Lining		Date Installed:		Type Installed:			
4. <input type="checkbox"/> Groundwater monitoring		5. <input type="checkbox"/> Vapor monitoring		6. <input type="checkbox"/> Interstitial monitoring		7. <input type="checkbox"/> Other:	
<b>Roof</b> 1. <input type="checkbox"/> Open		2. <input type="checkbox"/> Fixed: <input type="checkbox"/> Cone <input type="checkbox"/> Dome <input type="checkbox"/> Umbrella <input type="checkbox"/> Other		3. <input type="checkbox"/> Floating: <input type="checkbox"/> Internal <input type="checkbox"/> External <input type="checkbox"/> 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:**

(Check where test applied)	Bottom	Shell	Roof		Bottom	Shell	Roof
Visual (required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pneumatic Pressure Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liquid Penetrant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vacuum Box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Penetrating Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vacuum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drill & Tap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tracer Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hydrostatic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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