



# STI SP031 TANK REPAIR/MODIFICATION SUMMARY

Environmental & Regulatory Services Division  
Bureau of Petroleum Products and Tanks  
P.O. Box 7837, Madison, WI 53707-7837  
(608) 267-9795 (608) 266-8981

**INSTRUCTIONS:** Fill in ALL applicable data. A copy of this completed form must be kept on site and made available for viewing by the authorized Wisconsin Inspection Agency upon request

OWNER INFORMATION		PROJECT INFORMATION		CONTRACTOR INFORMATION	
Customer ID#	Name	Site ID#	Facility ID#	Customer ID#	Contractor Name
Company Name		Site Address		Number and Street	
Number and Street		<input type="checkbox"/> City	<input type="checkbox"/> Village	<input type="checkbox"/> Town of:	
City, State, Zip Code		County		Contact Person	Customer ID#
Telephone Number ( ) ( )	Fax Number ( ) ( )	Tank ID #	Tank Construction Date#	Telephone Number ( ) ( )	Fax Number ( ) ( )

### 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:

- Bare Steel
- Cathodically Protected (Check one: A.  Galvanic or B.  Impressed Current) Date Installed: \_\_\_\_\_
- Coated Steel
- Double Bottom
- Double Wall
- Lined
- 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 (Date of last survey & results): \_\_\_\_\_

3.  Internal Lining (Date installed & type): \_\_\_\_\_

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

#### Repair Type:

Weld Deposition (describe): \_\_\_\_\_

Lap Plate (describe): \_\_\_\_\_

Insert Plate (describe): \_\_\_\_\_

**Post-Repair Non-Destructive Test Method:**

(Check where test applied)

	<b>Bottom</b>	<b>Shell</b>	<b>Roof</b>
Visual (required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liquid Penetrant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Penetrating Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drill & Tap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hydrostatic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pneumatic Pressure Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vacuum Box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vacuum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tracer Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Holiday (Coatings)	<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:**