



UNDERGROUND TANK SYSTEM CORROSION PROTECTION TEST SUMMARY DOCUMENTATION

Environmental & Regulatory Services Division
Petroleum Products & Tank Bureau
P.O. Box 7837, Madison, WI 53707-7837

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)].

OWNER INFORMATION Customer ID#: _____ Name _____	PROJECT INFORMATION Site ID#: _____ Facility ID#: _____ Facility Name _____	CONTRACTOR INFORMATION 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 _____
City, State, Zip Code _____	County _____	Contact Person _____
Telephone Number _____ Fax Number _____ () ()	Fire Dept. Providing Fire Coverage _____ FDID# _____	Telephone Number _____ Fax Number _____ () ()

TEST DATE _____ WEATHER CONDITIONS _____ SOIL CONDITIONS _____

SACRIFICIAL ANODE SYSTEM IMPRESSED CURRENT SYSTEM

N/A = not applicable

RESULTS	SYSTEM No.			PRODUCT			SIZE					
Test locations	1	2	3	4	5	6	7	8	9	10		
Reading (-Volt)												
Native Voltage												
Instant Off												
Polarization (Mv)												

Corrosion Protection: TANK (PASS or FAIL or N/A) circle - PIPING (PASS or FAIL or N/A) circle

N/A = not applicable

RESULTS	SYSTEM No.			PRODUCT			SIZE					
Test locations	1	2	3	4	5	6	7	8	9	10		
Reading (-Volt)												
Native Voltage												
Instant Off												
Polarization (Mv)												

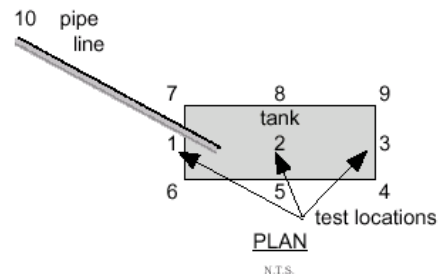
Corrosion Protection: TANK (PASS or FAIL or N/A) circle - PIPING (PASS or FAIL or N/A) circle

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Corrosion Protection: TANK (PASS or FAIL or N/A) circle - PIPING (PASS or FAIL or N/A) circle

Provide a plot detail drawing. (Bldg(s), tank(s), canopy(s), utilities, etc.)



Note: minimum test locations (1,2,3)

I certify by signature that I have personally examined and am familiar with the information submitted in this and all attached documents, and the information is true, accurate, and complete.

Signature _____

WI Credential #: _____