



OFFICE OF REGULATORY STAFF OF SOUTH CAROLINA

CORROSION CONTROL MONITORING REPORT

UTILITY AND LOCATION: _____

Date: _____ Report By: _____ Page: 1

ADDRESS	FACILITY	RESULT	TYPE SOIL	WET/ DRY	CRITERIA
1.			SAND	WET	-.85 V.
2.			“	“	“
3.			“	“	“
4.			“	“	“
5.			“	“	“
6.			“	“	“
7.			“	“	“
8.			“	“	“
9.			“	“	“
10.			“	“	“
11.			“	“	“
12.			“	“	“
13.			“	“	“
14.			“	“	“
15.			“	“	“
16.			“	“	“
17.			“	“	“
18.			“	“	“
19.			“	“	“
20.			“	“	“
21.			“	“	“
22.			“	“	“
23.			“	“	“
24.			“	“	“