

UST SYSTEM CATHODIC PROTECTION INSTALLATION OR MODIFICATION ADDENDUM

I. UST FACILITY

Facility Name: _____

Facility Address: _____

City: _____ State: _____ Zip Code: _____

II. UST Owner

Owner Name: _____

Owner Address: _____

City: _____ State: _____ Zip Code: _____

III. UST SYSTEM

Tank: SW ___ DW ___ Brand of tank: _____

Outer surface constructed of: _____

Is the tank lined: Yes ___ No ___

Existing System: Impressed Current ___ Sacrificial Anode ___ No Cathodic Protection ___

IV. SCOPE OF WORK

Install a new CP system:

Replace a CP system:

Modify a CP system: _____

Why is this work being proposed? _____

V. PRETEST

Demonstrate to the HMD the integrity of the UST system via a test. Contact the HMD to determine what test(s) are required.

VI. WELLS

All wells ((or access ports) in the CP system require well permits. Complete and submit a well application and fee for all wells and access ports.

VII. DESIGN

The new or modified cathodic protection (CP) system must be designed by a certified or qualified corrosion specialist.

Corrosion Expert's Name: _____

Company Name: _____

NACE Certification Type or Professional Engineer (PE) Specialty:
NACE Certification Number or PE Number and State:
Design or industry standard used:

Corrosion Expert's Signature: _____

Date: _____

VIII. SITE MAP

Include all pertinent items. An overhead drawing must include all well or access port locations, the UST, all UST pipe, structures, streets, North arrow, the CP test station, anodes and wiring. Type and depth of anodes, the type of wiring used.

For STIP3 tanks: the method of attaching the anode to the tank and the type of sealant used to waterproof the connections.

For impressed current systems: the manufacturer, model number and rated output (volts or amps) of the rectifier.

IX. TESTING

The new/modified CP system must be tested prior to UST system operation (observed by SCHMD personnel) and 6 months after operation (a copy of test results must be submitted to the SCHMD).

CP Tester Name:

Company Name:

Address: _____

City: _____ State: _____ Zip Code: _____

Name of Certifying Organization: _____

Certification Type: _____

Certification Number or Other: _____

X. DRAWINGS

Prior to UST system operation, a copy of the 'as-built' drawings must be submitted to the SCHMD.