|  |  |  |
| --- | --- | --- |
| **UST-21** | **IMPRESSED CURRENT CATHODIC PROTECTION SYSTEM 60-DAY RECORD OF RECTIFER OPERATION** | **A close up of a sign  Description automatically generated** |
| * This form may be utilized to document that the cathodic protection system rectifier is checked for operation at least once every 60 days.
* A corrosion expert should specify the minimum amperage required to provide adequate cathodic protection.
* Any significant variance should be reported to your corrosion professional so that any repairs and/or adjustments necessary can be made.
 |
| **UST OWNER** | **UST FACILITY** |
| Owner Name      | Facility Name      | Facility ID#:  |
| Street Address      | Street Address      |
| City      | State     | City      | County      |
| **IMPRESSED CURRENT RECTIFIER DATA**  |
| Rectifier Manufacturer:       | Rated DC Output:  |       | VOLTS |       | AMPS |
|  |  |  |  |
| Rectifier Model:       | Rectifier Serial Number:       |
| **MINIMUM AMPERAGE**  |
| The output at the time of the last passing test was |       | AMPS | Date of Test: |       |  |
|  |  |  |  |  |
| The **minimum** output needed to provide adequate cathodic protection is: |  | AMPS |
| (Output amperage at last passing test minus 20% of last output amperage) |  |  |
| Contact a qualified person to investigate if the observed amperage falls below the specified minimum value. |
| Note: Relatively small variations in the rectifier amperage are normal. If there is no minimum amperage specified, contact a qualified person to investigate if the amperage output decreases by more than 20% from the last passing test. |
| **60-DAY LOG OF RECTIFIER OPERATION** |
| DATE INSPECTED | RECTIFIER TURNED ON? | TAP SETTINGS | DC OUTPUT | HOUR METER | INSPECTOR INITIALS | COMMENTS |
| COARSE | FINE | VOLTS | AMPS |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
| NORTH CAROLINA DEPARTMENT OF ENVIRONMENTAL QUALITY, DIVISION OF WASTE MANAGEMENT, UST SECTION1646 MAIL SERVICE CENTER, RALEIGH, NC 27699-1646 PHONE (919) 707-8171 FAX (919) 715-1117 http://www.wastenotnc.org/ 1/2020 |