

Request for Anode Replacement Form to be completed in Non-erasable Ink

GD&TS 08/2008 FO-13.7-A

Descri	ption of And	de Bed	roini to be co	ompleted in Non-era	asable Hik	, , , , , , , , , , , , , , , , , , , ,	
☐ Deep Well			Location City				
☐ Shallow Well			CPA Number				
N 1000000 100 Gas 1 as							
Anode Type			Size (Width and Length, Weight if Known)	Number of Anodes in Bed	Last Readings (Voltage/Amperage)	Date	
Proced	ure Test Resi	ults					
Initials LAN ID Date		Date	Step				
			The CPA is field verified to be clear of contacts.				
		2. The anode wire has been checked for electrical continuity.					
			3. The rectifier is operating properly (fuses, correct wiring, proper grounding, etc.).				
			An interference test has been performed.				
			5. An anode bed gas test has been performed.				
			6. All defects detected by the above methods are addressed.				
Recoming De Sh	e anode/rectificcified in Gas mended Anoceep Well allow Well	ier syster Standard de Bed R		ective levels of cathod	•	output levels as	
Accounting (Order Number)							
□ Ар	☐ Approved		Gas Distribution Engineer		LAN ID	Date	
☐ Co	gineering Ted oncur nal Comments		service Review of Anode I Distribution Specialist	Bed Replacement (□	Deep Well Requests only) LAN ID	Date	
	ed Attachmen erference Tes		□ СР Ма	aintenance Forms	☐ Rectifier Test	Station Reports	

GTR0008653 Material Redacted