

FID No.	SANTA BARBARA COUNTY AIR POLLUTION CONTROL DISTRICT	Date:
Permit No.	GDF Leak Decay Test Results	Time:
GDF Name and Address: _____ _____ _____		Phase I System Type: <input type="checkbox"/> Coaxial <input type="checkbox"/> Two point E.O. No. _____
GDF Representative and Title: _____		Test Procedure: <input type="checkbox"/> TP-201.3 <input type="checkbox"/> TP-201.3-B <input type="checkbox"/> Other: _____
GDF Phone No. (_____) _____		Phase II System Type: <input type="checkbox"/> Balance <input type="checkbox"/> Assist <input type="checkbox"/> Other: _____
Permit Condition(s): _____		E.O. No. _____
Test Type: <input type="checkbox"/> Compliance <input type="checkbox"/> Maintenance <input type="checkbox"/> SCDP <input type="checkbox"/> Other: _____		_____

Operating Parameters:
Total Number of Nozzles at this Facility _____ No. of Nozzles served by : Tank #1 _____ Tank #3 _____
Tanks Manifolder? Yes No (test each tank individually) Tank #2 _____ Tank #4 _____
Liquid condensate trap? No Yes (if yes, ensure no liquid blockage exists before testing)

Pre Test Protocols:
Manometer Calibration date: ___/___/___ (must be within 90 days)
Manometer warm up period: _____ minutes (minimum of 15 minutes)
Manometer Drift Test: Pass FAIL Amount of Drift: _____ (must be less than 0.01 inH2O)
Start Time: _____ End Time: _____ (15 minute minimum)
Bulk Gasoline Delivery within the last 3 hours? Yes No (delay start of test)
A/L Ratio test within the last 24 hours? No Yes (testing may not be performed)
Adequate ullage? Yes* No (testing may not be performed)
*During the test the tank ullage shall meet the requirements specified in TP-201.3.
Time elapsed since station shut-down and commencement of testing: _____ minutes (30 minute minimum)
Initial system pressure: _____ in. H2O (vent to zero if greater than 0.5)
Nitrogen entry point: Phase I coupler - Vapor Coupler Integrity Test Location/Pressure after 1 min. ___/___ (2.0 initial)
 Phase II vent riser Phase II vapor return line (in dispenser cabinet)

TEST RESULTS					
TANK #	1	2	3	4	TOTAL
1. Product grade					
2. Actual tank capacity (gallons)					
3. Gasoline volume (gallons)					
4. Ullage (gallons = #2-#3)					
5. Nitrogen flow rate (1-5 CFM)					
6. Calculated Ullage fill time (T2 [from zero in. H2O])					
7. Calculated Gross Failure Time (twice T2)					
8. Initial test pressure (in. H2O [2.0])					
9. Pressure at 1 minute (in. H2O)					
10. Pressure at 2 minutes (in. H2O)					
11. Pressure at 3 minutes (in. H2O)					
12. Pressure at 4 minutes (in. H2O)					
13. Final pressure at 5 minutes (in. H2O)					
14. Allowable final pressure (in. H2O from Table)					
15. Test status (pass, fail or Gross Failure)					

Test Conducted by: <input type="checkbox"/> APCD <input type="checkbox"/> Contractor <input type="checkbox"/> Owner/Operator Company: _____ Technician: _____	District Inspector/Witness: _____ Name _____ Date _____
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