

FID No.	SANTA BARBARA COUNTY AIR POLLUTION CONTROL DISTRICT	Date: _____
PTO No.		GDF Dynamic Back Pressure & Liquid Blockage Test Results
GDF Name and Address: _____ _____ _____		Phase I System Type: <input type="checkbox"/> Coaxial <input type="checkbox"/> Two point <input type="checkbox"/> EVR E.O. No. _____ _____
GDF Representative and Title: _____		Test Procedure: <input type="checkbox"/> TP-201.4 <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: _____		_____

Nitrogen Flow Rates (CFH): 20 / 60 / 100 / 60 Wet Allowable Back Pressures (in. H2O): .15 / .45 / .95 / .45
 40 / 60 / 80 / 60 Wet Allowable Back Pressures (in. H2O): .16 / .35 / .62 / .35
Amount of Liquid Introduced into Phase II Vapor Return Line: _____ gallons (see Table 1)
Test Equipment Leak-check test: Pass

TEST RESULTS

Pump	Grade	Back Pressure (in. H2O) @ Nitrogen Flow Rate (CFH)						Nozzle Make/Model (Use in case of failure)	Failure Number (From Page 3)
		20	40	60	80	100	60 Wet		

TABLE 1 (Gallons of gasoline necessary to fill a given length of pipe.)

Pipe Material	Wrought Steel					Fiberglass	
	2" Sch 40	3" Sch 40	8" Sch 20	10" Sch 20	12" Sch 20	2"	3"
Gallons/ft.	0.174	0.384	2.694	4.297	6.123	0.199	0.455

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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Pump	Grade	Back Pressure (in. H2O) @ Nitrogen Flow Rate (CFH)						Nozzle Make/Model (Use in case of failure)	Failure Number (From Page 3)
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Test Conducted by: ? APCD ? Contractor ? Owner/Operator Company: _____ Technician: _____	District Inspector/Witness: _____ Name _____ Date _____
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FAILURE REPORT FOR GDF DYNAMIC BACK PRESSURE & LIQUID BLOCKAGE TESTING

This page must be used by facilities that have failed a required Gasoline Dispensing Facility (GDF) test to document the cause and corrective action(s) taken. For each failure, a detailed explanation must be provided for the cause of the failure and the action taken to correct that problem.

Please identify the exact failed components by name and location. Be sure to cross reference this information with the test results recorded earlier on this form.

Failure Number	Failure and Cause:	
1	Failure and Cause:	
	Corrective Action:	
2	Failure and Cause:	
	Corrective Action:	
3	Failure and Cause:	
	Corrective Action:	
4	Failure and Cause:	
	Corrective Action:	
5	Failure and Cause:	
	Corrective Action:	
6	Failure and Cause:	
	Corrective Action:	
7	Failure and Cause:	
	Corrective Action:	

Use more sheets if needed.

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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