



**SAN DIEGO AIR POLLUTION CONTROL DISTRICT**  
**COMPLIANCE DIVISION**  
**10124 OLD GROVE ROAD**  
**SAN DIEGO CA 92131-1649**  
**PHONE (858) 586-2650 FAX (858) 586-2651**

APCD USE ONLY	
SECTOR	
ID#	
NOV#	

## PRESSURE DECAY TEST

**2" TP-201.3**       **5" TP-201.3A**       **10" TP 96-1**

**Renewal Testing** (Contractor only)     
  **Compliance Witness** (District only)     
  **Compliance Testing** (District only)     
  **Engineering Evaluation** (District only)

**Facility Name:** \_\_\_\_\_ **A/C or PO Number:** \_\_\_\_\_ **Time of Test:** \_\_\_\_\_  
(Record exact time of test in order to demonstrate proper test sequencing as required in Attachment A)

Phase I System & EO#:	Date/Time of Most Recent Delivery:		
Phase II System & EO#:	Date/Time of Most Recent A/L or V/L Test as applicable:		
No. of Nozzles Affected:	Pressure Measuring Device Type:		
Vapor Manifold Location:	Device Calibration Date:		
All four CAS Ball valves closed before conducting test <sup>1</sup>	Yes <input type="checkbox"/> No <input type="checkbox"/>	All four CAS ball valves in normal operating positions after conducting test <sup>1</sup>	Yes <input type="checkbox"/> No <input type="checkbox"/>
All dispenser piping test valves open before conducting test <sup>1</sup>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Tank Number:	1	2	3	4	Total
Product Grade:					
Tank Capacity, gallons:					
Gasoline, gallons:					
Ullage, gallons:					
Initial Pressure <sup>2</sup> , wcg:					
Pressure @ _____ minutes:					
Pressure @ _____ minutes:					
Pressure @ _____ minutes:					
Pressure @ _____ minutes:					
Final pressure <sup>2</sup> @ _____ minutes:					
Allowable Final Pressure, wcg:					
Pressure Decay Test Results:	<input type="checkbox"/> P/ <input type="checkbox"/> F	<input type="checkbox"/> P/ <input type="checkbox"/> F	<input type="checkbox"/> P/ <input type="checkbox"/> F	<input type="checkbox"/> P/ <input type="checkbox"/> F	<input type="checkbox"/> P/ <input type="checkbox"/> F
Tank Tie Test:	<input type="checkbox"/> P/ <input type="checkbox"/> F	<input type="checkbox"/> P/ <input type="checkbox"/> F	<input type="checkbox"/> P/ <input type="checkbox"/> F	<input type="checkbox"/> P/ <input type="checkbox"/> F	<input type="checkbox"/> P/ <input type="checkbox"/> F

<sup>1</sup>This is only applicable to facilities with Phase II Enhanced Vapor Recovery Systems as specified in the ARB Executive Orders VR-201-X and VR-202-X (Note X refers to version of the ARB Executive Order) <sup>2</sup>. Pressure measurements shall be recorded to the nearest hundredth of an inch wc (.01" wc). Any rounding must be done after calculating the overall pressure decay rate(e.g. the actual differential shall not be more than 0.14" wc if the test procedure allows a differential of 0.1" wc).