



Stage 1 Vapor Recovery Test Results

Please fill out this form completely to ensure the proper processing of your Stage 1 Vapor Recovery Test Results. Print or type unless otherwise noted. Please retain a copy of this completed certification report at your gasoline dispensing facility (GDF) for five (5) years in accordance with [RCSA Section 22a-174-30a\(e\)\(4\)](#).

Email this completed form within ten (10) days of the Stage 1 Test to: air.vapor.program@ct.gov In the subject line please enter the following information: "Stage 1 Test Results, Station Name, Street Address, Town and Retail Gasoline Dealer's License #"

For questions about Stage 1: Contact Kathleen Rankin (860) 424-3473 or kathleen.rankin@ct.gov

Part I: Gasoline Dispensing Facility Information					
<i>If a GDF owner or operator is a corporation, limited liability company, limited partnership, limited liability partnership, or a statutory trust, it must be registered with the Secretary of State. If applicable, the registrant's name shall be stated exactly as it is registered with the Secretary of State. This information can be accessed at CONCORD (www.concord-sots.ct.gov/CONCORD/index.jsp).</i>					
GDF Site Name					
Site Address					
City/Town		State		Zip Code	
Retail Gasoline Dealer's License Number					
Contact Name		Contact Title			
Contact Telephone Number		Contact E-mail			

Part II: Stage 1 Vapor Recovery Results - Premises Information Summary				
Test Date¹				
Test Type	Pressure Decay (Leak Test)	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail ²	<input type="checkbox"/> Incomplete ²
	Pressure/Vacuum Vent Valve	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail ²	<input type="checkbox"/> Incomplete ²
	Vapor Space Test Tie-In	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail ²	<input type="checkbox"/> Incomplete ²
Were any tests observed by a DEEP Official?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes selected above, provide name of DEEP Official				

1. Submit test results within ten (10) days after completion of test in accordance with [RCSA Section 22a-174-30a\(d\)\(9\)\(B\)](#).
 2. If any GDF fails any required test, the owner or operator shall take corrective actions and retest no later than sixty (60) days after failing the test as required by [RCSA Section 22a-174-30a\(d\)\(10\)](#).

Part III: Pressure/Vacuum (P/V) - Vent Valve Data

Total Number of P/V Vent Valves at Site			
P/V Vent Valve Number <input type="checkbox"/> Existing <input type="checkbox"/> Replacement		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Incomplete	
P/V Valve Manufacturer		Model Number	
Manufacturer's Specified Positive Leak Rate (CFH)		Manufacturer's Specified Negative Leak Rate (CFH)	
Measured Positive Leak Rate (CFH)		Measured Negative Leak Rate (CFH)	
Positive Cracking Pressure (inches of H ₂ O)		Negative Cracking Pressure (inches of H ₂ O)	
P/V Vent Valve Number <input type="checkbox"/> Existing <input type="checkbox"/> Replacement		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Incomplete	
P/V Valve Manufacturer		Model Number	
Manufacturer's Specified Positive Leak Rate (CFH)		Manufacturer's Specified Negative Leak Rate (CFH)	
Measured Positive Leak Rate (CFH)		Measured Negative Leak Rate (CFH)	
Positive Cracking Pressure (inches of H ₂ O)		Negative Cracking Pressure (inches of H ₂ O)	
P/V Vent Valve Number <input type="checkbox"/> Existing <input type="checkbox"/> Replacement		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Incomplete	
P/V Valve Manufacturer		Model Number	
Manufacturer's Specified Positive Leak Rate (CFH)		Manufacturer's Specified Negative Leak Rate (CFH)	
Measured Positive Leak Rate (CFH)		Measured Negative Leak Rate (CFH)	
Positive Cracking Pressure (inches of H ₂ O)		Negative Cracking Pressure (inches of H ₂ O)	
P/V Vent Valve Number <input type="checkbox"/> Existing <input type="checkbox"/> Replacement		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Incomplete	
P/V Valve Manufacturer		Model Number	
Manufacturer's Specified Positive Leak Rate (CFH)		Manufacturer's Specified Negative Leak Rate (CFH)	
Measured Positive Leak Rate (CFH)		Measured Negative Leak Rate (CFH)	
Positive Cracking Pressure (inches of H ₂ O)		Negative Cracking Pressure (inches of H ₂ O)	
Cumulative Positive Leak Rate³ (CFH)		<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Cumulative Negative Leak Rate³ (CFH)		<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Date of Most Recent Pressure Measuring Calibration Test⁴			
Date of Most Recent Flow Meter Calibration Test⁵			

- The total leak rate of all pressure/vacuum vent valves at an affected facility, including connections, shall not exceed 0.17 cubic foot per hour at a pressure of 2.0 inches of water and 0.63 cubic foot per hour at a vacuum of 4 inches of water as required by [RCSA Section 22a-174-30a\(c\)\(3\)\(B\)\(iii\)](#).
- All pressure measuring device(s) shall be bench calibrated using either a reference gauge or incline manometer. Calibration shall be performed at 20, 50, and 80 percent of full scale. Accuracy shall be within two percent at each of these calibration points. Calibrations shall be conducted on a frequency not to exceed 90 days. ([CARB Vapor Recovery Test Procedure - TP-201.3.6.8](#))
- The Flow Metering device(s) shall be calibrated using a reference meter or NIST traceable standard. Calibrations shall be performed at 20, 50, and 80 percent of full scale range and shall take place at a minimum of once every six (6) months. ([CARB Vapor Recovery Test Procedure - TP-201.1E.6.3](#))

Part IV: Pressure Decay Test

Stage 1 Type	Last Fuel Delivery	Is a swivel/rotatable or locking clamp style equipment installed on all gasoline fill ports?	Is a swivel/rotatable or locking clamp style equipment installed on all gasoline Stage 1 Vapor Adapters?
<input type="checkbox"/> Unknown <input type="checkbox"/> Co-Axial <input type="checkbox"/> Dual Point <input type="checkbox"/> Combination	Date <input type="text"/> Time ⁶ <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

6. No gasoline bulk product deliveries into the storage tank(s) are allowed within the three (3) hours prior to the test or during performance of this test procedure. ([CARB Vapor Recovery Test Procedure - TP-201.3.6.2.1](#)) In addition, no product may be dispensed within thirty (30) minutes prior to or during performance of this test procedure. ([CARB Vapor Recovery Test Procedure - TP-201.3.6.2.2](#))

Part V: Pressure Decay Test Results

Tank Number	1	2	3	4	Total
1. Number of Nozzles Served by Tank					
2. Product Grade					
3. Distance of Drop Tube from Tank Bottom (<i>inches</i>)					
4. Actual Tank Capacity (<i>gallons</i>)					
5. Gasoline Volume (<i>gallons</i>)					
6. Ullage ⁷ (<i>gallons</i>) (Ullage = Line #4 - Line #5)					
Start Time of Test					
7. Initial Pressure (<i>inches H₂O</i>)					
8. Pressure After 1 Minute (<i>inches H₂O</i>)					
9. Pressure After 2 Minute (<i>inches H₂O</i>)					
10. Pressure After 3 Minute (<i>inches H₂O</i>)					
11. Pressure After 4 Minute (<i>inches H₂O</i>)					
12. Pressure After 5 Minute (<i>inches H₂O</i>)					
13. Allowable Pressure ⁸ (<i>inches H₂O</i>)					
Result	<input type="checkbox"/> Pass <input type="checkbox"/> Fail				

7. The minimum total ullage, for each individual tank, during testing is 1,000 gallons or 25% of the tank capacity, whichever is less. The maximum total ullage, for all manifolded tanks, must not exceed 25,000 gallons during testing. ([CARB Vapor Recovery Test Procedure - TP-201.3.3.3](#))

8. [CARB Vapor Recovery Test Procedure - TP-201.3 TABLE 1B](#)

Part VI: Vapor Tank Tie Test

	Product Type	Tanks Manifolded Together	Result
Tank 1	<input type="checkbox"/> Regular <input type="checkbox"/> Mid-Grade <input type="checkbox"/> Premium <input type="checkbox"/> Diesel	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Tank 2	<input type="checkbox"/> Regular <input type="checkbox"/> Mid-Grade <input type="checkbox"/> Premium <input type="checkbox"/> Diesel	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Tank 3	<input type="checkbox"/> Regular <input type="checkbox"/> Mid-Grade <input type="checkbox"/> Premium <input type="checkbox"/> Diesel	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Tank 4	<input type="checkbox"/> Regular <input type="checkbox"/> Mid-Grade <input type="checkbox"/> Premium <input type="checkbox"/> Diesel	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Part VII: Notes/Repairs

Provide any additional pertinent information as well as a brief description of any/all equipment repairs.

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Part VIII: Facility Sketch & Tank Inventory

Attach a copy of the tank inventory printout and facility sketch using the following diagram labels as a part of this package.

Underground Storage Tank		Automatic Tank Gauging Probe	ATG	Fill	F
Dispenser		Submersible Turbine Pump	STP	Remote Fill	RF
Ball Float	BF	Dry Break	DB	Manifold	M

Part IX: Certification

The testing company representative certifies that he/she has been authorized by the owner or operator of the GDF site listed in Part I to test the Stage I Vapor Recovery System and submit the test results to the CT DEEP on their behalf. This Stage 1 Vapor Recovery Test Results report will be considered incomplete unless the required signature is provided.

I certify that I have been authorized by the owner or operator of the GDF site listed in Part I of this form to test the Stage I Vapor Recovery System and submit the test results to the CT DEEP on their behalf.

"I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that, based on reasonable investigation, including my inquiry of those individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief. I understand that a false statement made in the submitted information may be punishable as a criminal offense, under section 22a-175 of the Connecticut General Statutes, under section 53a-157b of the Connecticut General Statutes, and in accordance with any applicable statute."

Tester Name		Title <i>(if applicable)</i>	
Signature of Tester		Date	
Consumer Protection Repairer of Weighing and Measuring Devices License Number			
Name of Testing Company		Name of Testing Company Representative	
Testing Company Mailing Address			
Testing Company Telephone Number		Testing Company Representative E-mail	