

**Form 102-1:
Pressure Decay Test Data**

Test Date: ___/___/___
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Facility Name: _____ Facility ID Number: _____

Test Company Name: _____

Type of Stage II System Installed: _____ Executive Order: _____

Describe Manifolding of System (if any): _____

Date and Time of Last Bulk Delivery / Removal : ___ / ___ / _____ @ _____ : _____

Time of Last Vehicle Refueling Prior to Test: _____ : _____ Time Test Began: _____ : _____

	Parameter (Indicate Manifolding by Circling Tank Numbers °)	Tank Number				Total
		1	2	3	4	
1	Product Grade					
2	Type of Storage Tank (AST or UST)					
3	Actual Tank Capacity (gallons)					
4	Gasoline Volume (gallons)					
5	Ullage (gallons) (item 3 - item 4)					
6	Number of Nozzles w/ Vapor Return to Tank					
7	P/V Manufacturers Rated Cracking Pressure					
8	P/V Pressure When Cracking Began					
9	Time Required to Pressurize System (seconds)					
10	Nitrogen Flowrate Circle: SCFM or SCFH	Flowrate:				
11	Initial Pressure (Inches WC)					2.00
12	Pressure After 1 Minute (Inches WC)					
13	Pressure After 2 Minutes (Inches WC)					
14	Pressure After 3 Minutes (Inches WC)					
15	Pressure After 4 Minutes (Inches WC)					
16	Pressure After 5 Minutes (Inches WC)					
17	Allowable Final Pressure (from table or equation)*					
18	Healy Nozzle to Multi / Mini-Jet: Pass or Fail	Ī V= _____	Piping length= _____ ft.	AĪ V= _____		
19	Test Result: Pass or Fail					

Comments (Include any equipment replaced and / or repairs made prior to or during the test): _____

* Final regulatory compliance must be determined by using the appropriate equation in Section 9.2.