

Pressure Decay Test Notification for a Gasoline Dispensing Facility (GDF)

Please fill out this form completely to ensure the proper handling of your pressure decay test notification. Print or type unless otherwise noted. Please submit this completed notification to air.vapor.program@ct.gov with the following in the subject line: "Pressure Decay Test Notification for" followed by address, town, fuel brand, and retail gasoline dealer's license number. Retain a copy of this completed notification at your gasoline dispensing facility (GDF).

For those GDF owners decommissioning a Stage II vapor recovery system this pressure decay test notification is being required pursuant to section 22a-174e of the CT General Statutes.

Documentation of Pressure Decay Test

This completed notification must be submitted at least 7 business days prior to the scheduled test date.

 Pressure decay test as part of the Stage II decommissioning process. Annual pressure decay test for all other purposes. 	Provide GDF Retail Gasoline Dealer's License #
Intended Decay Testing Date: Estimated Time (of day) testing will occur:	
Decommissioning Reminders:	
 Once decommissioning is initiated it must be completed within 100 days. Decommissioning of a Stage II vapor recovery system shall be performed in accordance with section 14 of the 2009 Petroleum Equipment Institute "Recommended Practices for Installation and Testing of Vapor-Recovery Systems at Vehicle-Fueling Sites" (PEI/RP 300-09), which can be purchased at www.pei.org. Before, during and after the decommissioning process, the owner and operator of the GDF must remain in compliance with all applicable federal, state, and local laws including but not limited to federal standards such as Title 40 of the Code of Federal Regulations Part 63 Subpart CCCCCC, and local permitting requirements and notifications to the local fire marshal and building officials. 	
GDF Site Name:	
Address:	7'o Ooda
	State: Zip Code:
Contact Person for Pressure Decay Testing:	Contact Phone:
*E-mail:	
*By providing this e-mail address you are agreeing to receive official correspondence from the Department, at this electronic address, concerning the subject report. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify the Department if your e-mail address has changed.	