

## Pressure Management or Vapor Control System Test Protocol Form

Please fill out this form completely to ensure the proper processing of your pressure management or vapor control system test protocol. Print or type unless otherwise noted.

Email this completed form at least sixty (60) days prior to pressure management or vapor control system testing to the Connecticut Department of Energy and Environmental Protection (DEEP) Air Vapor Program at: [air.vapor.program@ct.gov](mailto:air.vapor.program@ct.gov). In the subject line please enter the following information: "Test Protocol, Station Name, Street Address, Town, and Retail Gasoline Dealer's License #"

Contact the DEEP Air Vapor Program at [air.vapor.program@ct.gov](mailto:air.vapor.program@ct.gov) with any questions.

<b>Part I: Gasoline Dispensing Facility (GDF) Information</b>					
GDF Site Name				RGD License #	
GDF Address					
City/Town		State		Zip Code	
Responsible Party Name			Title		
Telephone Number			Email		
Type of Pressure Management or Vapor Control System					
Is this system California Air Resources Board (CARB) approved? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, what section of the regulations or Executive Order lists the approval and testing requirements?					

<b>Complete below if the person submitting this form is different than listed in Part I:</b>			
Name		Title	
Company		Telephone Number	
Email		Signature	



Part II: Test Date					
Test Date		Test Time		Testing Company	
Backup Date		Test Time		Testing Company	
Testing Company Contact		Telephone Number		Email	

Part III: Test Procedure(s)	
Test Name	
Purpose of This Test	
Equipment to be Tested	
<p>Will the pressure decay test, vapor-space tie-in test, and pressure/vacuum vent valve test required by Regs. Conn. State Agencies § 22a-174-30a be conducted at the same time? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p><b>If no</b>, please provide a justification for why the two cannot be tested together. DEEP prefers the Stage I vapor recovery testing be conducted on the same day as any pressure management or vapor control device testing to prove there is no compatibility issues between the two systems.</p>	
<p>Attach the following information as needed:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A list of each type of test that will be conducted</li> <li><input type="checkbox"/> A diagram of the pressure management or vapor control system showing how it is connected to the vapor space/lines at the GDF</li> <li><input type="checkbox"/> A description of the pressure management or vapor control equipment and how it functions</li> <li><input type="checkbox"/> The test protocol/procedure for each piece of equipment and each test that will be conducted</li> <li><input type="checkbox"/> Any additional information (Ex. photos, equipment/GDF diagrams) that you deem necessary to aid in the approval of this protocol</li> </ul>	