TABLE 30-1A

PHASE II BALANCE SYSTEMS

PRESSURE DECAY LEAK RATE CRITERIA

INITIAL PRESSURE OF 2 INCHES OF H_2O

MINIMUM PRESSURE AFTER 5 MINUTES, INCHES OF H_2O

ULLAGE, GALLONS	NUMBER OF AFFECTED NOZZLES				
	01-06	07-12	13-18	19-24	> 24
500	**0.44**	**0.41**	**0.38**	**0.36**	**0.34**
550	0.50	0.47	0.45	0.42	0.40
600	**0.56**	**0.53**	**0.51**	**0.48**	**0.46**
650	0.62	0.59	0.56	0.54	0.51
700	**0.67**	**0.64**	**0.62**	**0.59**	**0.56**
750	0.73	0.70	0.67	0.64	0.61
800	**0.77**	**0.74**	**0.71**	**0.69**	**0.66**
850	0.82	0.79	0.76	0.73	0.70
900	**0.86**	**0.83**	**0.80**	**0.77**	**0.75**
950	0.90	0.87	0.84	0.81	0.79
1,000	**0.93**	**0.91**	**0.88**	**0.85**	**0.82**
1,200	1.06	1.03	1.01	0.98	0.95
1,400	**1.16**	**1.14**	**1.11**	**1.09**	**1.06**
1,600	1.24	1.22	1.19	1.17	1.15
1,800	**1.31**	**1.29**	**1.27**	**1.24**	**1.22**
2,000	1.37	1.35	1.32	1.30	1.28
2,200	**1.42**	**1.40**	**1.38**	**1.36**	**1.34**
2,400	1.46	1.44	1.42	1.40	1.38
2,600	**1.49**	**1.47**	**1.46**	**1.44**	**1.42**
2,800	1.52	1.51	1.49	1.47	1.46
3,000	**1.55**	**1.54**	**1.52**	**1.50**	**1.49**
3,500	1.61	1.59	1.58	1.57	1.55
4,000	**1.65**	**1.64**	**1.63**	**1.61**	**1.60**
4,500	1.69	1.68	1.67	1.65	1.64
5,000	**1.72**	**1.71**	**1.70**	**1.69**	**1.67**
6,000	1.76	1.75	1.74	1.73	1.72
7,000	**1.79**	**1.79**	**1.78**	**1.77**	**1.76**
8,000	1.82	1.81	1.80	1.80	1.79
9,000	**1.84**	**1.83**	**1.83**	**1.82**	**1.81**
10,000	1.85	1.85	1.84	1.84	1.83
15,000	**1.90**	**1.90**	**1.89**	**1.89**	**1.89**
20,000	1.93	1.92	1.92	1.92	1.91
25,000	**1.94**	**1.94**	**1.94**	**1.93**	**1.93**

Note: For manifolded Phase II Balance Systems, the **"Number of Affected Nozzles"** shall be the total of all gasoline nozzles. For dedicated return configurations, the **"Number of Affected Nozzles"** shall be the total of those nozzles served by the tank being tested.

TABLE 30-1B

PHASE II ASSIST SYSTEMS

PRESSURE DECAY LEAK RATE CRITERIA

INITIAL PRESSURE OF 2 INCHES OF H_2O

MINIMUM PRESSURE AFTER 5 MINUTES, INCHES OF H_2O

ULLAGE, GALLONS	NUMBER OF AFFECTED NOZZLES				
	01-06	07-12	13-18	19-24	> 24
500	**0.73**	**0.69**	**0.65**	**0.61**	**0.57**
550	0.80	0.76	0.72	0.68	0.64
600	**0.87**	**0.82**	**0.78**	**0.74**	**0.71**
650	0.93	0.88	0.84	0.80	0.77
700	**0.98**	**0.94**	**0.90**	**0.86**	**0.82**
750	1.03	0.98	0.94	0.91	0.87
800	**1.07**	**1.03**	**0.99**	**0.95**	**0.92**
850	1.11	1.07	1.03	1.00	0.96
900	**1.15**	**1.11**	**1.07**	**1.03**	**1.00**
950	1.18	1.14	1.11	1.07	1.04
1,000	**1.21**	**1.18**	**1.14**	**1.10**	**1.07**
1,200	1.32	1.28	1.25	1.22	1.19
1,400	**1.40**	**1.37**	**1.34**	**1.31**	**1.28**
1,600	1.46	1.43	1.41	1.38	1.35
1,800	**1.51**	**1.49**	**1.46**	**1.44**	**1.41**
2,000	1.56	1.53	1.51	1.49	1.46
2,200	**1.59**	**1.57**	**1.55**	**1.53**	**1.51**
2,400	1.62	1.60	1.58	1.56	1.54
2,600	**1.65**	**1.63**	**1.61**	**1.59**	**1.57**
2,800	1.67	1.65	1.64	1.62	1.60
3,000	**1.69**	**1.68**	**1.66**	**1.64**	**1.62**
3,500	1.73	1.72	1.70	1.69	1.67
4,000	**1.76**	**1.75**	**1.74**	**1.72**	**1.71**
4,500	1.79	1.78	1.77	1.75	1.74
5,000	**1.81**	**1.80**	**1.79**	**1.78**	**1.77**
6,000	1.84	1.83	1.82	1.81	1.80
7,000	**1.86**	**1.85**	**1.85**	**1.84**	**1.83**
8,000	1.88	1.87	1.86	1.86	1.85
9,000	**1.89**	**1.89**	**1.88**	**1.87**	**1.87**
10,000	1.90	1.90	1.89	1.88	1.88
15,000	**1.93**	**1.93**	**1.93**	**1.92**	**1.92**
20,000	1.95	1.95	1.94	1.94	1.94
25,000	**1.96**	**1.96**	**1.96**	**1.95**	**1.95**

Note: For manifolded Phase II Assist Systems, the **"Number of Affected Nozzles"** shall be the total of all gasoline nozzles. For dedicated return configurations, the **"Number of Affected Nozzles"** shall be the total of those nozzles served by the tank being tested.

Form 30-1

Distribution:

Firm
Permit Services
Enforcement Services
Technical Services
Planning
Requester
DAPCO

BAY AREA
AIR QUALITY MANAGEMENT DISTRICT
939 Ellis Street
San Francisco, California 94109
(415) 771-6000

Summary of Source Test Results

Report No.: _____
Test Date: _____
Test Times:
Run A: _____
Run B: _____
Run C: _____

Source Information

GDF Name and Address

GDF Representative and Title

GDF Phone No. ( )

Source: GDF Vapor Recovery System

BAAQMD GDF # _____

BAAQMD A/C # _____

Permit Conditions

Facility Parameters

PHASE II SYSTEM TYPE (Check One)

Balance ☐

Vapor Assist ☐

Type:

Other ☐

Identify:

Manifolded? **Y** **or** **N**

Operating Parameters:

Number of Nozzles Served by Tank #1 _____ Number of Nozzles Served by Tank #3 _____

Number of Nozzles Served by Tank #2 _____ Total Number of Gas Nozzles at Facility _____

Applicable Regulations: BAAQMD REGULATION 8, RULE 7

FOR OFFICE USE ONLY:

Source Test Results and Comments:

TANK #:	**1**	**2**	**3**	**TOTAL**
1. Product Grade				
2. Actual Tank Capacity, gallons				
3. Gasoline Volume, Gallons				
4. Ullage, gallons (#2 -#3)				
5. Phase I System Type				
6. Initial Test Pressure, Inches H_2O **(2.0)**				
7. Pressure After 1 Minute, Inches H_2O				
8. Pressure After 2 Minutes, Inches H_2O				
9. Pressure After 3 Minutes, Inches H_2O				
10. Pressure After 4 Minutes, Inches H_2O				
11. **Final Pressure After 5 Minutes, Inches H_2O**				
12. Allowable Final Pressure from Table 30-I				
13. Test Status [**Pass** or **Fail**]				

Test Conducted by:

Test Company
Name _____
Address _____
City _____

Date and Time of Test: