

DEP-6020

GASOLINE TANK TRUCK PRESSURE-VACUUM TEST CERTIFICATE APPLICATION

Americans with Disabilities Act (ADA) Digitally Accessible Alternate Version

AGENCY USE ONLY

Receipt Number: _____

Log Number: _____

Certificate Serial Number: _____

Year: _____

Month: _____

Commonwealth of Kentucky Energy and Environment Cabinet
Department for Environmental Protection Division for Air Quality
Field Operations Branch, Field Support Section 300 Sower Boulevard, 2nd Floor
Frankfort, Kentucky 40601
Telephone: (502) 782-6592

The completion and return of this form is required under Regulation 401 KAR 63:031, pursuant to KRS 224. Applications shall be incomplete unless all the requested information is provided on this form, signed by the applicant, and accompanied by a ten dollar (\$10) sticker fee in the form of a check or money order payable to the Kentucky State Treasurer. Failure to supply information required or deemed necessary by the Division to enable it to act upon the application shall result in administrative or legal action.

Company Name _____ Phone _____

Street or Box No. _____ City _____

County _____ State _____ Zip Code _____

Tanker Unit Number _____ Serial Identification Number _____

Make and Year of Manufacture _____

Tanker Capacity (Gallons) _____ Number of Compartments _____

Vapor Collection System Installed By: _____

☐ Manufacturer?

☐ Retrofitted?

Enclosed \$10 Sticker Fee Payable to Kentucky State Treasurer

☐ Check

☐ Money Order

Name of Person Submitting Application _____

Title _____ Phone _____

Signature of Person Submitting Application _____

Date of Application _____

Method 27-Determination of Vapor Tightness of Gasoline Delivery Tank Using Pressure-Vacuum Test

Pressure Test: Pressurize tank to 450 millimeters of water (18 inches)

Time: _____

TEST 1: Pressure reading in millimeters of water

1 Minute: _____

2 Minutes: _____

3 Minutes: _____

4 Minutes: _____

5 Minutes: _____

TEST 2: Pressure reading in millimeters of water

1 Minute: _____

2 Minutes: _____

3 Minutes: _____

4 Minutes: _____

5 Minutes: _____

Arithmetic average of the two results: _____

Vacuum Test: Evacuate tank to 150 millimeters of water (6 inches)

Time: _____

TEST 1: Pressure reading in millimeters of water

1 Minute: _____

2 Minutes: _____

3 Minutes: _____

4 Minutes: _____

5 Minutes: _____

TEST 2: Pressure reading in millimeters of water

1 Minute: _____

2 Minutes: _____

3 Minutes: _____

4 Minutes: _____

5 Minutes: _____

Arithmetic average of the two results: _____

☐ Tank does meet standard

☐ Tank does not meet standard

Serial Identification Number: _____ Tanker Unit Number: _____

Repairs: _____

I certify that the tank unit listed on this application was tested on _____

In compliance with the test procedure specified in 40 CFR 60, Appendix A, Method 27,

“Determination of Vapor Tightness of Gasoline Delivery Tank Using Pressure Vacuum Test,” and

Kentucky Administrative Regulation, 401 KAR 63:031, that the test data given above are true and

accurate at the time of testing, and that two consecutive tests were performed and agree within +/-

12.5 millimeters of water.

Name of Testing Firm _____

Name of Tester _____

Address _____ City _____

State _____ Zip Code _____ Phone Number _____

Signature of Tester _____ Date _____