



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

GASOLINE TANK TRUCK
PRESSURE-VACUUM TEST
CERTIFICATE APPLICATION

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.

DEP-6020 Rev. Jul'06
AGENCY USE ONLY
RECEIPT NUMBER
LOG NUMBER:
CERTIFICATE SERIAL NUMBER:
YEAR:
MONTH:

COMPANY NAME:	TELEPHONE NUMBER (with area code):
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MAILING ADDRESS:

Street or Box No.	City	County	State	Zip Code
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TANKER UNIT NUMBER	SERIAL IDENTIFICATION NUMBER	MAKE AND YEAR OF MANUFACTURE
TANKER CAPACITY Gallons	NUMBER OF COMPARTMENTS	VAPOR COLLECTION SYSTEM INSTALLED BY: <input type="checkbox"/> Manufacturer <input type="checkbox"/> Retrofitted

Enclosed \$10.00 Sticker Fee Payable to Kentucky State Treasurer
 Check Money Order

NAME OF PERSON SUBMITTING APPLICATION	TITLE	TELEPHONE NUMBER
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SIGNATURE OF PERSON SUBMITTING APPLICATION	DATE OF APPLICATION
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**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 _____ A.M.
P.M.

PRESSURE READING MILLIMETERS WATER	TEST	1 MINUTE	2 MINUTES	3 MINUTES	4 MINUTES	5 MINUTES
	1					
	2					
Arithmetic average of the two results						

**VACUUM TEST:
EVACUATE TANK TO 150 MILLIMETERS OF WATER (6 Inches)**

TIME _____ A.M.
P.M.

PRESSURE READING MILLIMETERS WATER	TEST	1 MINUTE	2 MINUTES	3 MINUTES	4 MINUTES	5 MINUTES
	1					
	2					
Arithmetic average of the two results						

TANK DOES DOES NOT MEET TEST STANDARD.

SERIAL IDENTIFICATION NUMBER: _____ TANKER UNIT NUMBER: _____

REPAIRS: _____

I certify that the tank unit listed on this application was tested on _____ (month/day/year) 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		SIGNATURE OF TESTER	
CITY		PHONE NUMBER (include Area Code)	
STATE	ZIP CODE	DATE	