

# Appendix II - Cover Sheet for New York State Stage II System Testing Report

Facility Name:
Address:
Facility PBS Number:
Phone Number:
Contact Person:
Number of Pumps:
Number of Tanks:

**\* Boxes must be checked, sheet must be signed and notarized in order for this document to be valid.**

**Dynamic Back Pressure Test Results**

For all pumps at this facility,

- Water column gauge at a flow rate of 60 ft<sup>3</sup>/hr does not exceed 0.45 inches (passes) AND
- Water column gauge at a flow rate of 100 ft<sup>3</sup>/hr does not exceed 0.95 inches (passes)

**Liquid Blockage Test Results**

For all pumps at this facility,

- Pressure does not exceed 0.03 inches above the dynamic back pressure test results (passes)

**Leak Detection Test Results**

For all tanks at this facility,

- After 5 minutes, from an initial pressure of 10.0" wcg, pressure in all gasoline storage tanks did not fall below the values in Table I of Part 230

Testing Company:	
Address:	
Phone Number:	
Date of test:	
Tests completed by:  _____ <div style="text-align: center;">name</div>  _____ <div style="text-align: center;">signature</div>  _____ <div style="text-align: center;">date</div>	<p style="text-align: center;"><b>ACKNOWLEDGEMENT TO BE COMPLETED BY A NOTARY PUBLIC</b></p> State of _____ County of _____ ss: On this _____ day of _____, 20____ before me personally appeared _____ to me known and known to me to be the same person described in and who executed the foregoing instrument, and _____ he duly acknowledged to me that _____ he executed the same.  _____ <div style="text-align: center;">Notary Public (please sign and affix stamp)</div>

Attach test results to this cover sheet and submit to:

Gregory Labarge  
 DEC Division of Air Resources  
 Bureau of Stationary Sources  
 625 Broadway  
 Albany, NY 12233-3254

\* Keep copies of test results and this cover sheet at facility for 5 years.