

Stage I Vapor Recovery Pre-Test Notification

(NOTICE: Written notification must be received by LRAPA 10 working days in advance of the test. Fax is acceptable.)

Notification Type and Test Purpose:

Notification Type (Check one): Original Revised Rescheduled Canceled

If revised, rescheduled or canceled, what was the original notification date?: _____ Original test date?: _____

Test Purpose: Compliance Problem Resolution Other

(Explain): _____

If compliance, What type? Startup Triennial Major Modification

Test(s) will begin on (date): _____ at (time): _____

Test(s) of the Vapor Recovery System are to be conducted at the following location:

Facility Name: _____

Facility Address: _____

Facility City: _____

Facility Zip Code: _____

Facility ID#: _____

Directions to Facility (if needed): _____

Facility Vapor Balance System Information:

Number of Gasoline Storage Tanks at the Facility: _____ ASTs _____ USTs Total number of gasoline nozzles: _____

Type of Stage I System: Coaxial Two Point

Test(s) to be Conducted at the Facility:

_____ CARB TP-201.1E -Leak Rate and Cracking Pressure of Vent/Vacuum Vent Valves Adopted October 8, 2003

_____ CARB TP-201.3-Determination of 2 inches of WC Static Pressure Performance of Vapor Recovery Systems of Dispensing Facilities, adopted April 12, 1996

_____ Other (Explain): _____

Facility Contact Information:

Facility Contact Name: _____ Facility Phone: _____

Facility Owner Name: _____ Owner Phone: _____

Testing Contractor Information:

Test Company Name: _____ Phone: _____

Test Company Address: _____

Test Company City: _____ State: _____ Zip Code: _____

Tester Name: _____

Phone or Pager Number at Which Person Conducting Test Can be Contacted: _____

Submitted by:

Printed Name

Signature

Date Sign