



**Lane Regional Air Protection Agency (LRAPA)**

1010 Main Street, Springfield, OR 97477

Phone: (541) 736-1056 fax: (541) 726-1205 email: [permitting@lrapa.org](mailto:permitting@lrapa.org)



**Stage I Vapor Recovery Pre-Test Notification**

*(NOTICE: Written notification must be received by LRAPA 60 working days in advance of the test.)*

**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/Permit 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: \_\_\_\_\_

Tester Phone Number / email: \_\_\_\_\_

**Submitted by:**

Printed Name

Signature

Date Signed