

**SAN DIEGO AIR POLLUTION CONTROL DISTRICT
 FEE SCHEDULE 26F
 HEALY FRANKLIN VACUUM ASSIST SYSTEM EO G-70-183-AA, G-70-191-AA
 INSPECTION CHECKLIST**

Annual Mid-Year Test/Witness Inspection Date: _____

Company (DBA) _____

Location: _____

Representative: _____ Title: _____

Sector/ID #: _____ Permit #: _____ Expiration Date: _____

EQUIPMENT DESCRIPTION

Is equipment description same as Permit to Operate? Yes No

If no, are changes in compliance with applicable District rules? Yes No

Description of changes: _____

Permit posted in compliance with applicable District rules? Yes No

Were permit conditions reviewed? (Current, supported by a rule, enforceable) Yes No

Operating in compliance with permit conditions? (If not, list affected permit condition(s)) Yes No

PHASE I VAPOR RECOVERY

Submerged Fill Pipe (SFP) (Annual Inspection Only)

Product _____	SFP Measurements _____	“
Product _____	SFP Measurements _____	“
Product _____	SFP Measurements _____	“
Product _____	SFP Measurements _____	“

Tank caps and gaskets in good condition? Yes No

Drybreak(s) operable and properly seal(s)? Yes No

Fuel drop observed? Yes No

If yes, was all Phase I equipment (hoses, hose elbow gaskets, etc) used properly and in good working order? Yes No

Are the storage tank vent pipes, manhole covers, and spill containment covers maintained in a color to minimize solar gain and has a reflective effectiveness of 55% or greater, color coded for product identification, or insulated (i.e., made out of composite materials with foam insulation)? Yes No

For storage tank vent pipes and manholes which are not color-coded for product identification are paint color cards maintained onsite? Yes No N/A

Are vent lines manifolded aboveground? Yes No

If so, is manifold greater than 12 feet above driveway surface? Yes No N/A

Is access provided for inspecting all components? Yes No

PHASE II HEALY FRANKLIN VACUUM ASSIST SYSTEM

Nozzle(s), manufacturer(s), and model(s): _____

Are nozzles certified and installed per Attachment 1? Yes No

Are nozzles equipped with vapor guard and free of all defects per Attachment I? Yes No

Hose(s), manufacturer(s)/model(s): _____

Are hoses certified and installed per Attachment 1? Yes No

Length of longest hose: _____ (Maximum length of any hose shall be fifteen (15) feet.)

Additional equipment certified and installed per Attachment 1? Yes No

Bag test performed? (Per Exhibit 2, both E/Os) Yes No

If yes, list nozzles tested and results. _____

RENEWAL TESTING NA

District notified 15 calendar days prior to the required annual test(s)? Yes No

Date(s) of notification: _____

Test conducted 45 calendar days prior to renewal date? Yes No

Date(s) results received: _____

Annual test:	<u>Date</u>	<u>Test</u>	<u>Pass</u>	<u>Fail</u>	<u>Incomplete</u>
1.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LEGEND: 2" = Two inch Pressure Decay A/L = Air- to-Liquid TT = Torque Test BT = Bag Test
10" = Ten inch Pressure Decay DT = Drop Tube Integrity Test PV – PV Valve Test

Test results submitted to the District within 15 calendar days of test? Yes No

In the event of a failed test, were repairs made and a retest performed before equipment put back in service? Yes No N/A

Is a copy of all test data onsite? (If no, address in comments) Yes No N/A

Compliance issues addressed regarding contractor data since last inspection: If no explain in comments. Yes No N/A

Description of compliance issues addressed _____

Date of last inspection: _____

Record review period: _____

Are the inspection, maintenance, flowrate, and throughput records being maintained per A/C or P/O conditions? Yes No

If no, explain _____

Is there a conspicuous posting of the operating instructions and ARB toll-free complaint telephone number (1-800-952-5588)? Yes No N/A

Comments: _____

Inspector's Signature: _____

Date of Report: _____

ATTACHMENT 1

CARB CERTIFIED EQUIPMENT* FOR USE WITH THE HEALY FRANKLIN SYSTEMS

NOZZLES

Healy Model 600, Model 600 ORVR, and Model 800 ORVR

VAPOR PUMPS

Franklin Electric Model VP1000

INVERTED COAXIAL HOSES

Healy Model 75 Series (3/4" ID)

Healy Model 88 Series (7/8" ID)

VSTaflex (1 1/4")

FLOW LIMITERS

Healy Model 1301, 1302 (M denotes metric)

(Note: 1301m and 1302m are not authorized)

VST flow limiter.

HOSE ADAPTERS

Healy Model CX6 followed by suffix letter(s)

G, D, U, VV1, VV2, VV3, TCSVV, DWVVV, VV1A, VV2A, VV3A, TCSVVA, and DWVVA.

G = Gilbarco Dispenser

U = Universal Dispenser

VVW = Vapor Ready Balance Type

TCSVV = Tokheim Dispenser

D = Dresser/Wayne Dispenser

VV1 = Dispensers – Lowboy (with valve)

VV3 = Universal Dispensers

DWVV = Dresser/Wayne Dispensers

BREAKAWAY COUPLINGS (Optional)

Healy Model 8701VV, Healy Model 8701, updated with Healy Model 715V kit and labeled as such, Catlow IVC200S, Husky 5134, VST-HSBK, VST-H-BK.

PRESSURE/VACUUM VALVES

Hazlett H-PVB-1 Gold label with settings as specified below:
With the settings 3" ± .5" pressure/8" ± 2" vacuum.

OPW 523LP, 523 LPS

OPW 523V

Husky 4620, 4885

EBW802-308, 802-309

Morrison Bros. 749CRB0600AV

***California Health and Safety Code requires all components certified by the state to be clearly identified by a permanent identification of the manufacturer or re-builder.**

NOZZLE REQUIREMENTS

1. Any nozzle with a vapor guard which is missing, or which is damaged such that a slit from the outer edge of the open end flange to the spout anchor clamp, or which has a equivalent damage, is defective and shall be immediately removed from service. **(Healy 600 only)**
2. Any nozzle with a vapor collection boot which is missing or which has one half of the mini boot which is missing or which has one half of the mini boot faceplate or greater missing is defective and shall be immediately removed from service. **(Healy 600 ORVR/800 ORVR)**
3. Any nozzle which has fewer than four unblocked holes is defective, and shall be immediately tagged or locked out of service until repaired or replaced. **(Healy 600 only)**
4. Any nozzle with a defective vapor valve verified through the test procedure in Exhibit 2 of EO G-70-191-AA or G-70-183-AA or GDF-01 OR GDF-03 shall be immediately removed from service as defective. **(All nozzles)**
5. Any nozzle with a liquid shut-off mechanism, which malfunctions in any manner is defective and shall be immediately removed from service. **(All nozzles)**
6. Nozzles with a flowrate less than 5.0 gpm or over 10.0 gpm are defective. **(Both systems)**

HOSE REQUIREMENTS

1. Hoses with length over fifteen (15) feet. **(Both systems)**
2. The length of the hose, which may be in contact with the island and/or ground when the nozzle is properly mounted on the dispenser, is limited to six inches (6") per loop. **(Both Systems)**
3. Breakaway couplings are optional but, if installed, only certified breakaways with a valve, which closes the vapor path when separated, may be used. Breakaways, which do not close the vapor path, are defective. **(Both systems)**