



**AIR POLLUTION CONTROL DISTRICT
COMPLIANCE DIVISION
10124 OLD GROVE ROAD
SAN DIEGO CA 92131-1649
PHONE (858) 586-2650 FAX (858) 586-2651**

APCD USE ONLY
Notification Type: _____
Sector/ID: _____
Date Received: _____
Inspector: _____
Date Assigned: _____
Cancellation Date: _____
After Hours: <input type="checkbox"/>

TEST NOTIFICATION OF VAPOR RECOVERY EQUIPMENT

Test notifications are required in writing at least 15-calendar days prior to conducting the required tests. Annual test(s) are to be conducted and passed within the 45-calendar days prior to permit expiration.

Gasoline Dispensing Facility: _____

Site Address: _____

City: _____ Zip: _____

Permit Number: _____ Permit Expires(month): _____

Frequency: **Annual** **Quarterly** **Retest** (Complete and attach supplemental page)
 Engineering **Combination Engineering/Compliance** (Annual)
 Other (specify): _____

Test Date: _____ Time of Test: _____

Cancellation **Reschedule Date/Time:** _____

Testing Company: _____ Contact Person: _____

Phone No.: _____ Email: _____

TEST(S) TO BE CONDUCTED (check all that apply, see Attachments* A and/or B of District Permit(s) to Operate or Authority to Construct for applicable tests)

Phase I EVR	Phase II Vac Assist Pre EVR
<input type="checkbox"/> T.P. 201.1B Static torque of rotatable Phase I adaptors	<input type="checkbox"/> T.P. 201.5 Air to Liquid Ratio (4-96 version)
<input type="checkbox"/> T.P. 201.1C Pressure Integrity Check Drop Tube/Drain Valve	<input type="checkbox"/> Vapor Return Integrity Exhibit 4 Healy G-70-187
<input type="checkbox"/> T.P. 201.1D Pressure Integrity Check Drop Tube/Drain Valve	<input type="checkbox"/> Integrity of Vapor Valve Exhibit 2 Healy G-70-191-XX
<input type="checkbox"/> T.P. 201.1E P/V Vent Valves	<input type="checkbox"/> Fillneck vapor pressure Exhibit 5 Healy G-70-187
All Systems	Phase II Healy EVR VR-201-X/VR-202-X
<input type="checkbox"/> T.P. 201.3 two inch pressure decay	<input type="checkbox"/> Vapor to Liquid Ratio (Exhibit 5)
<input type="checkbox"/> T.P. 96-1 ten inch pressure decay	<input type="checkbox"/> Clean Air Separator Integrity Test (Exhibit 4)
<input type="checkbox"/> T.P. 201.3A five inch pressure decay	<input type="checkbox"/> Nozzle Vapor Valve Integrity (Exhibit 7)
<input type="checkbox"/> T.P. 201.3B two inch pressure decay	<input type="checkbox"/> VP-1000 Dispenser vapor line tightness test (per IOM manual)
<input type="checkbox"/> T.P. 201.3C tie tank test	Operability Tests (select one) <input type="checkbox"/> Veeder Root (Exhibit 9) <input type="checkbox"/> Incon VRM (Exhibit 10)
<input type="checkbox"/> T.P. 201.4 dynamic back pressure	Phase II Balance Systems-Pre EVR
	<input type="checkbox"/> T.P. 201.6C (Long Verson) Liquid Removal Rate
	<input type="checkbox"/> Flow rates ARB approved test method

Submitted by: _____ Company: _____

*Attachments A and B are located on the APCD website at <http://sdapcd.org/comply/vapor/VRforms.html#PERMIT>
 Applicable test procedures are located on the ARB Website at <http://www.arb.ca.gov/testmeth/vol2/vol2.htm>

A \$250 cancellation fee shall apply when a notification of test cancellation is received by the District less than two working days prior to the scheduled date of the test OR if the test is not begun within 30 minutes of the scheduled time. Substitutions of another facility for test witnessing shall be considered a cancellation of the scheduled facility testing. Rev 07/08 KW:kw