



**SAN DIEGO 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	
Sector/ID:	_____
Date Received:	_____
Inspector:	_____
Initials:	_____

ATTACHMENT G: NOTICE OF REPAIR(S) REPORT FOR TEST FAILURES

**Please complete this form and fax or mail to the address above, Attention: Compliance Division.
 Email forms should be sent to: Karen.Wilkins@sdcounty.ca.gov**

Notice of Violation No: _____

Permit to Operate No.: _____

Station Name: _____

Address: _____

City/Zip: _____

Contractor: _____

Phone Number: _____

Contractor Contact Person: _____

Date of Repair: _____

Corrective Action: _____

Type of Test Conducted (*Test data sheets must be attached*)

A/L Pressure Decay Other(s) (specify): _____

TP 201.1B TP 201.1C TP 201.1D

Notice in response to:

Annual Test Quarterly Test Other (specify): _____

Person Submitting Results (Print Name): _____

Signature (Sign Name): _____ Affiliation: _____