

# Vapor Recovery Test Result Cover Sheet

(NOTICE: Submit Test Results to the appropriate TCEQ regional office, or local program with jurisdiction, within 10 working days of test completion. See reverse side for addresses.)

**Tests of the Vapor Recovery System were conducted at the following location:**

Facility Name: \_\_\_\_\_ Facility ID Number: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Facility City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Facility Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Vapor Recovery System Installed:**

System	UST or AST	Type of System <sup>1</sup>	Executive Order or Certification Number	Test Purpose <sup>2</sup>
Stage I			N/A	N/A
Stage II				

<sup>1</sup> Coaxial or Two-point for Stage I, Balance or Assist for Stage II.

<sup>2</sup> Test Purposes are: CI=Initial Compliance, CA=Annual Compliance, CM=After Major Modification, or 5Y=Five Year.

**The Following Tests were Conducted at the Facility:**

Number	Test Procedure Name	Date Tested	Name of Person(s) Conducting Test	Pass or Fail
TXP-101	Vapor Space Manifold			
TXP-102	Pressure Decay			
TXP-103	Dynamic Backpressure			
TXP-104	Flow Rate Determination			
TXP-105	Liquid Removal Device			
TXP-106	V/L Ratio			
TP 201.5	CARB A/L Ratio			
TXP-107	Healy Booted Nozzle			
Other:				

The tester arrived on-site at \_\_\_\_:\_\_\_\_ ( AM or PM ) and departed at \_\_\_\_:\_\_\_\_ ( AM or PM ).

There are a total of \_\_\_\_ pages containing test results attached to this cover sheet.

I certify that the above tests, the results of which are attached to this cover sheet, were conducted in accordance with the test procedures as outlined in the Vapor Recovery Test Procedures Handbook, and that the results submitted here are true and correct to the best of my knowledge.

Signature of Test Contractor Responsible Party: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Test Company Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## List of Contacts for Stage II Vapor Recovery Testing Information

Submit Test Notifications to the Regional Office with Jurisdiction

TCEQ Regional Office	Jurisdiction	Mailing Address	Phone and Fax Numbers
Region 4 - Dallas / Fort Worth	<u>Counties:</u> Collin, Dallas, Denton, Tarrant	TCEQ Attn: PST/Stage II Team 2301 Gravel Dr. Fort Worth, TX 76118-6951	Phone: (817) 469-6750 Fax: (817) 795-2519
Region 6 - El Paso	<u>County:</u> El Paso	TCEQ Attn: PST/Stage II Team 401 E. Franklin Ave., Ste. 560 El Paso, TX 79901-1206	Phone: (915) 834-4949 Fax: (915) 834-4940
Region 10 - Beaumont	<u>Counties:</u> Hardin, Jefferson, Orange	TCEQ Attn: PST/Stage II Team 3870 Eastex Fwy., Ste. 110 Beaumont, TX 77703-1892	Phone: (409) 898-3838 Fax: (409) 892-2119
Region 12 - Houston	<u>Counties:</u> Brazoria, Chambers, Fort Bend, Galveston, Harris, Liberty, Montgomery, Waller	TCEQ Attn: PST/Stage II Team 5425 Polk Ave., Ste. H Houston, TX 77023-1486	Phone: (713) 767-3642 Fax: (713) 767-3646

**\*\* This portion of the form is provided for informational purposes only. Please do not submit this page with a Stage II Vapor Recovery Pre-Test Notification. \*\***