

Stage II Vapor Recovery Pre-Test Notification

(NOTICE: Written notification must be received by TCEQ 10 working days in advance of the test. See reverse side for addresses.)

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 Annual 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 PST ID#: _____

Directions to Facility (if needed): _____

Facility Vapor Recovery 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

Type of Stage II System: Balance Booted Assist Bootless Assist CARB Executive Order: _____

Test(s) to be Conducted at the Facility:

____ TXP-101.1 Vapor Space Manifold ____ TXP-104.1 Flow Rate Determination ____ TXP-107.1 Healy Booted Nozzle

____ TXP-102.1 Pressure Decay ____ TXP 105.1 Liquid Removal Device ____ CARB TP-201.5 A/L Ratio

____ TXP-103.1 Dynamic Back-Pressure ____ TXP-106.1 V/L Ratio

____ 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: _____

Phone or Pager Number at Which Person Conducting Test Can be Contacted: _____

Submitted By:

Printed Name

Signature

Date Signed

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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) 588-5800 Fax: (817) 588-5703
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. 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. ****