ANNUAL

March 15, 2024

Capital Food Stop 2

Performed By:

PETRO TANK SOLUTIONS

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TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Vapor Recovery Test Result Cover Sheet

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

Tests of the Vapor Recovery System are to be 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[1]	Executive Order or Certification Number	Test Purpose[2]
-	-	-	-	-

[1] Coaxial or Two-point for Stage I, Balance or Assist for Stage II.

[2] Test Purposes are: CI = Initial Compliance, CA = Annual Compliance, CM = After Major Modification, or 3Y = Three Year.

The Following Tests were Conducted at the Facility:

Number	Test Procedure Name	Date Tested	Name of Person(s) Conducting Test	Pass or Fail
-	-	-	-	-

The tester arrived on-site at _____ and departed at _____ 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: _____

Form 201.3
Pressure/Vacuum (P/V) Vent Valve Data Sheet

Test Date: -

Page -

Facility Name: -

Facility ID Number: -

P/V Valve Manufacturer:	**Model Number:**	Pass	Fail
Manufacturers Specified Positive Leak Rate (CFH):	**Manufacturers Specified Negative Leak Rate (CFH):**		
Measured Positive Leak Rate (CFH):	Measured Negative Leak Rate (CFH):		
Positive Cracking Pressure (in. H20)	Negative Cracking Pressure (in. H20)		

T-1608-11805-16 **TP-201.3**

SITE INFORMATION		FACILITY PARAMETERS
GDF NAME AND ADDRESS **NAME**	**GDF REPRESENTATIVE**	**PHASE II SYSTEM TYPE**
ADDRESS	**GDF PHONE NO.**	
PERMIT CONDITIONS:	**GDF FACILITY ID:**	

OPERATING PARAMETERS

Numbers of Nozzles Served by Tank #1 - Numbers of Nozzles Served by Tank #1 -

APPLICATION REGULATIONS:	VN RECOMMENDED:

TANK #:	1	2	3	4	TOTAL
-	-	-	-	-	-

Test Conducted by:	Test Company:	Date of Test:
-	-	-

COMMENTS: