



MONTEREY BAY AIR RESOURCES DISTRICT

24580 Silver Cloud Court, Monterey, CA 93940 (831)647-9411

24 Hour Notification of Vapor Recovery Test Failure

This notification is to be emailed to MBARD at VRTesting@mbard.org within 24 hours of test failure.

Station Name: _____

Permit No.: _____

Address: _____

Phase II System Type:

Pre-EVR

Balance

Hirt VCS-200

Healy 400 ORVR

EVR

Healy

VST Membrane

VST Veeder-Root Polisher

VST Hirt VCS 100

Number of Nozzles: _____

Date of Test: _____

Tests Performed by (Company): _____

Test Results

Please pick pass or fail for each test performed.

PHASE I TESTS

Static Pressure Performance Test

Static Torque of Rotatable Phase I Adaptors Test (TP 201.1B)

Pressure Integrity Check Drop Tube Test/Drain Valve (TP 201.1C/D)

2.5 Inch Static Pressure Performance Test (EO G-70-139 – Exhibit 2)

PHASE II TESTS

Vapor to Liquid Ratio Test

Air to Liquid Ration Test

Liquid Removal Test

Dynamic Back Pressure Performance Test

Nozzle Bag Test

VP-1000 Dispenser Tightness Test (EO VR-201/202 – IOM)

Static Pressure Performance Test of the Clean Air Separator (EO VR-201/202 Ex 4) Veeder

Root ISD Operability Test (EO VR-202 – Exhibit 9)

Incon VRM ISD Operability Test (EO VR-202 - Exhibit 10)

VST ECS Hydrocarbon Sensor Verification Test (EO VR-203/204 – Exhibit 6)

Vapor Pressure Sensor Verification Test (EO VR-203/204 – Exhibit 8)

VST ECS Processor Activation Pressure (EO VR-203/204 – Exhibit 9)

Veeder Root Vapor Polisher Operability Test (EO VR-203/204 – Exhibit 11)

Veeder Root Vapor Polisher Hydrocarbon Emissions Verification (EO VR-203/204 – Ex 12) Veeder

Root ISD Vapor Flow Meter Operability Test (EO VR-203/204 – Exhibit 13) Vapor Return Line

Vacuum Integrity Test (EO G-70-187 – Exhibit 4)

Fillneck Vapor Pressure Test (EO G-70-187 - Exhibit 5)

NA= not applicable, test not conducted.

At the time of transmittal of this Notification, the station needs further correction and retesting. The following needs further correction before retesting can be performed:

Submitted by: _____

Phone No: _____

Date: _____