



Department of Natural Resources
and Environmental Control
Tank Management Section
391 Lukens Drive
New Castle, DE 19720
302-395-2500 (phone)
302-395-2555 (fax)
www.dnrec.delaware.gov/Tanks/

File Code 04

VAPOR RECOVERY TESTING NOTIFICATION

Delaware's *Regulations Governing the Control of Volatile Organic Compound Emissions*, 7 DE Admin, Code 1124, Section 36.6.4 states, "Written notification shall be submitted to the Department not less than 10 working days prior to the performance of any compliance test, unless approval by the Department is granted to the contrary."

Please fill out this Notification Form completely. Incomplete or illegible notifications will be returned.

NOTE: A two day verbal notice is required to confirm or adjust the test date. Call (302) 395-2500 two days prior to the test.

FACILITY INFORMATION

Facility I.D. #: _____ Permit #: APC _____
(see registration certificate or vapor recovery permit) (see registration certificate or vapor recovery permit)
Name: _____ Phone #: (_____) _____
Street: _____ City: _____ Zip: _____

TESTING CONTRACTOR INFORMATION

Company: _____ Phone #: (_____) _____
Contact: _____ Fax #: (_____) _____

TESTING INFORMATION

Test Date : _____ Test Time: _____

Reason for Testing: Annual CPM (3 Year) Post-construction Quarterly Re-Test

System Type, Test(s), and Model: (*Select Stage II Assist or Balance, Stage I EVR and CARB Executive Order #, any associated tests to be performed, and model where appropriate*)

Stage II Assist:

Test(s): Pressure Decay Test Air:Liquid Ratio Test Healy System Test
 Dynamic Backpressure Test (post construction only) Other _____

Model: Amoco V-1 Gilbarco VaporVac Hasstech Healy Model 400
 Healy Model 600 Healy Model 800 OPW VaporEzy Tokheim MaxVac
 Wayne WayneVac Other (Model or CARB Executive Order #) _____

Stage II Balance:

Test(s): Pressure Decay Test Dynamic Backpressure Test Other _____

Model:

Required: Certification of Components for Red Jacket, Hirt, and balance Phase II VR System
 Emco Wheaton Balance Phase II VR System OPW Balance Phase II VR System
 Other (Model or CARB Executive Order #) _____

Stage I EVR:

Test(s): CPM Operability Test Pressure Decay Test P/V Valve Leak Rate Test
 Ten GPM Nozzle Flow Test Vapor Tie Test
CARB Executive Order #: _____

Indicate one: Contractor Operator Owner Other _____

Signature: _____ Date: _____