NOTIFICATION OF PERFORMANCE TESTING FOR GASOLINE DISPENSING FACILITIES (GDFs)

Area Source Rule 40 CFR, Part 63, Subpart CCCCC (Sections 63.11110 – 63.11132)

UST Facility ID		
Facility Name		
Physical Street Address		
City		
Zip		
Owner Name		
Mail Address		
City		
State/Zip		
Facility Contact:		
Title		
Phone		
e-mail		
Testing Company Name: Telephone Number: Scheduled Date of Test:		
Check Test(s) to be conducted:		
CARB Vapor Recovery Test Procedure TP-201.1E, — Leak Rate and Cracking Pressure of Pressure/Vacuum Vent Valves	Procedure TP- 201.3,— Determination of 2-Inch WC Static Pressure Performance of Vapor Recovery Systems of Dispensing Facilities	Other (Alternative testing methods must be approved by EPA)
(Name of Responsible Official)	(Title)	(Date)
(Name of Responsible Official) (Signature)	(Title) (Telephone	
(Signature) A responsible official is defined under 400 of the company that owns the plant; the owned by the Federal, State, city or count tion.	()_	nt, vice-president, secretary, or treasurer ervisor, a government official is the plant is the plant is located on a military installa-
(Signature) A responsible official is defined under 400 of the company that owns the plant; the owned by the Federal, State, city or count tion.	()(Telephone CFR63.2 as any of the following: the preside wner of the plant, the plant engineer or supe by government; or a ranking military officer if http://www.maine.gov/dep/air/toxics/gas	nt, vice-president, secretary, or treasurer ervisor, a government official is the plant is the plant is located on a military installa-

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