

Submit by Email

Print Form

Georgia Environmental Protection Division

Petroleum Industry Regulatory Team (PIRT)

4244 International Parkway, Suite 104

Atlanta, Georgia 30354

For additional resources, please visit our website at (www.gaepd.org)

EPD Use Only

Air Station ID

Reset Form

Notification Date:

4/9/14

Stage I EVR, Stage II, and Decommissioning Notification Form

County:	Project/Test Type:	Project/Test Date:	Start Time:
Choose One:			

Facility ID:	Facility Name:

Facility Street Address:	Facility City:

Owner/Operator of UST and/or Dispensing Equipment:	O/O Phone:

Name of Company Conducting This Project:	Company Phone:
Choose One:	

Company e-Mail Address:

Testing Technician:	Technician's Valid Training Cert. Number for EVR:	Technician's Cell:

Date of Stage 1 EVR Installation	Date of Stage II Installation	Stage II Decommissioning Date:

<input type="checkbox"/> Stage I EVR	Choose Status:	Choose Type:

Choose Stage I EVR E.O.#:

<input type="checkbox"/> Stage II Vapor Recovery System (VRS)	Choose Status:

Choose Balance System E.O.#:

Choose Stage II Assist System E.O.#:

<input type="checkbox"/> Major Modification	Stage II Decommissioning <input type="checkbox"/>	<input type="checkbox"/> Reschedule	Stage II Decommissioning <input type="checkbox"/>
Certification <input type="checkbox"/> <input type="text"/>	Vapor Piping <input type="checkbox"/>	Stage I EVR Re-Certification <input type="checkbox"/>	Stage I EVR Certification <input type="checkbox"/>
Compliance <input type="checkbox"/> <input type="text"/>	New Dispenser <input type="checkbox"/>	Existing Dispenser <input type="checkbox"/>	Stage II Certification <input type="checkbox"/>
			Stage II Compliance <input type="checkbox"/>

<input type="checkbox"/> Retest (Choose One Or More)	<input type="checkbox"/> Stage I EVR	<input type="checkbox"/> Stage II Decommissioning:
<input type="checkbox"/> Stage II VRS	Pressure Decay <input type="checkbox"/>	Pressure Decay <input type="checkbox"/>
Pressure Decay <input type="checkbox"/>	Blockage (Bal. Assist) <input type="checkbox"/>	Pressure/Vac Vent Valve <input type="checkbox"/>
A/L <input type="checkbox"/>	Dynamic Back Pressure <input type="checkbox"/>	Static Torque for Swivel Adapter <input type="checkbox"/>
	Leak Rate Drop Tube / Overfill & Spill Container Drain Tube <input type="checkbox"/>	Tie-Tank Test <input type="checkbox"/>
	Leak Rate of Drop Tube / Drain Valve Assembly <input type="checkbox"/>	

Waiver Granted By: <input type="text"/>	Reason for Waiver <input type="text"/>	Date Granted <input type="text"/>
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Certification: By selecting "I Accept" and entering my name in the space provided, I am signing this Notification Form electronically. I agree that my electronic signature is the legal equivalent of my manual signature for purposes of this document. By selecting "I Accept," I attest to the completeness and correctness of the information contained herein.

I Accept Your Name Here: Your Title: