Georgia Environmental Protection Division

4244 International Parkway
Atlanta, Georgia 30354
For additional resources, please visit our website at (www.epd.georgia.gov)

Stage I, Stage II, and Decommissioning Test Notification Form

Reset Form

Date of Notification

EPD Use Only
Air Station ID

County: Select One:

Project/Test Type: Choose One:

Project/Test/Decommissioning Date:

Start Time:

Facility ID*:

*The correct Facility ID Number for this site is a required field. *Forms that do not include the correct and complete* Facility *ID Number will returned for completion/correction.* The Facility ID Number can be found on the current ATR certificate for the test site, or you may search for the number by site name and/or address at: https://geos.epd.georgia.gov/GA/GEOS/Public/GovEnt/Shared/Pages/Main/Login.aspx

Facility Name:

Facility Street Address:

City:

Owner/Operator of UST and/or Dispensing Equipment:

O/O Phone:

O/O e-Mail Address:

Name of Testing Company: Choose:

Testing Company Phone:

Testing Company e-Mail:

Testing Technician's Name:

Technician's ***Stage I EVR*** Certification #:

Expiration Date:

Technician's Cell:

☐ **Stage I EVR** Status: Choose: Type: Choose: Stage I EVR E.O.#: N/A

☐ **Stage II Vapor Recovery System (VRS)** Choose Status: Choose Status: Choose Type: Choose Type:

Choose Balance System E.O.#: Choose One If Applicable:

Choose Stage II Assist System E.O.#: Choose One If Applicable:

TEST TYPE(S): (Select Up to Four Test Types for This Notification)

Test 1 Select One: Test 2 Select One: Test 3 Select One: Test 4 Select One:

☐ **Use This Section To Indicate Major Modifications** ☐ Certification Choose: ☐ Compliance Choose:

☐ Stage II Decommissioning Testing Choose: Initial Pressure Decay Test ☐ Tie-Tank Test ☐ Repeat Pressure Decay Test ☐

☐ **Use The Following Section To Indicate Retests** (Choose One Or More)

☐ **Stage II VRS** Pressure Decay ☐ A/L ☐ Blockage (Bal. Assist) ☐ Dynamic Back Pressure ☐

☐ **Stage I EVR** Pressure Decay ☐ Pressure/Vac Vent Valve ☐ Static Torque for Swivel Adapter ☐ Leak Rate of Drop Tube / ***Drain Valve Assembly*** ☐

Drop Tube Height from Tank Bottom ☐ Leak Rate of Drop Tube / ***Overfill & Spill Container Drain Tube*** ☐

☐ **Stage II Decommissioning:** Initial Pressure Decay ☐ Tie-Tank Test ☐ Repeat Pressure Decay Test ☐

☐ **EPA Stage I:** Pressure Decay ☐ Pressure / Vacuum Vent Valve ☐

Waiver Granted By: Reason for Waiver Date Granted

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:

Please submit completed forms to EPD by email stage1.tests@dnr.ga.gov