

**Stage I Gasoline Dispensing Facility
40 CFR 63 Subpart CCCCCC
Performance Test Notification Form**

Permitted Facility Name	
Permitted Facility Address	
Air Quality Permit Number	
Date of Performance Test	
Testing Company	
Projected Date for MCAQ to Receive Test Results (CCCCC requires that results be submitted within 60 days of completed test)	

Is all testing to be conducted in accordance with California Air Resources Board Vapor Recovery Test Procedure TP-201.1E-Leak Rate and Cracking Pressure of Pressure/Vacuum Vent Valves & California Air Resources Board Vapor Recovery Test Procedure TP-201.3-Determination of 2-Inch WC Static Pressure Performance of Vapor Recovery Systems of Dispensing Facilities?

If answer is no, please describe alternative test methods and procedures.

[Click here to explain](#)

Yes **No** _____

[Click here to enter name & title](#)

Prepared by: Printed Name & Title

[Click here to enter date](#)

Prepared by: Signature

Date

Complete this Performance Test Notification Form and return it to:

Mecklenburg County Air Quality
2145 Suttle Avenue
Charlotte, NC 28208-5237
Phone: (704) 336-5430
Fax: (704) 336-4391
Email: AnnualAirEmissions@MecklenburgCountyNC.gov