

# **NOTICE OF DOCUMENT QUALITY**

## **TEXAS COMMISSION ON ENVIRONMENTAL QUALITY**

**THE QUALITY OF THE FOLLOWING ORIGINAL PAPER  
DOCUMENT(S) WAS SUCH THAT ALL OR PORTIONS OF THE  
SCANNED IMAGE  
MAY BE DIFFICULT TO READ OR ILLEGIBLE.**

**Some reasons for poor quality:**

**There are multiple densities per page, different types of ink, faded document, and some documents are different colors. Many of the photographs, charts, graphs, maps are of poor quality.**

ST2/16427/S

## TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

## Stage II Vapor Recovery Pre-Test Notification

(NOTICE: Written notification must be received by TCEQ 10 working days in advance of the test. See reverse side for addresses.)

## Notification Type and Test Purpose:

Notification Type (Check one): ☒ Original ☐ Revised ☐ Rescheduled ☐ Canceled

If revised, rescheduled or canceled, what was the original notification date?: \_\_\_\_\_ Original test date?: \_\_\_\_\_

Test Purpose: ☒ Compliance ☐ Problem Resolution ☐ Other (Explain): CAIf compliance, What type? ☐ Startup ☒ Annual ☐ Major ModificationTest(s) will begin on (date): 12-15-04 at (time): 11:00 AM

## Test(s) of the Vapor Recovery System are to be conducted at the following location:

Facility Name: SAM'S GROCERY MARTFacility Address: 906 E. HARRISFacility City: PASADENA TX 77506

Facility Zip Code: \_\_\_\_\_

Facility PST ID#: 16427

Directions to Facility (if needed): \_\_\_\_\_

## Facility Vapor Recovery System Information:

Number of Gasoline Storage Tanks at the Facility: \_\_\_\_\_ ASTs 2 USTs Total number of gasoline nozzles: 6

Type of Stage I System:

☐ Coaxial ☒ Two Point

Type of Stage II System:

☐ Balance ☐ Booted Assist ☒ Bootless AssistCARB Executive Order: 6-70-150-AD

## Test(s) to be Conducted at the Facility:

☒ TXP-101 Vapor Space Manifold ☒ TXP-104 Flow Rate Determination ☒ TXP-107 Healy Booted Nozzle☒ TXP-102 Pressure Decay ☐ TXP-105 Liquid Removal Device ☒ CARB TP-201.5 A/L Ratio☐ TXP-103 Dynamic Back-Pressure ☐ TXP-106 V/L Ratio

Other (Explain): \_\_\_\_\_

## Facility Contact Information:

Facility Contact Name: SAME Facility Phone: SAMEFacility Owner Name: MR. ALHMOUD Owner Phone: 713 477 4067

## Testing Contractor Information:

Test Company Name: UST Services, Inc. Cactus Environmental Systems Phone: 713-467-4244Test Company Address: 1141 Brittmoores RoadTest Company City: Houston State: TX Zip Code: 77043Tester Name: Bill Guarniere, Mark Condel, Dennis McKibbinPhone or Pager Number at Which Person Conducting Test Can be Contacted: 713-582-6222 713-826-0024 713-826-9591

## Submitted By:

William Guarniere

Printed Name

Signature

Date Signed: Nov 9, 2004

RECEIVED

DEC 22 2004

TCEQ  
CENTRAL FILE ROOM

## TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

**Vapor Recovery Test Result Cover Sheet**

(NOTICE: Submit Test Results to the appropriate TCEQ regional office, and local program with jurisdiction, within 10 working days of test completion. See reverse side for addresses.)

**Tests of the Vapor Recovery System were conducted at the following location:**

Facility Name: **Sam's Grocery Mart** Facility ID Number: **16427** ✓  
 Facility Address: **906 E. Harris**  
 Facility City: **Pasadena, TX. 77506** State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Facility Phone: (\_\_\_\_) **713-477-4067**  
 Owner Name: **Sam's Grocery Mart** Phone Number: (\_\_\_\_) **713-477-4067**

**Vapor Recovery System Installed:**

System	UST or AST	Type of System <sup>1</sup>	Executive Order or Certification Number	Test Purpose <sup>2</sup>
Stage I	<u>UST</u> AST	TWO POINT	N/A	N/A
Stage II	<u>UST</u> AST	<i>GILBARCO</i>	G-70-150-AD	<i>CA 1</i>

<sup>1</sup> Coaxial or Two-point for Stage I, Balance or Assist for Stage II.<sup>2</sup> Test Purposes are: CI=Initial Compliance, CA=Annual Compliance, CM=After Major Modification, or 3Y=Three Year**The Following Tests were Conducted at the Facility:**

Number	Test Procedure Name	Date Tested	Name of Person(s) Conducting Test	Pass or Fail
TXP-101	Vapor Space Manifold			
TXP-102	Pressure Decay	<i>12-15-04</i>	B.GUARNIERE <u>D. McKIBBIN</u> <u>M. CONDEL</u>	<i>Pass</i>
TXP-103	Dynamic Backpressure			
TXP-104	Flow Rate Determination	<i>12-15-04</i>	B.GUARNIERE <u>D. McKIBBIN</u> <u>M. CONDEL</u>	<i>Pass</i>
TXP-105	Liquid Removal Device			
TXP-106	V/L Ratio		B.GUARNIERE <u>D. McKIBBIN</u> <u>M. CONDEL</u>	
TP 201.5	CARB A/L Ratio	<i>12-15-04</i>	B.GUARNIERE <u>D. McKIBBIN</u> <u>M. CONDEL</u>	<i>Pass</i>
TXP-107	Healy Booted Nozzle		B.GUARNIERE D. McKIBBIN M. CONDEL	
Other:				

The tester arrived on-site at *11:55* (AM or PM) and departed at *1:30* (AM or PM)There are a total of *3* pages containing test results attached to this cover sheet.

I certify that the above tests, the results of which are attached to this cover sheet, were conducted in accordance with the test procedures as outlined in the Vapor Recovery Test Procedures Handbook, and that the results submitted here are true and correct to the best of my knowledge.

Signature of Test Contractor Responsible Party: *[Signature]* Date: *12/15/04*Test Company Name: **UST Services, Inc. Cactus Env. Systems** Phone Number: **(713) 467-4244**

**Form 102-1:**  
**Pressure Decay Test Data**

Test Date: 12/15/04  
Page 1 of 3

Facility Name: Sam's Grocery Mart Facility ID Number: 16427

Test Company Name: UST SERVICES/CACTUS ENVIRONMENTAL SYSTEMS

Type of Stage II System Installed: GILGARD Executive Order: G-70-150-AD

Describe Manifolding of System (if any): underground

Date and Time of Last Bulk Delivery / Removal: 1/1/04 @ 3:15  
Time of Last Vehicle Refueling Prior to Test: 12:35pm Time Test Began: 1:05pm

	Parameter (Indicate Manifolding by Circling Tank Numbers →)	Tank Number				Total
		1	2	3	4	
1	Product Grade	REG	SUPER			
2	Type of Storage Tank (AST or UST)	UST AST	UST AST	UST AST	UST AST	
3	Actual Tank Capacity (gallons)	10088	5016			15104
4	Gasoline Volume (gallons)	3761	2331			3992
5	Ullage (gallons) (item 3 - item 4)					11112
6	Number of Nozzles w/ Vapor Return to Tank					12
7	P/V Manufacturers Rated Cracking Pressure					3.00
8	P/V Pressure When Cracking Began					3.13
9	Time Required to Pressurize System (seconds)					86
10	Nitrogen Flowrate Circle: SCFM or SCFH	Flowrate:				300
11	Initial Pressure (Inches WC)					2.00
12	Pressure After 1 Minute (Inches WC)					2.00
13	Pressure After 1 Minute (Inches WC)					2.01
14	Pressure After 1 Minute (Inches WC)					2.01
15	Pressure After 1 Minute (Inches WC)					2.02
16	Pressure After 1 Minute (Inches WC)					2.03
17	Allowable Final Pressure (from table or equation)*					1.90
18	Healy Nozzle to Multi / Mini-Jet: Pass or Fail	ΔV=	Piping length=	ft.	ΔV=	
19	Test Result: Pass or Fail					Pass

Comments (Include any equipment replaced and / or repairs made prior to or during the test):

\* Final regulatory compliance must be determined by using the appropriate equation in Section 9.2



**Form 106-2:**  
**Air to Liquid Ratio Data**  
**for Hasstech Testing Equipment<sup>1</sup>**

Test Date: 12/15/04  
 Page 3 of 3

Facility Name: Sam's Grocery Mart

Facility ID Number: 16427

Executive Order: G-70-150-AD

Device Used: (circle one) VacuChek® VacuSmart®

Nozzle Number	Fuel Grade	Make & Model	Flow Rate Calculation			Flow Units	Chart A/L Value	A/L Correction Factor	Correction Factor for Instrument Used	Final Corrected A/L Value	Pass or Fail
			Gallons (G) Dispensed	Time (S) Seconds	Flow Rate <sup>2</sup> GPM		①	②	③	①*②*③	
1	R	OP <sub>27</sub>	2	14.9	8.05	34	1.15	1.012	1.02	1.18	Pass
1	P	27		16.8	7.14	26	1.13			1.16	Pass
1	S	27		15.4	7.79	26	1.03			1.06	Pass
2	R	OP <sub>27</sub>		12.6	9.52	36	1.00			1.03	Pass
2	P	27		16.7	7.19	22	1.02			1.05	Pass
2	S	27		14.4	8.33	28	1.01			1.04	Pass
3	R	OP <sub>27</sub>		12.3	9.76	40	1.05			1.08	Pass
3	P	27		18.1	6.63	22	1.11			1.14	Pass
3	S	27		13.2	9.09	36	1.04			1.07	Pass
4	R	OP <sub>27</sub>		12.3	9.76	40	1.05			1.08	Pass
4	P	27	✓	15.1	7.95	26	1.01	✓	✓	1.04	Pass
4	S	27	2	13.0	9.23	38	1.06	1.012	1.02	1.09	Pass

<sup>1</sup> This reporting form to be used in conjunction with Hasstech VacuChek® or VacuSmart® devices

\* Field not required if using VacuSmart® device

<sup>2</sup> Flowrate calculated as  $GPM = (G/S) * 60$



**TEXAS COMMISSION on ENVIRONMENTAL QUALITY**

**Region 12 - Houston, Texas**

**CENTRAL RECORD FILE CODE: ST2 / 0016427 / IN**


**Date Mailed: 06/07/2004 Investigator: LM**

**Acknowledgment of receipt of TCEQ letter:**

*Affix (White Form) PS Form 3800 and Acknowledgment Receipt PS 3811 (Green Card) Here*

<b>U.S. Postal Service™</b> <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL USE</b>	
Postage \$	16427 Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Message Fee	
Sent To: <b>Mr. Mohammad R. Elhommoud</b>	
<b>Sam's Grocery Mart</b>	
<b>527 Woodsmoke</b>	
<b>Houston, Texas 77013</b>	
Date Mailed: 06/07/2004 LM	
CFR Code: ST2 / 0016427 / IN	
PS Form 3800, June 2002 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"><li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>	A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	B. Received by (Printed Name) C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:
1. Article Addressed to: <b>Mr. Mohammad R. Elhommoud</b> <b>Sam's Grocery Mart</b> <b>527 Woodsmoke</b> <b>Houston, Texas 77013</b> Date Mailed: 06/07/2004 LM CFR Code: ST2 / 0016427 / IN	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
7002 2030 0003 4753 9364	

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540