

Vapor Recovery Test Result Cover Sheet

<(NOTICE: Submit Test Results to the appropriate TCEQ regional office, or 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: 7-ELEVEN #27367, MKT 1603 (27367) Facility ID Number: 0044785
 Facility Address: 4901 LITTLE RD.@ HWY 287
 Facility City: ARLINGTON State: TX Zip Code: 76017
 Facility Phone: 483-4469
 Owner Name: 7-ELEVEN, INC. Phone Number: (972) 828-7575

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Vapor Recovery System Installed:

System	UST or AST	Type of System ¹	Executive Order or Certification Number	Test Purpose ²
Stage I	UST	Two-point	N/A	N/A
Stage II	UST	Assist	G-70-191	CA

¹ Coaxial or Two-point for Stage I, Balance or Assist for Stage II.

² Test Purposes are: CI=Initial Compliance, CA=Annual Compliance, CM=After Major Modification, or 5Y=Five 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	1/28/2016	CHRIS HEIMANN	Pass
TXP-103	Dynamic Backpressure			
TXP-104	Flow Rate Determination	1/28/2016	CHRIS HEIMANN	Pass
TXP-105	Liquid Removal Device			
TXP-106	V/L Ratio	1/28/2016	CHRIS HEIMANN	Pass
TP 201.5	CARB A/L Ratio			
TXP-107	Healy Booted Nozzle			
Other:				

The tester arrived on-site at 08:45:00 (AM or PM) and departed at 11:34:00 (AM or PM).

There are a total of 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: Chris Heimann Date: 1/28/2016

Test Company Name: Tanknology Inc. Phone Number: (800) 800-4633

TCEQ-10502 (06-05-2002)

WO: 5189998

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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Form 102-1:

Pressure Decay Test Data

Test Date: 1/28/2016

Page 1 of 1

Facility Name: 7-ELEVEN #27367, MKT 1603 (27367)

Facility ID Number: 0044785

Test Company Name: Tanknology Inc.

Type of Stage II System Installed: ASSIST

Executive Order: G-70-191

Describe Manifolding of System (if any): BELOW

Date and Time of Last Bulk Delivery / Removal : 1/28/2016 @ 04:49:00

Time of Last Vehicle Refueling Prior to Test: 08:45:00 Time Test Began: 09:58:00

	Parameter (Indicate Manifolding by Circling Tank Numbers →)	Tank Number				Total
		1	2	3		
1	Product Grade	REGULAR	PREMIUM	MIDGRADE		
2	Type of Storage Tank (AST or UST)	UST	UST	UST		
3	Actual Tank Capacity (gallons)	11627	11627	11627		34881
4	Gasoline Volume (gallons)	8320	5309	7201		20830
5	Ullage (gallons) (item 3 - item 4)	3307	6318	4426		14051
6	Number of Nozzles w/ Vapor Return to Tank					4
7	P/V Manufacturers Rated Cracking Pressure					2.50
8	P/V Pressure When Cracking Began					3.39
9	Time Required to Pressurize System (seconds)					118
10	Nitrogen Flowrate Circle: <u>SCFM</u> or SCFH	Flowrate:				5.00
11	Initial Pressure (Inches WC)					2.00
12	Pressure After 1 Minute (Inches WC)					1.98
13	Pressure After 2 Minutes (Inches WC)					1.98
14	Pressure After 3 Minutes (Inches WC)					1.98
15	Pressure After 4 Minutes (Inches WC)					1.97
16	Pressure After 5 Minutes (Inches WC)					1.97
17	Allowable Final Pressure (from table or equation)*					1.93
18	Healy Nozzle to Multi / Mini-Jet: Pass or Fail	$\Delta V =$ Piping Length= ft. $\Delta \Delta V =$				
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.

TCEQ-10504 (06-05-2002)

WO: 5189998

Site Name and Address:						TriTester CARB TP 201.5 Vapor to Liquid Test RESULTS REPORTING FORM				Test Firm Name and Address					
7-ELEVEN #27367, MKT 1603										TANKNOLOGY INC.					
4901 LITTLE RD.@ HWY 287										11000 N.MoPac Expressway, #500					
ARLINGTON, TX 76017										AUSTIN, TX 78759					
Permit #															
Test Date: 1/28/2016										Phone: 1-(800)-800-4633					
Meter Leak Tests						Testing Technician: CHRIS HEIMANN									
Bulb must not inflate in less than 30 seconds.						Calib. Date: 2/7/2016				Applicable CARB EO # G-70-191					
Pre-Test Leak Check Result ☐ Pass ☐ Fail						Serial No.: 0635160									
Post-Test Leak Check Result ☐ Pass ☐ Fail															
Disp #	Gas Grade	Nozzle I.D.	GPM	V/L	Pass Fail	Comment	Disp #	Gas Grade	Nozzle I.D.	GPM	V/L	Pass Fail	Comment		
1	87	HEALY 800	8.33	1.11	Pass										
1	89	HEALY 800	8.33	1.14	Pass										
1	93	HEALY 800	7.65	1.15	Pass										
2	87	HEALY 800	8.24	1.13	Pass	A+									
2	89	HEALY 800	8.52	1.13	Pass										
2	93	HEALY 800	7.81	1.13	Pass										
3	87	HEALY 800	8.33	1.09	Pass	A+									
3	89	HEALY 800	8.52	1.10	Pass										
3	93	HEALY 800	7.98	1.08	Pass										
4	87	HEALY 800	8.15	1.06	Pass										
4	89	HEALY 800	8.24	1.06	Pass										
4	93	HEALY 800	7.65	1.08	Pass										



Site Diagram

(This site diagram is for reference only and is not drawn to scale)

Work Order: 5189998

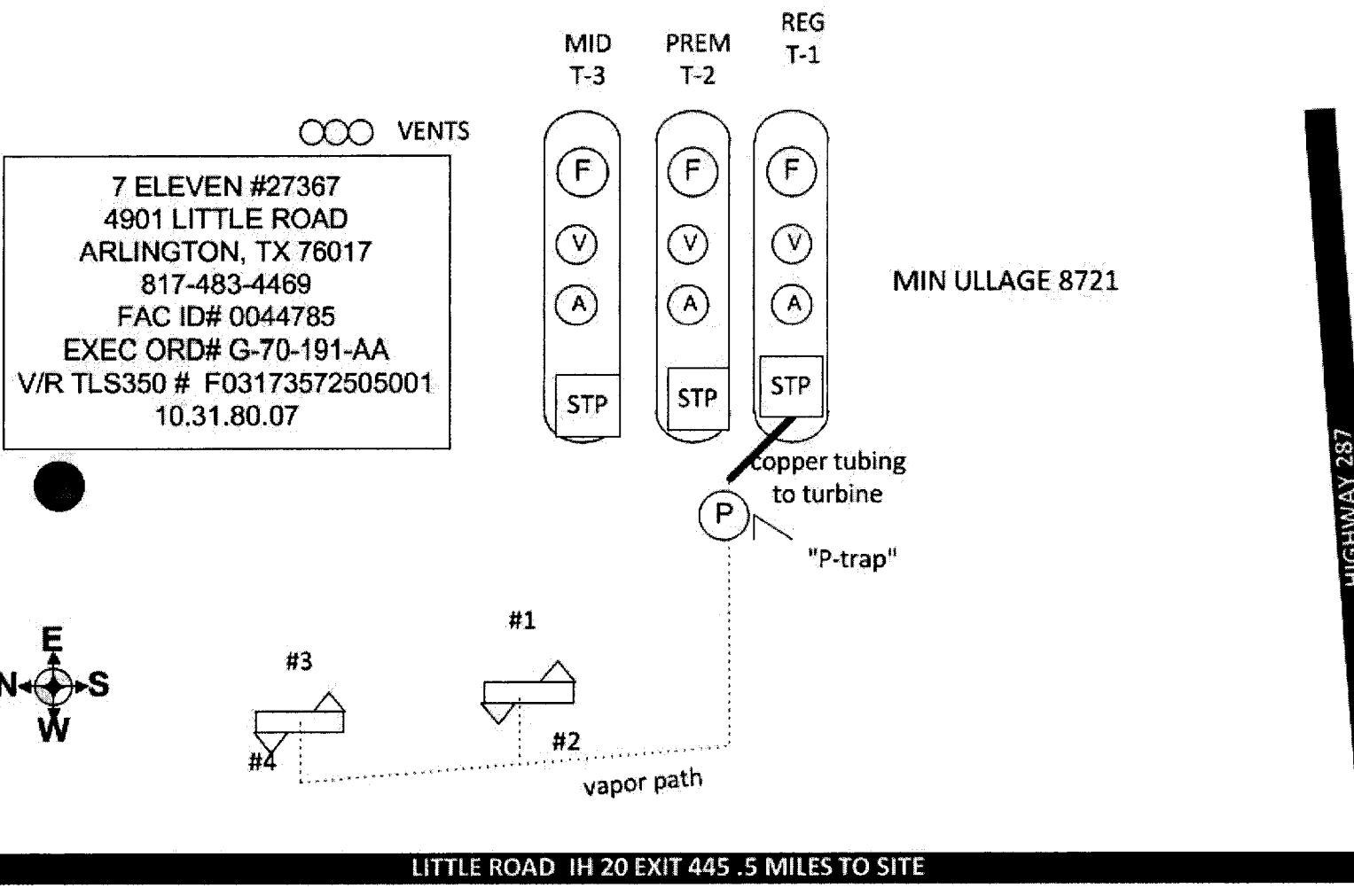
Site ID / Name: 27367 / 7-ELEVEN #27367, MKT 1603

Address: 4901 LITTLE RD.@ HWY 287

City: ARLINGTON

State: TX

Zip: 76017



Vapor Recovery Test Result Cover Sheet

<(NOTICE: Submit Test Results to the appropriate TCEQ regional office, or 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: 7-ELEVEN #27367, MKT 1603 (27367) Facility ID Number: 0044785
Facility Address: 4901 LITTLE RD.@ HWY 287
Facility City: ARLINGTON State: TX Zip Code: 76017
Facility Phone: 483-4469
Owner Name: 7-ELEVEN, INC. Phone Number: (972) 828-7575

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Vapor Recovery System Installed:

System	UST or AST	Type of System ¹	Executive Order or Certification Number	Test Purpose ²
Stage I			N/A	N/A
Stage II			G-70-191	

¹ Coaxial or Two-point for Stage I, Balance or Assist for Stage II.

² Test Purposes are: CI=Initial Compliance, CA=Annual Compliance, CM=After Major Modification, or 5Y=Five 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	2/11/2015	Andrez Aguilar	Pass
TXP-102	Pressure Decay	2/11/2015	Andrez Aguilar	Pass
TXP-103	Dynamic Backpressure	2/11/2015	Andrez Aguilar	Pass
TXP-104	Flow Rate Determination	2/11/2015	Andrez Aguilar	Pass
TXP-105	Liquid Removal Device			
TXP-106	V/L Ratio	2/11/2015	Andrez Aguilar	Pass
TP 201.5	CARB A/L Ratio			
TXP-107	Healy Booted Nozzle			
Other:				

The tester arrived on-site at (AM or PM) and departed at (AM or PM).

There are a total of 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: C Date: 2/11/2015

Test Company Name: Tanknology Inc. Phone Number: (800) 800-4633

TCEQ-10502 (06-05-2002)

WO: 5183713

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DFW REGION-4

Form 102-1:

Pressure Decay Test Data

Test Date: 2/11/2015

Page 1 of 1

Facility Name: 7-ELEVEN #27367, MKT 1603 (27367)

Facility ID Number: 0044785

Test Company Name: Tanknology Inc.

Type of Stage II System Installed: Assist

Executive Order: G-70-191

Describe Manifolding of System (if any): Underground

Date and Time of Last Bulk Delivery / Removal : 2/9/2015 @ 15:42:00

Time of Last Vehicle Refueling Prior to Test: 08:24:00 Time Test Began: 09:28:00

	Parameter (Indicate Manifolding by Circling Tank Numbers →)	Tank Number				Total
		1	2	3		
1	Product Grade	REGULAR	PREMIUM	MIDGRADE		
2	Type of Storage Tank (AST or UST)	UST	UST	UST		
3	Actual Tank Capacity (gallons)	11627	11627	11627		34881
4	Gasoline Volume (gallons)	8820	2903	3245		14968
5	Ullage (gallons) (item 3 - item 4)	2807	8724	8382		19913
6	Number of Nozzles w/ Vapor Return to Tank	4				4
7	P/V Manufacturers Rated Cracking Pressure					2.50
8	P/V Pressure When Cracking Began					3.52
9	Time Required to Pressurize System (seconds)					159
10	Nitrogen Flowrate Circle: <u>SCFM</u> or SCFH	Flowrate:				5.00
11	Initial Pressure (Inches WC)					2.00
12	Pressure After 1 Minute (Inches WC)					1.99
13	Pressure After 2 Minutes (Inches WC)					1.98
14	Pressure After 3 Minutes (Inches WC)					1.97
15	Pressure After 4 Minutes (Inches WC)					1.96
16	Pressure After 5 Minutes (Inches WC)					1.95
17	Allowable Final Pressure (from table or equation)*					1.95
18	Healy Nozzle to Multi / Mini-Jet: Pass or Fail	$\Delta V =$ Piping Length= ft. $A\Delta V =$				
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.

TCEQ-10504 (06-05-2002)

WO: 5183713

Form 101-1a:

Page 1 of 1Facility ID Number: 0044785

Vent Number	System Manifold:  Above-ground  Below-ground				
	Storage Tank(s) to Which Vent is Connected or Manifolded				
	Tank # 1 REGULAR	Tank # 2 PREMIUM	Tank # 3 MIDGRADE	Tank #	Tank #
1	Pass	Pass	Pass		
2	Pass	Pass	Pass		
3	Pass	Pass	Pass		

[illegible]

TCEQ-10503 (06-05-2002)

WO: 5183713



Site Diagram

(This site diagram is for reference only and is not drawn to scale)

Work Order: 5183713
Site ID / Name: 27367 / 7-ELEVEN #27367, MKT 1603
Address: 4901 LITTLE RD. @ HWY 287
City: ARLINGTON

State: TX Zip: 76017

