

AIR POLLUTION CONTROL DISTRICT  
REGULATORY COMPLIANCE DIVISION

POLICIES AND PROCEDURES

Policy No. I.G.5  
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Topic: Vapor Recovery Complaints

Distribution: All Policy Holders

This policy and procedure document provides guidance in the handling of vapor recovery complaints received by the APCD.

When any vapor recovery complaint is received by the District office, a number is assigned by the RCD Clerk from the Complaint Log. The information is transferred to an APCD Complaint Investigation Report (ENF-3), and the complaint is routed to the AQ Specialist Aide who will complete the special ARB MVFF complaint form. All vapor recovery complaints reported to our District must also be reported to the ARB on their Gasoline Vapor Recovery form (GVR).

All MVFF's in Santa Barbara County should have phone numbers posted on the pumps that the customers may call if they wish to file a vapor recovery complaint. The District's number is listed along with the 800 number of the Air Resources Board. When the customer calls the ARB to file the complaint, he will reach an answering machine. The ARB will call the District and report the complaint to the Regulatory Compliance Division. This complaint is to be handled in the same manner as any other complaint. If the complaint came in from the ARB answering service, the RCD clerk will make a special note on the ENF-3 explaining that this complaint was transferred to the District from the ARB and the date and time the ARB called the complaint into the APCD.

Once the Specialist Aide has completed the ARB GVR form, a copy of it and the ENF-3 is routed to the inspector in whose sector the facility is located. The complaint will be investigated promptly in accordance with procedures specified in Policy and Procedure Number II.A, MVFF Inspections, to determine compliance.

After the inspector has completed the inspection and written the complaint investigation report, the report will be forwarded to the Specialist Aide. The Spec Aide will then review the complaint report and complete the ARB form with the information from the inspector's report. The ARB form will be forwarded to the Enforcement Supervisor or RCD Manager for signature if corrective action was necessary. If no corrective action was taken, a signature is not required. The original uncensored complaint and the complete investigation package will be filed in the District's Complaint File with a copy of the ARB report, and the original ARB complaint form will be sent to the ARB. A complete copy of the confidential package will be kept by the Spec Aide in a separate file. A censored copy of both the ARB complaint and the complaint investigation report will be filed in the facility's permit file. (A "censored copy" is a copy of the original complaint with all information concerning the complainant blanked out.)



# California Air Resources Board Compliance Division

## Gasoline Vapor Recovery Complaint Form

INVESTIGATING AGENCY
COMPLAINT NUMBER
RECEIVED BY
DATE
TIME
RECEIVED FROM

12/89

If Completed by Other Than ARB, Send a Copy to: Compliance Division, Air Resources Board, P.O. Box 2815, Sacramento, CA 95812

### GAS STATION INFORMATION:

Name: \_\_\_\_\_  
 Location: \_\_\_\_\_  
 Type of Gasoline: ( Circle ) Leaded / Unleaded: \_\_\_\_\_  
 Faulty Pump or Nozzle Location: \_\_\_\_\_

### COMPLAINANT INFORMATION:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
 Alternate: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

### COMPLAINTS: Check Boxes

#### GENERAL:

- A  Customer Sprayed With Gas
- B  Customer Could Not Operate Nozzle
- C  General Problems With Pump
- D  No Vapor Recovery Nozzles
- E  Vapor Recovery Sign Missing

#### NOZZLE:

- F  Nozzle Would Not Stay in Tank
- G  Nozzle Would Not Shutoff \*
- H  Nozzle Recirculating Gasoline \*
- I  Nozzle Spitting Back
- J  Nozzle Leaking
- K  Nozzle Prematurely Shuts Off
- L  Spilling Gas Out of Nozzle or Boot
- M  Strong Gasoline Odor Present

#### BOOT OR BELLOWS:

- N  Boot Slit / Torn / Punctured
- O  Boot Missing
- P  Faceplate Torn / Missing

#### HOSE / RETRACTOR / SWIVEL:

- Q  Hose Flattened / Cut
- R  Problem With Retractor
- S  Problem With Swivels

T  Other: \_\_\_\_\_

#### ADDITIONAL COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### COMPLAINT REFERRED TO OTHER AGENCY:

Agency Name: \_\_\_\_\_ Date: \_\_\_\_\_

Person: \_\_\_\_\_

### VAPOR RECOVERY SYSTEM INFORMATION:

Permit No: \_\_\_\_\_  
 System Type: ( Circle ) Balance / Aspirator / Vacuum  
 System Manufacturer: \_\_\_\_\_ Nozzle Type: \_\_\_\_\_  
 Hose Type: ( Circle ) Coaxial / Dual  
 Number of Nozzles: \_\_\_\_\_

### INSPECTION: Check Boxes

#### GENERAL:

- |   |  |
|---|--|
| A <input type="checkbox"/> Station Closed   | E <input type="checkbox"/> Nozzle Locked Down              |
| B <input type="checkbox"/> No Permit        | F <input type="checkbox"/> Pump Locked Down                |
| C <input type="checkbox"/> No Defects Found | G <input type="checkbox"/> Repairs Already Made            |
| D <input type="checkbox"/> Sign Missing     | H <input type="checkbox"/> Vapor Recovery Unit Inoperative |

"REPORTED" "OTHER" Write in Total Number of  
 NOZZLES NOZZLES Nozzles for Each

#### DEFECTS:

- |         |         |   |
|---------|---------|---|
| A _____ | A _____ | Nozzle Premature Shutoff                |
| B _____ | B _____ | Nozzle Would Not Shutoff                |
| C _____ | C _____ | Nozzle Recirculating Gasoline           |
| D _____ | D _____ | No Latch Ring / Spring                  |
| E _____ | E _____ | Pumps Leaking                           |
| F _____ | F _____ | Gas Spillage Out Nozzle / Boot          |
| G _____ | G _____ | Nozzle Missing Component                |
| H _____ | H _____ | Nozzle Leaking Vapors                   |
| I _____ | I _____ | Swivel (s) Missing                      |
| J _____ | J _____ | Boot Slit / Torn / Punctured            |
| K _____ | K _____ | Boot Missing                            |
| L _____ | L _____ | Uncertified Equipment: _____            |
| M _____ | M _____ | Face Plate Torn / Missing / Distorted   |
| N _____ | N _____ | Hose Cut / Flattened                    |
| O _____ | O _____ | Vapor Return Line Blocked               |
| P _____ | P _____ | Hose Retractor Problem                  |
| Q _____ | Q _____ | Vapor Check Valve Inoperative / Missing |
| R _____ | R _____ | Vacuum Generator Inoperative / Missing  |
| S _____ | S _____ | Flow Limiter Missing                    |
| T _____ | T _____ | Other: _____                            |

#### ENFORCEMENT:

- |         |         |                                 |
|---------|---------|---------------------------------|
| A _____ | A _____ | Equipment Tagged Out of Order   |
| B _____ | B _____ | Notice to Repair Issued         |
| C _____ | C _____ | Violation Notice Issued: _____  |
| D _____ | D _____ | Weights and Measures Red Tagged |
| E _____ | E _____ | Repairs Made During Inspection  |
| F _____ | F _____ | None Needed                     |

#### ADDITIONAL COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Inspected By: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Complainant Contacted: ( Circle ) YES / NO