

Washington Oregon Gasoline Vapor Control Committee

This form will be accepted by any State or Local Air Pollution Agency requiring compliance testing on gas station vapor recovery equipment within the states of Washington or Oregon

For Agency Use Only

Reviewed by: _____

Date: _____

Passed Failed

(Attach reasons for test failure to this form)

Back Pressure Tests (Wet/Dry) CARB Test Procedure TP-201.4

Station Name: _____	Air Agency Registration No.: _____
Address: _____	
City, State, Zip: _____	

Testing Company Name: _____	Date/Time of Test: _____
Address: _____	Phone No.: _____
City, State, Zip: _____	

Allowed back pressure for: Vapor Balance: **Nozzle** 0.35 60 CFH 0.62 80 CFH **Riser** 0.05 60 CFH
 Vacuum Assist: **Riser** 0.5* 60 CFH

* EO G-70-165 Max allowable pressure drop 0.02 "H₂O Column at 60 CFH.

From: CARB Executive Order #: _____ or CARB Test Procedure TP-201.4

Nitrogen introduced at: Nozzle Riser Did Test Procedure include Fuel Dispensing?
 Yes No

Vapor Valve located: In Nozzle External Date Test Equipment Calibrated: _____

All underground vapor lines must be tested Test must be conducted wet and dry.

Wet/Dry?:	Riser /Pump Number	GasGrade	Nozzle No.	Test Time (Min:Sec)	Back pressure in WC at a flow rate of:	
					60 CFH	80 CFH
					" H2O	" H2O
					" H2O	" H2O
					" H2O	" H2O
					" H2O	" H2O
					" H2O	" H2O
					" H2O	" H2O

Person conducting the test:

Print Name	Signature	Date
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Tank owner or authorized representative:

Print Name	Signature	Date
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