

# 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)

## Drop Tube Overfill Protection Test (TP-201.1C)

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

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

Make & Model of Overfill Prevention: _____	Stage II System Type: _____
Date of Last Flowmeter Calibration: _____	Date of Last Pressure Device Calibration: _____

### Test Results

Product Grade	N <sub>2</sub> Flowrate (Overfill Only) (CFH)	Pressure (in. H <sub>2</sub> O)		N <sub>2</sub> Flowrate (Overfill + Drain Valve) (CFH)	Pressure (in. H <sub>2</sub> O)	N <sub>2</sub> Flowrate (Drain Valve Only) (CFH)	Pressure (in. H <sub>2</sub> O)	Difference (Overfill Leakrate) (CFH)

### Comments:


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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