

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

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:	
City, State, Zip:	

Allowed back pressure for: Vapor Balance: 0.16 40 CFH 0.35 60 CFH 0.62 80 CFH
 Vacuum Assist: Riser 0.02 60 CFH Nozzle 0.50 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

	Riser/Pump Number	Gas Grade	Nozzle No.	Test Time (Min:Sec)	Back pressure in WC at a flow rate of:		
					40 CFH	60 CFH	80 CFH
Dry:					"H ₂ O	"H ₂ O	"H ₂ O
					"H ₂ O	"H ₂ O	"H ₂ O
					"H ₂ O	"H ₂ O	"H ₂ O
					"H ₂ O	"H ₂ O	"H ₂ O
					"H ₂ O	"H ₂ O	"H ₂ O
					"H ₂ O	"H ₂ O	"H ₂ O
Wet:					"H ₂ O	"H ₂ O	"H ₂ O
					"H ₂ O	"H ₂ O	"H ₂ O
					"H ₂ O	"H ₂ O	"H ₂ O
					"H ₂ O	"H ₂ O	"H ₂ O
					"H ₂ O	"H ₂ O	"H ₂ O
					"H ₂ O	"H ₂ O	"H ₂ O

Person conducting the test:

_____ _____ _____
Print Name *Signature* *Date*