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		

Healy Return Line Tightness Test Report Form

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Station Name:		
Address:		
City, State, Zip:		
Testing Company Name:	Date/Time of Test:	
Address:	Phone No.:	
City, State, Zip:		
Calculations:		
Length of 2" vapor return Piping =(Rounded to the nearest 20')	_. = L	
Is the piping 3"?		
(Note: if vapor return piping is 3" diameter, multiply '	"L" by 0.5)	
Allowable vacuum drop = 800 / L =	= calculated P	
·	_ = oaloulated (must be between 65" and 85" for a valid test)	
@ 4 minute	(must be between 65° and 65° for a valid test)	
@ 2 minutes		
@ 3 minutes		
@ 4 minutes		
@ 5 minutes		
Actual Vacuum drop = = measured P		
(measured P must be less than or equal to calculate	d P for test to Pass)	
Test Result: ☐ Pass ☐ Fail (Attach reasons for test failure to this form.)		
Person conducting the test:		
Print Name	Signature Date	,