



STATE OF WASHINGTON GASOLINE CARGO ANNUAL CERTIFICATION

Mail to:
Southwest Clean Air Agency
11815 NE 99th Street, Suite 1294
Vancouver, Washington 98682

TANK OWNER:
ADDRESS
CITY, STATE, ZIP

TEST SITE:
ADDRESS
CITY, STATE, ZIP

UNIT #:
TEST DATE:
TESTER:
DOT REG #:

TANK MFG:
TANK SERIAL NO.
TANK MFG DATE:
TANK DOT SPEC:

Internal Vapor Valve Test – 40 CFR 63.425(e)(2)

After completing the pressure decay and vacuum tests, use the procedures in Method 27 to repressurize the tank to 18 inches H₂O gauge. Close the tank's internal vapor valve(s), thereby isolating the vapor return line and manifold from the tank. Relieve all the pressure in the vapor return line to atmospheric pressure, then reseal the line. After 5 minutes, record the gauge pressure in the vapor return line.

	Initial Pressure (inches H ₂ O)	Final Pressure (Inches H ₂ O)	Pressure Increase
1 st test:	0"		
2 nd test (if repairs are necessary):	0"		

PASS: **YES** **NO** (check one)

Allowable Limit: 5 inches H₂O

Method 27 – 40 CFR Part 60, Appendix A

Pressure Decay Test – 40 CFR 63.425(e)(1) Conduct the test using a time period of 5 minutes. The initial pressure shall be 18 inches H₂O gauge.

	Capacity (gallons)	Initial Pressure (inches H ₂ O)	Final Pressure (Inches H ₂ O)	Pressure Decay
1 st test:		18"		
2 nd test:		18"		
3 rd test (if repairs are necessary):		18"		
Average of the 2 tests with pressure decay within 0.5 inches H ₂ O of each other				

PASS: **YES** **NO** (check one)

Vacuum Decay Test – 40 CFR 63.425(e)(1) Conduct the test using a time period of 5 minutes. The initial vacuum shall be 6 inches H₂O gauge.

	Capacity (gallons)	Initial Vacuum (inches H ₂ O)	Final Vacuum (Inches H ₂ O)	Vacuum Decay
1 st test:		6"		
2 nd test:		6"		
3 rd test (if repairs are necessary):		6"		
Average of the 2 tests with pressure decay within 0.5 inches H ₂ O of each other				

PASS: **YES** **NO** (check one)

**Allowable Limits
for both tests:**

Capacity (gal)	Decay
> 2,499	1.0"
1,500 to 2,499	1.5"
1,499 to 1,000	2.0"
< 1,000	2.5"

Vapor tightness repair (if any) – nature of repair work and when performed in relation to the test:

Certification No. _____
Expiration Date: _____
Date Paid: _____
Receipt No. _____

Signature of Tester: _____ Date: _____