

EXHIBIT 6

Required Items for Conducting TP-201.4

The instructions below are required when conducting TP-201.4 for the Balance Phase II EVR systems. The tester shall document that each step was followed as indicated below and shall include this page of the Exhibit with the submission of TP-201.4 test results. Note that districts may require use of an alternate form to meet these requirements, provided the alternate form includes the same minimum parameters.

The EMCO Model A4005EVR, VST Model VST-EVR-NB (G2) nozzles incorporate a lever-actuated vapor valve. The vapor valve is on the same stem as the fuel valve. When conducting TP-201.4, the nozzle lever must be actuated to open the vapor valve and allow vapor to flow from the nozzle to the aboveground storage tank. The following steps must be taken when conducting Methodology 1 of TP-201.4:

1. The dispenser shall not be activated. If the dispenser is activated, gasoline in the fuel hose may be pressurized when engaging the fuel lever.
2. *At the Hirt Indicator Panel, turn the Power Switch to the “Off” position.*
3. Prior to inserting the EMCO or VST EVR nozzle into the fill pipe of the Dynamic Back Pressure Test Unit in step 7.1 of TP-201.4, completely drain any gasoline in the nozzle and vapor path of the hose. The dispenser must be deactivated and the nozzle lever and bellows shall be fully engaged.
4. When flowing nitrogen per step 7.1.2, fully engage the nozzle lever to allow vapor flow from the nozzle to the AST.
5. *After conducting TP-201.4, turn the Hirt VCS 100-2 VaporTek® Power Switch to the “On” position.*

Required Steps For Each Nozzle Tested	Verification (please circle)
1. Is dispenser deactivated?	Yes No
2. <i>Is Hirt VCS 100-2 VaporTek® Thermal Oxidizer turned off? (if installed)</i>	Yes No NA
3. Are nozzle and hose completely drained of gasoline prior to inserting nozzle into Dynamic Back Pressure Unit?	Yes No
4. Is nozzle lever fully engaged when conducting flow test?	Yes No
5. <i>Is Hirt VCS 100 VCS 100-2 VaporTek® Thermal Oxidizer turned on? (if installed)</i>	Yes No NA

Test Company: _____ Facility Name: _____

Print Name (Technician)

Signature

Date

Technician Certification Number and Expiration Date
(ICC or District Training Certification, as applicable)