Executive Order VR-204-I
VST Phase II EVR System

Exhibit 6
Required Items for Conducting TP-201.4

The instructions below are required when conducting TP-201.4 for the VST Phase II EVR system. 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 VST Model VST-EVR-NB nozzle and EMCO Model A4005EVR nozzle incorporates 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 underground 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. Prior to inserting the VST or EMCO EVR nozzle into the fillpipe 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.

3. When flowing nitrogen per step 7.1.2, fully engage the nozzle lever to allow vapor flow from the nozzle to the UST.

<table>
<thead>
<tr>
<th>Required Steps For Each Nozzle Tested</th>
<th>Verification (please circle)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is dispenser deactivated?</td>
<td>Yes  No</td>
</tr>
<tr>
<td>2. Is nozzle and hose completely drained of gasoline prior to inserting nozzle into Dynamic Back Pressure Unit?</td>
<td>Yes  No</td>
</tr>
<tr>
<td>3. Is nozzle lever fully engaged when conducting flow test?</td>
<td>Yes  No</td>
</tr>
</tbody>
</table>

Test Company: ____________________ Facility Name: ____________________

Print Name (Technician) ____________________ Signature ____________________ Date ____________

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