


**Form 1**

	<h2 style="margin: 0;">Dynamic Back Pressure Source Test Results</h2>	Report No.: _____ Test Date: _____ Test Times: _____ Run A: _____
<b>Source Information</b>		<b>Representatives</b>
Station Name and Address	Station Representative and Title  Phone No. (     )	Source Test Engineers
Permit Conditions:	Source: <b>GDF Vapor Recovery</b>  GDF # _____ A/C # _____	Permit Services Division/Enforcement Division  Test Requested By:
Operating Parameters:		
Applicable Regulations:		VN Recommended:

**Sources Test Results and Comments:**

Nozzle #	Gas Grade	Nozzle Model	Dynamic Back Pressure, Inches H <sub>2</sub> O		
			CFH	CFH	CFH

Results Received by _____ Date _____	Results Reviewed by _____ Date _____	Results Approved/Disapproved _____
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**Form 2**

Station Name and Address	<b>Dynamic Back Pressure Source Test Results</b>	Station Representative and Title
Permit Services/Enforcement:		Phone No. ( )
Permit Conditions:		Test Performed by:
Applicable Regulations:		Test Date/Time:
Source: <b>GDF Vapor Recovery</b> <b>GDF #</b> <b>A/C #</b>		VN Recommendation:


**Source Test Results and Comments:**

Dynamic Back Pressure, Inches of Water Column

Pump #	Gas Grade	Nozzle Model	Vapor Valve Make/Model	Nitrogen Flow, CFH	Nozzle/Hose Assembly	Riser to U.G. Tank	Vapor Valve	Total $\Delta P$ , Inches H <sub>2</sub> O

Test Received by:	Date:	Test Reviewed by:	Date:	Test Approved/Disapproved:	Date:
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**Form 3**

	<h2 style="margin: 0;">Dynamic Back Pressure Source Test Results</h2>	Report No.: _____ Test Date: _____ Test Times: _____ Run A: _____
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Source Information		Representatives
Station Name and Address	Station Representative and Title  Phone No. (     )	Source Test Engineers
Permit Conditions:	Source: <b>GDF Vapor Recovery</b>	Permit Services Division/Enforcement Division
	GDF # _____ A/C # _____	Test Requested By:
Operating Parameters:		
Applicable Regulations:		VN Recommended:

**Sources Test Results and Comments:**

Riser #	Gas Grade	Dynamic Back Pressure, Inches H <sub>2</sub> O		
		CFH	CFH	CFH
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Results Received by	Date	Results Reviewed by	Date	Results Approved/Disapproved

**Form 4**

	<h2 style="margin: 0;">Dynamic Back Pressure Source Test Results</h2>	Report No.: _____ Test Date: _____ Test Times: _____ Run A: _____
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Source Information		Representatives
Station Name and Address	Station Representative and Title  Phone No. (     )	Source Test Engineers
Permit Conditions:	Source: <b>GDF Vapor Recovery</b>  GDF # _____ A/C # _____	Permit Services Division/Enforcement Division  Test Requested By:
Operating Parameters:		VN Recommended:
Applicable Regulations:		

**Sources Test Results and Comments:**

Nozzle #	Gas Grade	Gallons Dispensed	Dynamic Back Pressure, In. H <sub>2</sub> O		
			Max. B.P.	Min. B.P.	Rate, GPM

Results Received by _____	Date _____	Results Reviewed by _____	Date _____	Results Approved/Disapproved _____
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