Form 1



Dynamic Back Pressure Source Test Results

Report No.:	
Test Date:	
Test Times:	
Run A:	

Sour	Representatives				
Station Name and Address	Station Representative and Title	Source Test Engineers			
	Phone No. (
Permit Conditions: Source: GDF Vapor Recovery		Permit Services Division/Enforcement Division			
	GDF #	Test Requested By:			
	A/C #				
Operating Parameters:					
Applicable Regulations:		VN Recommended:			

Sources Test Results and Comments:

Nozzle #	Gas Grade	Nozzle Model	Dynamic I	Back Pressure, Inches H	I ₂ O
			CFH	<u>CFH</u>	CFH
	_				
Results Received by	y Date	Results Reviewed by	Date Res	ults Approved/Disapproved	

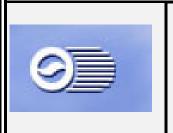
Form 2

Station Name and Address		Station Representative and Title
	Dynamic Back Pressure	Phone No. ()
Permit Services/Enforcement:		Test Performed by:
Permit Conditions:	Source Test Results	Test Date/Time:
Applicable Regulations:	Source: GDF Vapor Recovery GDF # A/C #	VN Recommendation:
0 T (D 1 0		

Source Test Results and Comments:

Dynamic Back Pressure, Inches of Water Column

					<u>Dynami</u>	ic back Flessule, i	iones of water of	<u>Jidiiiii</u>
Pump #	Gas Grade	Nozzle Model	Vapor Valve Make/Model	Nitrogen Flow, CFH	Nozzle/Hose Assembly	Riser to U.G. Tank	Vapor Valve	Total Δ P, Inches H ₂ 0
								-
								-
Test Receive	ed by:		Date: T	est Reviewed by:	Date:	Test Approve	ed/Disapproved:	Date:



Dynamic Back Pressure Source Test Results

Report No.:	
Test Date:	
Test Times:	
Run A:	

Sour	Representatives					
Station Name and Address	Station Representative and Title	Source Test Engineers				
	Phone No. ()					
Permit Conditions:	Source: GDF Vapor Recovery	Permit Services Division/Enforcement Division				
	GDF #	Test Requested By:				
Operating Parameters:						
Applicable Regulations:		VN Recommended:				

Sources Test Results and Comments:

Riser #	Gas Grade	Dynamic Back Pressure, Inches H ₂ 0			nches H ₂ 0
			CFH	<u>CFH</u>	<u>CFH</u>
		_			
		_			
		_			
		_			
		_			
		_			
		_			

Date

Results Reviewed by

Results Received by

Date

Results Approved/Disapproved

Form 4



Dynamic Back Pressure Source Test Results

Report No.:	
Test Date:	
Test Times:	
Run A:	

Sour	ce Information	Representatives			
Station Name and Address	Station Representative and Title	Source Test Engineers			
	Phone No. ()				
Permit Conditions:	Source: GDF Vapor Recovery	Permit Services Division/Enforcement Division			
	GDF # A/C #	Test Requested By:			
Operating Parameters:					
Applicable Regulations:		VN Recommended:			

Sources Test Results and Comments:

Nozzle #	Gas Grade Gallons Dispensed		Dynamic Back Pressure, In. H₂O		
			Max. B.P.	Min. B.P.	Rate, GPM

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