

# FORM 1

## SUMMARY OF SOURCE TEST DATA

SOURCE INFORMATION		FACILITY PARAMETERS																																																								
GDF Name and addresss _____ _____ _____	GDF Representative and Title  GDF Phone No. (    )	PHASE II SYSTEM TYPE (Check One)																																																								
Permit Conditions	Source: GDF Vapor Recovery System Use A/C # _____	Balance Hirt Red Jacket Hasstech Healy Other _____																																																								
	GDF # _____ A/C # _____	Manifolded?      Y    or    N																																																								
Operating Parameters Number of Nozzles Served by Tank #1      Number of Nozzles Served by Tank #3 Number of Nozzles Served by Tank #2      Number of Nozzles Served by Tank #4																																																										
Applicable Regulations:		VN Recommended																																																								
Source Test Results and Comments <u>Tank #:</u> _____ <table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">1. Product Grade</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2. Actual Tank Capacity, gallons</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>3. Gasoline Volume</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>4. Ullage, gallons (#2-#3)</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>5. Initial Pressure, inches H<sub>2</sub>O</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>6. Pressure After 1 Minute, inches H<sub>2</sub>O</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>7. Pressure After 2 Minutes, inches H<sub>2</sub>O</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>8. Pressure After 3 Minutes, inches H<sub>2</sub>O</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>9. Pressure After 4 Minutes, inches H<sub>2</sub>O</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>10. Final Pressure After 5 Minutes, inches H<sub>2</sub>O</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>11. Allowable Final Pressure</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>				1. Product Grade	_____	_____	_____	_____	2. Actual Tank Capacity, gallons	_____	_____	_____	_____	3. Gasoline Volume	_____	_____	_____	_____	4. Ullage, gallons (#2-#3)	_____	_____	_____	_____	5. Initial Pressure, inches H <sub>2</sub> O	_____	_____	_____	_____	6. Pressure After 1 Minute, inches H <sub>2</sub> O	_____	_____	_____	_____	7. Pressure After 2 Minutes, inches H <sub>2</sub> O	_____	_____	_____	_____	8. Pressure After 3 Minutes, inches H <sub>2</sub> O	_____	_____	_____	_____	9. Pressure After 4 Minutes, inches H <sub>2</sub> O	_____	_____	_____	_____	10. Final Pressure After 5 Minutes, inches H <sub>2</sub> O	_____	_____	_____	_____	11. Allowable Final Pressure	_____	_____	_____	_____
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Test Conducted by:	Test Company:	Date of Test:	Final Results:																																																							

## Form 1

<b>Pressure/Vacuum (P/V) Vent Valve Data Sheet</b>
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Facility Name:	Test Date:
Address:	Test Company:
City :	Tester Name:

<b>P/V Valve Manufacturer:</b>	<b>Model Number:</b>	<b>Pass</b>	<b>Fail</b>
<b>Manufacturers Specified Positive Leak Rate (CFH):</b>	<b>Manufacturers Specified Negative Leak Rate (CFH):</b>		
Measured Positive Leak Rate (CFH):	Measured Negative Leak Rate (CFH):		
Positive Cracking Pressure (in. H <sub>2</sub> O):	Negative Cracking Pressure (in. H <sub>2</sub> O):		

<b>P/V Valve Manufacturer:</b>	<b>Model Number:</b>	<b>Pass</b>	<b>Fail</b>
<b>Manufacturers Specified Positive Leak Rate (CFH):</b>	<b>Manufacturers Specified Negative Leak Rate (CFH):</b>		
Measured Positive Leak Rate (CFH):	Measured Negative Leak Rate (CFH):		
Positive Cracking Pressure (in. H <sub>2</sub> O):	Negative Cracking Pressure (in. H <sub>2</sub> O):		

<b>P/V Valve Manufacturer:</b>	<b>Model Number:</b>	<b>Pass</b>	<b>Fail</b>
<b>Manufacturers Specified Positive Leak Rate (CFH):</b>	<b>Manufacturers Specified Negative Leak Rate (CFH):</b>		
Measured Positive Leak Rate (CFH):	Measured Negative Leak Rate (CFH):		
Positive Cracking Pressure (in. H <sub>2</sub> O):	Negative Cracking Pressure (in. H <sub>2</sub> O):		

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