

# FORM 1

## SUMMARY OF SOURCE TEST DATA

SOURCE INFORMATION		FACILITY PARAMETERS		
GDF Name and address <hr/> <hr/> <hr/>	GDF Representative and Title  GDF Phone No. (    )	PHASE II SYSTEM TYPE (Check One)		
Permit Conditions	Source: GDF Vapor Recovery System  GDF # _____ A/C # _____	Balance _____ Hirt _____ Red Jacket _____ Hasstech _____ Healy _____ Other _____	Manifolder?    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>				
	1	2	3	4
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	_____	_____	_____	_____
Test Conducted by:	Test Company:	Date of Test:		

Figure 1  
"T" Connector Assembly

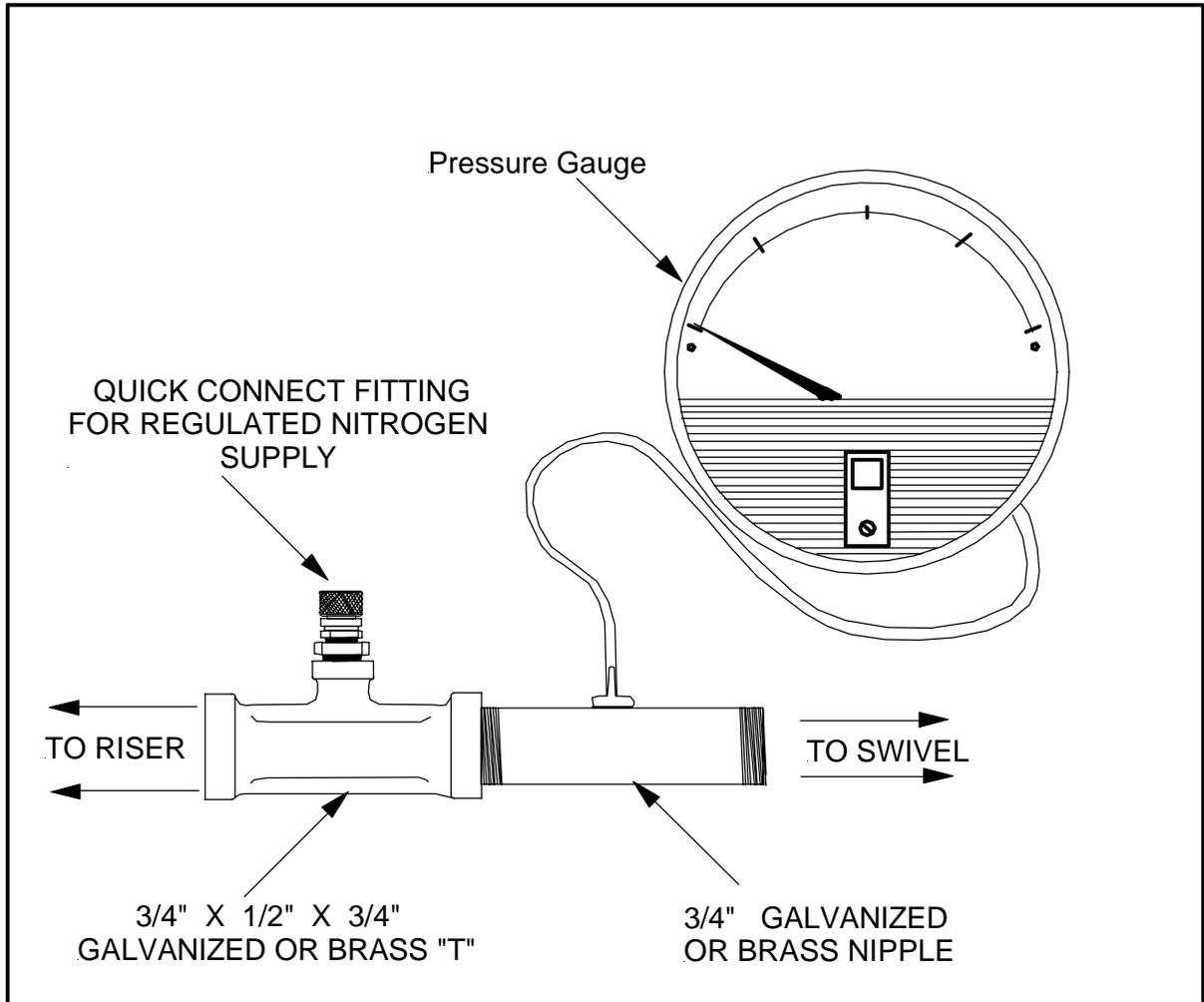


Figure 2

Vapor Coupler Integrity Assembly

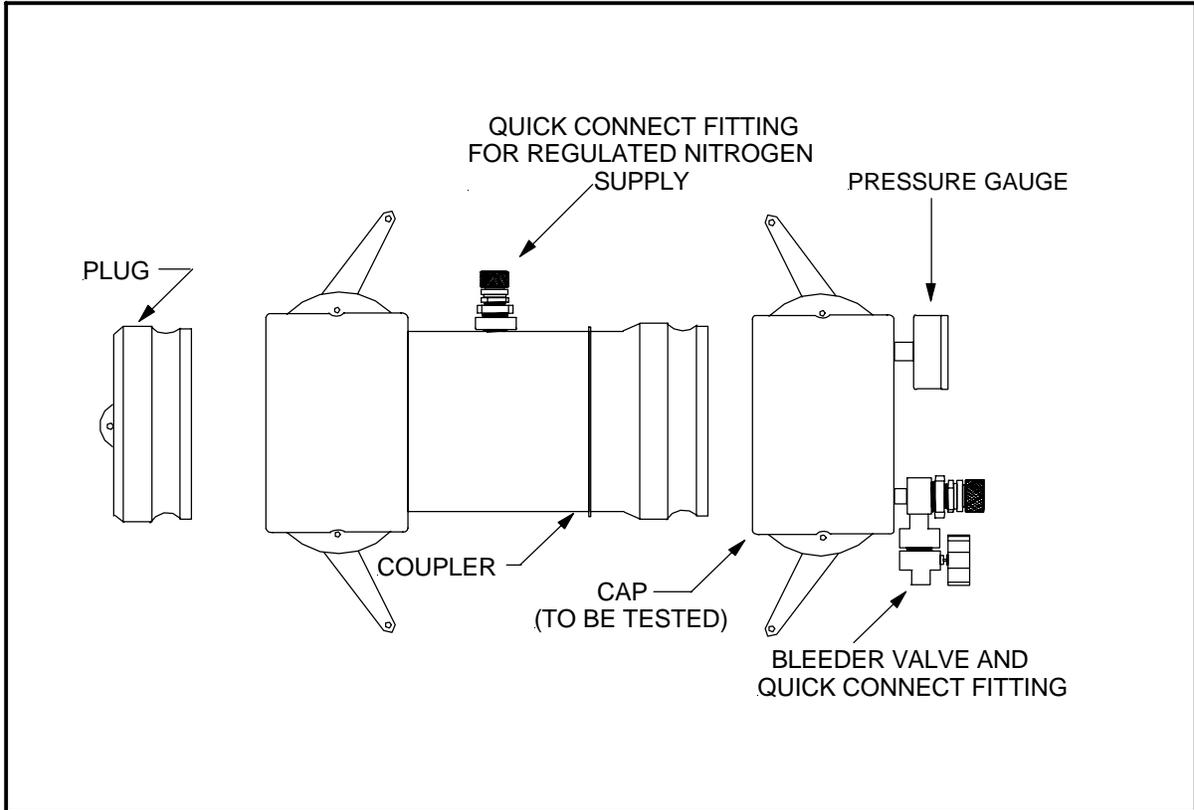


Figure 3  
Vapor Coupler Test Assembly

