Form 3-1

Distribution:	BAY AREA AIR QUALITY MANAGEMENT DISTRICT *939 Ellis Street* *San Francisco, California 94109* *(415) 771-6000* **Summary of Source Test Results**	Report No.: _____ Test Date: _____ Test Times: Run A: _____ Run B: _____ Run C: _____
Firm Permit Services Enforcement Services Technical Services Planning Requester DAPCO		

Source Information		Facility Parameters
GDF Name and Address	GDF Representative and Title	PHASE II SYSTEM TYPE (Check One)
		Balance ☐
		Vapor Assist ☐
	GDF Phone No. ( )	Type:
	Source: GDF Vapor Recovery System	Other ☐
Permit Conditions	BAAQMD GDF # _____	Identify:
	BAAQMD 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 _____ Total Number of Gas Nozzles at Facility _____

Applicable Regulations: BAAQMD REGULATION 8, RULE 7

FOR OFFICE USE ONLY:

Source Test Results and Comments:

TANK #:	1	2	3	TOTAL
1. Product Grade				
2. Actual Tank Capacity, gallons				
3. Gasoline Volume, Gallons				
4. Ullage, gallons (#2 -#3)				
5. Phase I System Type				
6. Initial Test Pressure, Inches H_2O **(2.0)**				
7. Pressure After 1 Minute, Inches H_2O				
8. Pressure After 2 Minutes, Inches H_2O				
9. Pressure After 3 Minutes, Inches H_2O				
10. Pressure After 4 Minutes, Inches H_2O				
11. **Final Pressure After 5 Minutes, Inches H_2O**				
12. Allowable Final Pressure from Table 3-I				
13. Test Status **[Pass or Fail]**				

Test Conducted by:	Test Company Name _____ Address _____ City _____	Date and Time of Test: