

Form 3-1

Distribution:	Executive Order G-70-163-AA Exhibit 3 Summary of Source Test Results	Report No.: _____ Test Date: _____ Test Times: Run A: _____ Run B: _____ Run C: _____
Source Information		
GDF Name and Address _____ _____ _____ _____	GDF Representative and Title _____ _____ GDF Phone No. () Source: GDF Vapor Recovery System GDF # _____ A/C # _____	Facility Parameters PHASE I SYSTEM TYPE (Check One) <div style="display: flex; justify-content: space-between; align-items: center;"> Two Point <input style="width: 40px;" type="checkbox"/> </div> <div style="display: flex; justify-content: space-between; align-items: center;"> Coaxial <input style="width: 40px;" type="checkbox"/> </div> <div style="display: flex; justify-content: space-between; align-items: center;"> Coaxial with Spill Prevention <input style="width: 40px;" type="checkbox"/> </div> PHASE II SYSTEM TYPE <div style="display: flex; justify-content: space-between; align-items: center;"> OPW VaporEZ <input style="width: 40px;" type="checkbox"/> </div> <div style="display: flex; justify-content: space-between; align-items: center;"> Manifolded? Y or N </div>
Permit Conditions	Operating Parameters: <div style="display: flex; justify-content: space-between;"> <div> Number of Nozzles Served by Tank #1 _____ Number of Nozzles Served by Tank #2 _____ </div> <div> Number of Nozzles Served by Tank #3 _____ Total Number of Gas Nozzles at Facility _____ </div> </div>	
Applicable Regulations:		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 ₂ O (2.0)				
7. Pressure After 1 Minute, Inches H ₂ O				
8. Pressure After 2 Minutes, Inches H ₂ O				
9. Pressure After 3 Minutes, Inches H ₂ O				
10. Pressure After 4 Minutes, Inches H ₂ O				
11. Final Pressure After 5 Minutes, Inches H₂O				
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:
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