

## Form 3-1

<b>Distribution:</b>	<b>Executive Order G-70-153-AD</b> <b>Exhibit 3</b>	<b>Report No.:</b> _____ <b>Test Date:</b> _____ <b>Test Times:</b> <b>Run A:</b> _____ <b>Run B:</b> _____ <b>Run C:</b> _____
<b>Summary of Source Test Results</b>		

Source Information		Facility Parameters
<b>GDF Name and Address</b> _____ _____ _____	<b>GDF Representative and Title</b> _____ _____ <b>GDF Phone No. ( )</b> _____ <b>Source: GDF Vapor Recovery System</b>	<b>PHASE I SYSTEM TYPE ( Check One)</b> <b>Two Point</b> <input type="checkbox"/> <b>Coaxial</b> <input type="checkbox"/> <b>Coaxial with Spill Prevention</b> <input type="checkbox"/> <b>PHASE II SYSTEM TYPE</b> <input type="checkbox"/> WayneVac <b>Manifolded?    Y    or    N</b>
<b>Permit Conditions</b>	<b>GDF #</b> _____ <b>A/C #</b> _____	
<b>Operating Parameters:</b> 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 _____		
<b>Applicable Regulations:</b>		FOR OFFICE USE ONLY:

**Source Test Results and Comments:**

<b>TANK #:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>TOTAL</b>
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 <sub>2</sub> O (2.0)	_____	_____	_____	_____
7. Pressure After 1 Minute, Inches H <sub>2</sub> O	_____	_____	_____	_____
8. Pressure After 2 Minutes, Inches H <sub>2</sub> O	_____	_____	_____	_____
9. Pressure After 3 Minutes, Inches H <sub>2</sub> O	_____	_____	_____	_____
10. Pressure After 4 Minutes, Inches H <sub>2</sub> O	_____	_____	_____	_____
11. <b>Final Pressure After 5 Minutes, Inches H<sub>2</sub>O</b>	_____	_____	_____	_____
12. Allowable Final Pressure from Table 3-1	_____	_____	_____	_____
13. Test Status (Pass or Fail)	_____	_____	_____	_____

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