Form 4-2

Firm Name and Address	Executive Order G-70-23-AC Exhibit 4	GDF Representative and Title Phone No. ( )
Permit Services/Enforcement:		Test Performed by:
Permit Conditions:	Summary of Source Test Results	Test Date/Time:
Applicable Regulations:	Source: GDF Vapor Recovery GDF # A/C #	VN Recommendation:

Source Test Results and Comments:

Pump #	Gas Grade	Nozzle Model	Vapor Valve Make/Model	Nitrogen Flow, CFH	Dynamic Back Pressure, Inches of Water Column: Nozzle/Hose Assembly	Riser to U.G. Tank	Vapor Valve	Total Δ P, Inches H_2O

Test Received by:	Date:	Test Reviewed by:	Date:	Test Approved/Disapproved:	Date: