Form 4-1

Distribution:	Executive Order G-70-23-AC Exhibit 4 **Summary of Source Test Results**	Report No.: _____ Test Date: _____ Test Times: Run A: _____

Source Information		Regulatory Representatives
Firm Name and Address	Firm Representative and Title Phone No. ( )	Test Engineers
Permit Conditions:	Source: **GDF Vapor Recovery** **GDF #** _____ **A/C #** _____	Permit Services Division/Enforcement Division Test Requested By:
Operating Parameters:		
Applicable Regulations:		VN Recommended:

Sources Test Results and Comments:

Nozzle #	Gas Grade	Nozzle Model	Dynamic Back Pressure, Inches H_2O		
			CFH	CFH	CFH

Results Received by	Date	Results Reviewed by	Date	Results Approved/Disapproved