

**Form 103-2:
Dynamic Back-Pressure Data: Vapor Piping Method
(for Procedures 1b & 2)**

Test Date: ___/___/___
Page ___ of ___

Facility Name: _____ Facility ID Number: _____

| Vent Line to Tank Number | Gas Grade | System Manifold: <input type="checkbox"/> Above-ground <input type="checkbox"/> Below-ground | | | | Pass or Fail ¹ | |
|--------------------------|-----------|--|---|--------------|--------------|---------------------------|---|
| | | Back-Pressure ("WC) at 60 SCFH | Back Pressure ("WC) through below-ground manifold to tank # (If applicable) | | | | |
| | | | 1 | 2 | 3 | | 4 |
| 1 | | | X | | | | |
| 2 | | | | X | | | |
| 3 | | | | | X | | |
| 4 | | | | | | X | |

| Dispenser | | Back-Pressure ("WC) at a Flow Rate of 60 CFH | Pass or Fail ¹ |
|-----------|------|--|---------------------------|
| Numbers | Make | | |
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¹ Compare flow-rate readings with the appropriate values from § 12.2 above to determine pass/fail status.