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

Test Date: ___/___/_____

Facility Name: _____     Facility ID Number: _____

| Vent Line to Tank Number | Gas Grade | System Manifold: | Back Pressure ("WC) through below-ground manifold to tank #   (If applicable) | | | | Pass or Fail [1] |
|---|---|---|---|---|---|---|---|
| | | Back-Pressure ("WC) at 60 SCFH | 1 | 2 | 3 | 4 | |
| 1 | | | ✕ | | | | |
| 2 | | | | ✕ | | | |
| 3 | | | | | ✕ | | |
| 4 | | | | | | ✕ | |

System Manifold: □ Above-ground     □ Below-ground

| 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.

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