



**CLARK COUNTY • DEPARTMENT OF AIR QUALITY**  
 4701 W. Russell Rd., Suite 200 • 2<sup>nd</sup> Floor • Las Vegas, NV 89118-2231  
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For DAQ Use Only  


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**TEST RESULTS SUBMITTAL FORM  
 FOR A GASOLINE DISPENSING OPERATION**

Source Name: \_\_\_\_\_ Source ID: \_\_\_\_\_

Source Address: \_\_\_\_\_  
(address) (city) (zip)

Test Date: \_\_\_\_\_ Time of Test: \_\_\_\_\_

Testing Company Information

Testing Company Performing the Test: \_\_\_\_\_

Name of Tester: \_\_\_\_\_ Tester's Email: \_\_\_\_\_

Tester's Phone: \_\_\_\_\_ Tester's Fax: \_\_\_\_\_

Stage II System Design, if applicable (Assist, Balance, Healy, other): \_\_\_\_\_

What tests were performed? (Attach all DAQ test forms)

Tests Performed	Test	Test Procedure	Pass	Fail
	Static Pressure Decay			
	Fill-pipe Measurement			
	PV Vent Valve			
	Air to Liquid Ratio			
	Dynamic Back-Pressure			
	Flow Rate			
	Healy 400 or 600 Phase II Vapor Recovery Systems: Vapor Return Line			
	Other			

I certify that, based on information and beliefs formed after reasonable inquiry, the statements in this document are true, accurate and complete.

\_\_\_\_\_  
 Signature of Responsible Official

\_\_\_\_\_  
 Printed or Typed Name and Title

\_\_\_\_\_  
 Responsible Official's Email

\_\_\_\_\_  
 Date