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For DAQ Use Only

Gasoline Dispensing Facility - ARID Permeator AT-150 Processor Test Results

*This form must be submitted to Air Quality within 60 calendar days after the test date.

Section 1: Source Information						
Source ID: Source Name:						
Address:			City:			Zip:
Section 2: Testing Information						
Test Company:		 	Test Personnel:			
Certified Permeator Technician (CPT) Certification #:						
Test Date:			Test Time:			
Section 3: Calibration Gas Concentration (% Propane). Note: Calibration gas information listed in Section 4 of Exhibit 15 (See Executive Order VR-201-AC/ VR-202-AC) shall be attached to this form.						
Zero Gas:		High-Range (High-Range Gas:		Low-Range Gas:	
Serial #:		Serial #:	Serial #:		Serial #:	
Section 4: Test Results						
Measurement	Time of Measureme	HC Analyzer nt Reading	Average o Measureme		laximum Average HC Allowed	Pass/Fail
1						
2						
3					≤ 3.0%	
4						
5						
Section 5: Notes						
Section 6: Raw Testing Data						
Please include all raw testing data with this form submittal to Air Quality.						
Section 7: Certification Statement & Signature						
I certify that, based on information and beliefs formed after reasonable inquiry, the statements in this document are true, accurate and complete.						
Responsible Official (RO):				RO Title:		
RO Signature:		Date:				