	DEC	For DAQ Use Only			
	ES				
DEP	ARTMENT OF ENVIRONMENT				
AND	SUSTAINABILITY				
4701 W	. Russell Road 2 nd Floor				
	/egas, NV 89118-2231				
	455-5942 + Fax: (702) 383-9994				
Marci Henson, Director					

Gasoline Dispensing Facility - Drop Tube/Drain Valve Assembly Test Results

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

Section 1: Source Information								
Source ID: Sour								
Address:		City:		Zip:				
Section 2: Testing Information								
Test Company:	Test Personnel:							
Test Date:	Test Time:							
Overfill Prevention Make & Model:								
Spill Container Make & Model:								
Date of Last Flow Meter Calibra	Date of Last Pressure Gauge Calibration:							
Section 3: Test Results								
Device Type & Product Grade Time to Pressurize		30-second Flow Rate (CFH)			Second Pressure (inches H₂0)			
Section 4: Notes								
Section 5: Raw Testing Data								
Please include all raw testing data with this form submittal to Air Quality.								
Section 6: 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:							