



DES
DEPARTMENT OF ENVIRONMENT
AND SUSTAINABILITY



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For DAQ Use Only

Gasoline Dispensing Facility

Drop Tube Overfill Prevention Device and Spill Container Drain Valve 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:		
Test Date:		Test Time:		
Overfill Prevention Make & Model:				
Spill Container Make & Model:				
Date of Last Flow Meter Calibration:		Date of Last Pressure Gauge Calibration:		
Is GDF equipped with Remote Fill Configuration? Yes No				
<i>If "Yes", record length of remote fill product pipe assembly.</i>				
<i>Note: The assembly consists of two measurements as described in Section 6.6 and depicted in Figure 6 (See CARB TP-201.1D)</i>				
Horizontal Length (HL, feet):		Vertical Feet (VL, feet):	Total Length (TL=HL x 1.25 + VL, feet):	
Section 3: Test Results				
Device Type & Product Grade	Time to Pressurize	30-second Flow Rate (CFH)	30-Second Pressure (inches H ₂ O)	Corrected Flow Rate for Overfill Device Only (See Section 10.2 of CARB TP-201.1D)
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>I certify that, based on information and beliefs formed after reasonable inquiry, the statements in this document are true, accurate and complete.</i>				
Responsible Official (RO):		RO Title:		
RO Signature:		Date:		