



4701 W. Russell Road 2nd Floor
 Las Vegas, NV 89118-2231
 Phone: (702) 455-5942 Fax: (702) 383-9994
 Marci Henson, Director

For DAQ Use Only

DYNAMIC BACK PRESSURE TEST RESULTS FORM

- Initial Triennial Other
 Balance Assist

Source Name: _____ Source ID: _____

Source Address: _____
(address) (city) (zip)

Test Date: _____ Time of Test: _____

The pressure drop shall be measured from each nozzle to the UST (Balance) or from the dispenser riser to the UST (Assist) with pressure/vacuum vent valves installed and with the popped Phase I vapor connection open. This test shall be performed after liquid is introduced down each dispenser riser into the Phase II system.

Nozzle or Dispenser #	Balance	Assist	Pressure Drop @
			60 CFH

