

STAGE I/II GASOLINE VAPOR RECOVERY STATION NOTIFICATION FORM

(One per station)

FACILITY

Name _____
 Physical Address _____
 City _____
 Gasoline Brand _____
 Phone _____
 Contact at Facility _____

OWNER OF GASOLINE STORAGE TANKS

Contact Name _____
 Company Name _____
 Address _____
 City, State, Zip _____
 Phone _____
 Fax _____

ANNUAL GASOLINE GALLONS THROUGHPUT - All Grades (gasoline only)
 (Commercial information submitted only to determine compliance with N.H. Env-Wm 1404)

2005	2010
2006	2011
2007	2012
2008	2013
2009	2014

Reason(s) For Submittal of Notification Form: Recertification Owner Change
 Modification New Facility Decommissioning (Per Env-Wm 1404.17, effective 11/29/2011)

STAGE I CONTROLS

Coaxial _____ Two Point _____
 Dry Break on Manifold _____
 Tee on Vent _____
 Installer _____
 Date of Installation _____

STAGE II CONTROLS

Type of Equipment _____
 Installer _____
 Date of Installation _____

Total # of Dispensers _____ Total # of Nozzles _____
 Number of Gasoline Tanks _____ Grades of Gas in Tanks _____

I certify that the above information is true and correct _____
(Signature of Owner)

Please return to: NH Waste Management Division
 Oil Remediation & Compliance Bureau
 29 Hazen Drive; PO Box 95
 Concord, NH 03302-0095

