# VAPOR RECOVERY THROUGHPUT REPORTING FORM

(One per station)

**FACILITY**

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

**OWNER OF GASOLINE STORAGE TANKS**

Company Name: _____
Owner's Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Contact Name: _____

Total # of dispensers _____
Number of gasoline tanks: _____
Total # of nozzles: _____
Grades of gas in tanks: _____

**DISTRIBUTORS DELIVERING FUEL TO FACILITY:**

_____

_____

_____

**ANNUAL GASOLINE GALLONS THROUGHPUT** Year Ending: 20_____

Gasoline only (All grades): _____

(Commercial information submitted only to determine compliance with NH. Env-WM 1404

I certify that the above information is true and correct.

_____ _____

Print/Owner's Name Signature/Owner's Name Date

Please return to:

State of New Hampshire
Department of Environmental Services
Waste Management Division
Oil Remediation & Compliance Bureau
29 Hazen Drive, PO Box 95
Concord, NH 03302-0095
Tele: 603-271-3899
Fax: 603-271-2181

NEW HAMPSHIRE DEPARTMENT OF Environmental Services

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