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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