VAPOR RECOVERY THROUGHPUT REPORTING FORM

Oil Remediation and Compliance Bureau

(One per station)

Env-Or 500.

NH FACILITY		OWNER INFORMATION	
Name of Facility:		Company Name:	
Physical Address:		Owner's Name:	
City, Zip:		Address:	
Gasoline Brand:		City, State, Zip:	
Phone:		Phone:	
Contact at Facility:		Contact Name:	
Total # of Dispensers:		Total # of Tanks:	
Total # of Nozzles:		Grades of gas in tanks:	

Distributors delivering fuel to facility:

_____

_____

_____

Annual gasoline gallons throughput: Year ending: __ __ __ __

Gasoline only – all grades: _____

I certify that the above information is true and correct.

_____ _____ _____

Print Name Signature Date

Please return to:

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