**GASOLINE DISPENSING FACILITY**

**ANNUAL THROUGHPUT REPORT**

One copy of this form must be completed for each gasoline dispensing facility located in Nashville, Davidson County, Tennessee.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Facility Name: |  | | | | | | Existing Permit No.: | | |  |
| Mailing Address: | |  | | | | | | | | |
| Physical Location: | | |  | | | | Telephone No.: | |  | |
| Owner or Responsible Official: | | | | |  | | Title: |  |  | |
|  | | | | | | | | | | |
| **MONTHLY THROUGHPUT (Gallons)** | | | | | | | | | | |
|  | | | | **GASOLINE** | | | **DIESEL** | | | |
| JANUARY | | | |  | | |  | | | |
| FEBRUARY | | | |  | | |  | | | |
| MARCH | | | |  | | |  | | | |
| APRIL | | | |  | | |  | | | |
| MAY | | | |  | | |  | | | |
| JUNE | | | |  | | |  | | | |
| JULY | | | |  | | |  | | | |
| AUGUST | | | |  | | |  | | | |
| SEPTEMBER | | | |  | | |  | | | |
| OCTOBER | | | |  | | |  | | | |
| NOVEMBER | | | |  | | |  | | | |
| DECEMBER | | | |  | | |  | | | |
| **TOTAL ANNUAL** | | | |  | | |  | | | |
|  | | | |  | | |  | | | |
| **I hereby certify that to the best of my knowledge the information contained in this report is true, accurate and complete for calendar year \_\_\_\_\_\_\_\_\_\_\_\_\_\_.** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | |  |  | | | |  |
| **Signature of Responsible Official** | | | | | |  | **Date** | | | |

207-00-052 (Rev. 7/16)

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

Metro Public Health Department - Pollution Control Division

2500 Charlotte Avenue - Nashville, Tennessee 37209 - Telephone: (615) 340-5653 - Fax: (615) 340-8589