**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