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| 1. **General Identification and Description**
 |
| Facility name:  |
| 1. **Tank Description**
 |
| Number, gas type, capacity, type of tank [aboveground (AG), underground (UG)], installation date |
| Tank # | Gas Type | Size (gal) | Tank Type (circle one) | Installation Date |
| 1 |  |  | AG / UG |  |
| 2 |  |  | AG / UG |  |
| 3 |  |  | AG / UG |  |
| 4 |  |  | AG / UG |  |
| 5 |  |  | AG / UG |  |
| 6 |  |  | AG / UG |  |
| 7 |  |  | AG / UG |  |
| 8 |  |  | AG / UG |  |
| 1. **Facility Description**
 |
| Total number of gasoline nozzles: | Nozzle model number: |
| Gasoline dispenser manufacturer: | Dispenser model number: |
| Type of stage I system: | Type of stage II system: |
| Maximum monthly throughput (gallons): | Average yearly throughput (gallons): |
| 1. **Gasoline Supplier Information**
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| Company name: |
| Address: | Telephone number: |
| Contact name: |
| Address: | Telephone number: |
| **Page number:** | **Revision number:** | **Date of revision:** |