

GASOLINE THROUGHPUT SURVEY

OWNER NAME: _____

OWNER MAILING ADDRESS: _____

FACILITY NAME: _____

FACILITY PHYSICAL ADDRESS: _____

USING THE TABLES BELOW, PLEASE PROVIDE GASOLINE (GALLONS)
THROUGHPUT BY MONTH FOR EACH 12-MONTH PERIOD

JAN. 200_	FEB. 200_	MAR. 200_	APR. 200_	MAY 200_	JUN. 200_	JUL. 200_	AUG. 200_	SEPT. 200_	OCT 200_	NOV. 200_	DEC. 200_

TOTAL GASOLINE THROUGHPUT FOR THE FIRST 12-MONTH PERIOD: _____

JAN. 200_	FEB. 200_	MAR. 200_	APR. 200_	MAY 200_	JUN. 200_	JUL. 200_	AUG. 200_	SEPT. 200_	OCT 200_	NOV. 200_	DEC. 200_

TOTAL GASOLINE THROUGHPUT FOR THE SECOND 12-MONTH PERIOD: _____

OWNER/OPERATOR (PRINT NAME): _____

OWNER/OPERATOR (SIGNATURE): _____

TITLE: _____ PHONE NUMBER: _____

DATE: _____

PLEASE RETURN TO:
LDEQ/OFFICE OF ENVIRONMENTAL SERVICES
UNDERGROUND STORAGE TANK & REMEDIATION DIVISION
P.O. BOX 4312
BATON ROUGE, LA 70821-4312