



EMISSIONS INVENTORY INFORMATION
Inventory Year - 2011
GASOLINE DISPENSING FACILITIES

Company Name _____ **Contact Initials** _____

Please fill in all spaces and retain a copy for your records. The data listed below will be used to estimate the community cancer risk under the Air Toxics Hot Spots (ATHS) program.

A. Enter the total number of gallons of gasoline or methanol/gasoline mix sold or dispensed during the emission year. Do NOT include diesel. If not known, enter the number of gallons of gasoline loaded into your tanks.
_____ gallons

B. Enter the operating hours per day and the number of days per year that your facility is open for gasoline sales.
operating hours per day _____ days per year _____

C. Type of Phase II vapor control system: vacuum assist [] balance [] other [] _____
Manufacturer of Phase II vapor control system: _____