



**STAGE II MONTHLY GASOLINE THROUGHPUT FORM
AIR POLLUTION CONTROL DISTRICT**

850 Barret Avenue
Louisville, KY 40204
(502) 574-6000 FAX (502) 574-5607

Please complete this form and return to the address above, in care of Environmental Supervisor, Vapor Recovery Section, **NO LATER THAN April 15, 2009 for the 2008 year only.** Complete the requested information for each facility located in Metro Louisville/Jefferson County, Kentucky on a separate form. If a facility has more than one tank for a specific grade, combine those amounts on this form.

Company Name:		ID # of Actual Location:	
Company Contact Name:		Title:	
Address:			
City:		State:	Zip Code:
Facility Name:			
Facility Address:			
Facility City:		State:	Zip Code:

Throughputs (gallons)	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Totals
Regular													
Plus													
Premium													
Diesel													

Based on the information and belief formed after reasonable inquiry, I certify that the statements and information in this document are true, accurate, and complete.

Authorized Signature*: _____ **Date:** _____

Printed Name: _____ **Title:** _____

*Required by Regulation 1.06 *Stationary Source Self-Monitoring, Emissions Inventory Development, and Reporting*, Section 6 Certification by a Responsible Official