

# ESSEX REGIONAL HEALTH COMMISSION

204 Hillside Avenue, Livingston, NJ 07039

Telephone 973-251-2059 Fax 973-251-2779

## EQUIPMENT INVENTORY SECTION

REGISTRATION NUMBER:

### GASOLINE DISPENSING OPERATION

NJDEP P/CT STAGE 1:  STAGE 1 EXP DATE:

NJDPET P/ST STAGE II:  STAGE II P/CT EXP DATE:   Vacuum Assist

Vapor Balance

# OF TANKS:  # OF NOZZLES:  MONTHLY THROUGH-PUT:

PRESSURE V FLOW TEST:  TYPE OF AIR POLLUTION CONTROL:

Tank Size	Tank Steel/Fiberglass	Date Tank Installed
<input style="width: 80px;" type="text"/>	<input style="width: 180px;" type="text"/>	<input style="width: 100px;" type="text"/>
<input style="width: 80px;" type="text"/>	<input style="width: 180px;" type="text"/>	<input style="width: 100px;" type="text"/>
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<input style="width: 80px;" type="text"/>	<input style="width: 180px;" type="text"/>	<input style="width: 100px;" type="text"/>

### FUEL BURNING EQUIPMENT

BTU/HR	GPH	NJDEP PT/C	NJDEP P/CT EXP DATE	FUEL TYPE	Annual Consumption
<input style="width: 100px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 150px;" type="text"/>
<i>Check Type:</i> <input type="checkbox"/> Boiler <input type="checkbox"/> Hot Water Heater <input type="checkbox"/> Spaceheaters/HVACs <input type="checkbox"/> Emergency Generator					
<input style="width: 100px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 150px;" type="text"/>
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