

KNOX COUNTY DEPARTMENT OF
AIR QUALITY MANAGEMENT

CONSUMPTION REPORT

NAME OF FACILITY: _____

LOCATION OF FACILITY: _____

THE YEARLY REPORT DATA HAS BEEN COMPILED THROUGH THE FOLLOWING DATES:

FROM: _____, 20__
(MONTH)

TO: _____, 20__
(MONTH)

PLEASE LIST BELOW THE TYPE, AMOUNT, AND SPECIFICATIONS OF FUEL OIL YOUR FACILITY HAS USED IN THE PREVIOUS YEAR:

| <u>FUEL TYPE AND SPECIFICATIONS</u> | <u>AMOUNT USED (IN GALLONS)</u> | <u>% SULFUR</u> |
|-------------------------------------|---------------------------------|-----------------|
| _____ | _____ | _____% |
| _____ | _____ | _____% |
| _____ | _____ | _____% |

** IF YOUR FACILITY USES RECYCLED AND/OR USED OIL, PLEASE SEND, IN ADDITION TO THIS REPORT, A CERTIFIED ANALYSIS OF EACH OIL PURCHASE MADE DURING THE PREVIOUS YEAR CONTAINING THE CONCENTRATION OF THE FOLLOWING CONTAMINANTS: HEAVY METALS, PCB'S, HALOGEN COMPOUNDS, AND DIOXIN.

SIGNATURE OF RESPONSIBLE MEMBER OF FIRM: _____

TITLE: _____

DATE: _____