

Facility Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone \_\_\_\_\_

<<<< REPORT ONE CHEMICAL OR OIL TANK PER COLUMN >>>>

Tank Identification No.					
RIDEM Approval No.					
Chemical or Oil Name(s)					
CAS Number(s)					
Month	GALLONS THROUGHPUT		GALLONS THROUGHPUT		GALLONS THROUGHPUT
January 2019					
February 2019					
March 2019					
April 2019					
May 2019					
Quarterly Total		%		%	%
		<b>In Service Days</b>		<b>In Service Days</b>	<b>In Service Days</b>
June 2019					
July 2019					
August 2019					
Quarterly Total		%		%	%
September 2019					
October 2019					
November 2019					
Quarterly Total		%		%	%
December 2019					
Dec+Jan+Feb (2019) Total		%		%	%
Annual Total		<b>100 %</b>		<b>100 %</b>	<b>100 %</b>