

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 2016					
February 2016					
March 2016					
April 2016					
May 2016					
Quarterly Total		%		%	%
		In Service Days		In Service Days	In Service Days
June 2016					
July 2016					
August 2016					
Quarterly Total		%		%	%
September 2016					
October 2016					
November 2016		%		%	%
December 2016					
Dec+Jan+Feb (2016)		%		%	%
Total Annual Total		100 %		100 %	100 %