

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 2017					
February 2017					
March 2017					
April 2017					
May 2017					
Quarterly Total		%		%	%
		In Service Days		In Service Days	In Service Days
June 2017					
July 2017					
August 2017					
Quarterly Total		%		%	%
September 2017					
October 2017					
November 2017					
Quarterly Total		%		%	%
December 2017					
Dec+Jan+Feb (2017) Total		%		%	%
Annual Total		100 %		100 %	100 %