

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 2018					
February 2018					
March 2018					
April 2018					
May 2018					
Quarterly Total		%		%	%
		In Service Days		In Service Days	In Service Days
June 2018					
July 2018					
August 2018					
Quarterly Total		%		%	%
September 2018					
October 2018					
November 2018					
Quarterly Total		%		%	%
December 2018					
Dec+Jan+Feb (2018) Total		%		%	%
Annual Total		100 %		100 %	100 %