

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 2015					
February 2015					
March 2015					
April 2015					
May 2015					
Quarterly Total		%		%	%
		In Service Days		In Service Days	In Service Days
June 2015					
July 2015					
August 2015					
Quarterly Total		%		%	%
September 2015					
October 2015					
November 2015					
Quarterly Total		%		%	%
December 2015					
Dec+Jan+Feb (2015)		%		%	%
Total Annual Total		100 %		100 %	100 %