

Facility Name _____

Contact Name _____

Phone _____

<<<<<< REPORT ONE GASOLINE TANK PER COLUMN >>>>>>

Tank Identification No.						
RIDEM Approval No.						
Product or Blend						
Month	RVP (avg.)*	GALLONS THROUGHPUT		RVP (avg.)*	GALLONS THROUGHPUT	
January 2023						
February 2023						
March 2023						
April 2023						
May 2023						
Quarterly Total			%			%
			In Service Days			
June 2023						
July 2023						
August 2023						
Quarterly Total			%			%
September 2023						
October 2023						
November 2023						
Quarterly Total			%			%
December 2023						
Dec+Jan+Feb (2023)			%			%
Total Annual Total			100 %			100 %

* RVP refers to gasoline's Reid vapor pressure.

NOTE: Detailed calculations from AP-42 may be substituted for this form

Return to: DEM.AirInventory@dem.ri.gov

Air Pollution Inventory, Office of Air Resources

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