

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 2024						
February 2024						
March 2024						
April 2024						
May 2024						
Quarterly Total			%			%
			In Service Days			
June 2024						
July 2024						
August 2024						
Quarterly Total			%			%
September 2024						
October 2024						
November 2024						
Quarterly Total			%			%
December 2024						
Dec+Jan+Feb (2024)			%			%
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

235 Promenade Street, Providence, RI 02908-5767