

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 2022					
February 2022					
March 2022					
April 2022					
May 2022					
Quarterly Total		%		%	%
		<b>In Service Days</b>		<b>In Service Days</b>	<b>In Service Days</b>
June 2022					
July 2022					
August 2022					
Quarterly Total		%		%	%
September 2022					
October 2022					
November 2022					
Quarterly Total		%		%	%
December 2022					
Dec+Jan+Feb (2022) Total		%		%	%
Annual Total		<b>100 %</b>		<b>100 %</b>	<b>100 %</b>