

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 2021					
February 2021					
March 2021					
April 2021					
May 2021					
Quarterly Total		%		%	%
		In Service Days		In Service Days	In Service Days
June 2021					
July 2021					
August 2021					
Quarterly Total		%		%	%
September 2021					
October 2021					
November 2021					
Quarterly Total		%		%	%
December 2021					
Dec+Jan+Feb (2021) Total		%		%	%
Annual Total		100 %		100 %	100 %