

KEEP THIS COMPLETED FORM ON SITE FOR 3 YEARS

MONTHLY FUEL REPORT / DAILY INVENTORY

Month/ Year _____

Facility & Location . _____ :Registration Number: _____

Tank Size and Fuel Type: _____ Certified By: _____

Date	Opening Inventory (Book Inventory of Previous Day)	Gallons Pumped	Gallons Delivered	Book Inventory Balance	Closing Stick Inventory	Cumulative Over or <Short>	Inches Water	Initials
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
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24								
25								
26								
27								
28								
29								
30								
31								
Math Check		-	+	=				

Leak Check: Sum of Gallons pumped (_____) x .01 = _____
 IF SUM OF "CUMULATIVE OVER OR SHORT" IS GREATER THAN LEAK CHECK RESULT IT IS CONSIDERED
 EVIDENCE OF A POSSIBLE LEAK AND YOU MUST NOTIFY DEP AT (207) 287-2651