

ABOVEGROUND REGULATED SUBSTANCE STORAGE INVENTORY

for the Source Water Protection Program

This form is to be used for the registration of Regulated Substances stored aboveground in tanks, drums, and other storage units. This form must be submitted with the General Facility Data form.

Date: _____ **Registered by:** _____ Ground Water Consortium Manager _____ Facility
Operator

Facility Name: _____

Submitted by (name/title): _____ **Phone:** _____

I. Regulated Substance Inventory

List those substances subject to regulation under the Source Water Protection Program in the table on the back of this form.

II. Total Quantity

Regulated Substance quantities may be reported, at the choice of the facility operator, as the maximum amount stored on site at any one time or as a monthly daily average. The **maximum amount** is the maximum quantity of Regulated Substances found on site at any time during the course of the year. The maximum amount may be used to report Regulated Substance use if you consistently store greater than 55 gallons of Regulated Substances on site in the 1 and 5 year TOT, or 1,000 gallons or more of Regulated Substances on site in the 10 year TOT.

The **monthly daily average** is the daily average quantity of Regulated Substances stored or otherwise used on site over the course of a 30 day month. The monthly daily average may be used if you consistently store Regulated Substances in quantities close to the quantity thresholds specified above. To calculate the monthly daily average, track the total quantity of Regulated Substance stored on site over the course of a month, including all deliveries, and divide that total by 30. A work sheet is available to help with this approach.

Either calculation should be based on peak times if there are seasonal fluctuations in Regulated Substance use. For more information on these methods of calculating quantity, please contact the Ground Water Consortium Manager at (513) 383-3162.

Total quantity above ground: _____ gal. _____ lbs.

Calculated as: _____ Maximum amount _____ Monthly daily average

III. Certification

I hereby certify that I have reviewed this document and, to the best of my knowledge and belief, the information in this document is true, complete, and accurate based on data available to the owner or operator or contact person for this facility.

Signed by (print name and title): _____

Signature: _____ Date: _____



