10-DAY INVENTORY RECONCILIATION WORKSHEET

Facility Name: _____   PBS Number: _____

Facility Address: _____

_____   Product: _____

Record Period: From _____/_____/_____ to _____/_____/_____

DAY	DATE	START STICK INVENTORY (GALLONS)	GALLONS DELIVERED (GALLONS)	GALLONS PUMPED (GALLONS)	BOOK INVENTORY (A) (GALLONS)	END STICK INVENTORY (INCHES)	(B) (GALLONS)	DAILY OVER(+) or SHORT(-) ("END"-"BOOK") (B)-(A)	WATER (INCHES)
1		(+)	(-)	(=)					
2		(+)	(-)	(=)					
3		(+)	(-)	(=)					
4		(+)	(-)	(=)					
5		(+)	(-)	(=)					
6		(+)	(-)	(=)					
7		(+)	(-)	(=)					
8		(+)	(-)	(=)					
9		(+)	(-)	(=)					
10		(+)	(-)	(=)					

TOTAL GALLONS DELIVERED → [____]   [____] ← TOTAL GALLONS PUMPED

TOTAL GALLONS OVER/SHORT → [____]
(DROP SIGN)

[____] ← TOTAL TANK VOLUME

At the END of the 10-Day period, determine which of the totals shown above is LARGEST
(TOTAL GALLONS PUMPED, TOTAL GALLONS DELIVERED **or** TOTAL TANK VOLUME)
AND enter the number into the box below.

LEAK CHECK

[____] x .0075 = _____ ← ALLOWABLE VARIANCE ←

☞ Is the TOTAL GALLONS OVER/SHORT **Larger** than the ALLOWABLE VARIANCE ....YES (See** below)   NO   (Circle One)

☞ Is there a REOCCURRING, INCREASE or FLUCTUATION of water in the bottom of the tank.....YES (See** below)   NO   (Circle One)

** If you answered YES above, the TOTAL GALLONS OVER/SHORT is **Larger** than the ALLOWABLE VARIANCE, or there was a REOCCURRING, INCREASE or FLUCTUATION of water in the bottom of the tank, in accordance with 6 NYCRR Part 613.4(d), the OPERATOR MUST initiate an investigation into possible causes. If, **WITHIN 48 HOURS** the cause CANNOT BE EXPLAINED by inaccurate record keeping, temperature variations or other factors not related to leakage, the operator MUST NOTIFY the owner and New York State Department of Environmental Conservation (HOTLINE: 1-800-457-7362). The tank MUST BE TAKEN temporarily out of service in accordance with Part 613.9(a) UNTIL such time that inspection and/or tightness tests are performed, the cause is determined and necessary repairs or replacements are made.

EXPLANATION OF EXCEEDANCE OF ALLOWABLE VARIANCE

Cause determined to be: _____

_____

Describe required action taken (i.e., inspection/repairs/tests, etc.) on _____/_____/_____ (Date): _____

_____

_____

_____

_____