



Stand-By Fuel Oil/Back-up Emergency Generator Tank Inventory Sheet

Owner ID. _____ Facility ID. _____ Tank No. _____

Facility Name _____

Facility Address _____

(street) (city) (state) (zip)

Date	(2) Previous Ending Gallons in Tank	Beginning Inches	(1) Beginning Gallons	(3) Fuel Received	(4) Gallons in Tank after Delivery [(1) + (3)]	Ending Inches	(5) Ending Gallons	Fuel Used [(1) - (5)]	Over (+) Shorts (-) [(1) - (2)] + [(5) - (4)] if delivery	Comments
Total	*****	*****	*****		*****	*****	*****			*****

Be sure to use the proper chart for converting inches to gallons if your UST system is not equipped with an Automatic Tank Gauge.

Water must be measured to the nearest 1/8 inch at least once per month.

Date _____ Inches of Water _____ Gallons of Water _____ **Record even if no water.**

This calculation must be made every month.

Total "Over Shorts" column to get x.

Total "Fuel Used" column to get w.

Multiply w ___ X 0.01 = y _____. Add 130 to y to get z _____.

If x is LESS THAN z, reconciliation is ok.

If x is GREATER THAN z you may have a leak and you have to call the Kansas Department of Health and Environment district office or KDHE in Topeka @ 785-296-8061.

1. **Fill in Beginning Gallons (1) first before fuel is delivered or used that day. Copy the last entry for Ending Gallons (5) to Previous Ending Gallons in Tank (2). Follow equations in remaining columns to complete inventory entry for that day.**
2. **Be sure to use separate rows on this form for recording fuel deliveries and fuel usage.**