

**Texas Commission on Environmental Quality
PETROLEUM STORAGE TANK
PRODUCT RECOVERY REPORT**

Submit this form on a semi-annual basis unless an alternative schedule is directed by the TCEQ. Continue to submit this form until product is no longer observed.

Complete All Applicable Blanks.

Date: _____

GENERAL INFORMATION

LPST ID No.: _____ Facility ID No.: _____

Responsible Party: _____

Facility Name: _____

Facility Physical Address: _____

Facility City: _____ County: _____

PHASE-SEPARATED PRODUCT RECOVERY

Reporting Period: From ___/___/___ to ___/___/___

Estimated volume (gallons) remaining: _____

Estimated time to recover remaining product to 0.1 foot: _____

Volume of fluids (product & water) recovered during past reporting period: _____

Volume of phase-separated product recovered during past reporting period: _____

Total volume of fluids recovered to date: _____

Total volume of product recovered to date: _____

Method of product recovery: continuously (automated) pulsed (automated) hand bailing
 sorbents other, describe: _____

Pumping rate (for automated systems only): _____

Phase-separated product recovery schedule: daily bi-weekly weekly other, describe: _____

Maximum phase-separated product thickness remaining: _____

Indicate all monitoring wells and other locations impacted with phase-separated product: _____

Are the product thicknesses diminishing over time? **YES** or **NO** (check one) If no, is a new release suspected? **YES** or **NO** describe: _____

Is product currently being recovered in any monitor wells, trenches, etc. in which the thickness is less than or equal to 0.1 foot? **YES** or **NO**

WASTE DISPOSITION

Indicate the status of all wastes generated: _____

REPORT PREPARATION

Project Manager: _____ PM Reg. No.: _____ Expiration Date: _____

Company: _____ City: _____ State: _____ Zip: _____

Phone No.: _____ Fax No.: _____

Signature: _____ Date: _____

Corrective Action Specialist Rep: _____ CAS No.: _____ Expiration Date: _____

Company: _____ City: _____ State: _____ Zip: _____

Phone No.: _____ Fax No.: _____

Signature: _____ Date: _____

Name of Responsible Party contact: _____

Telephone No.: _____ Fax No.: _____

Signature: _____ Date: _____

Attachments:

- Table of cumulative recovery by month
- Graph of cumulative product recovered versus time