



**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 (RP):	
RP Address (city, state, zip):	
Facility Name:	
Facility Address (city, state, zip):	
County:	
PHASE-SEPARATED PRODUCT RECOVERY	
Reporting period (from month/day/year to month/day/year):	
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).	
If other, please describe:	
Pumping rate (automated systems only):	
Phase-separated product recovery schedule: (daily, bi-weekly, weekly, other):	
If other, please describe:	
Maximum phase-separated product thickness remaining:	
Indicate all monitoring wells and other locations impacted with phase-separated product:	

**PHASE-SEPARATED PRODUCT RECOVERY, continued**

Are the product thicknesses diminishing over time?  Yes  No

If no, is a new release suspected?  Yes  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  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:

Phone No.:  Fax No.:

Signature:  Date:

Attach a table of cumulative recovery by month and a graph of cumulative product recovery vs. time.