

UNDERGROUND STORAGE TANK TARIFF – MONTHLY SUMMARY REPORT

Navajo Nation Environmental Protection Agency, Underground Storage Tank Program - UST FORM 991

Part I. Information

Distributor Name _____

Reporting Month/Year _____

TIN/SSN _____

Mailing Address of Distributor _____

Physical Address of Distributor _____

Navajo Nation Distributor Identification # _____

Filing Status:
 Distributor
 UST owner / operator
 Other (explain) _____

Part II. Totals for current month (from Worksheet #1)

Total number of all gas stations and/or facilities to which deliveries were made during month. (Column A) _____

1. Total gallons of petroleum products delivered for which tariff applies: _____ gallons/mo
(Total of column D from all worksheets)

2. Breakdown of gallon volume delivered by *Product Type* subject to tariff (column D of worksheets):

Gasoline (Product code 10)	_____ gallons
Diesel (Product Code 20)	_____ gallons
Kerosene (Product Code 40)	_____ gallons
New oil (Product Code 120)	_____ gallons
CERCLA Hazardous Substances (Product Code 80)	_____ gallons
Other (heating oil exempt until further notice)	_____ gallons

Total gallons/mo. X \$0.01/gallon = TOTAL TARIFF DUE _____
(Total of Column E from all worksheets)

Part III. Payment of tariff

Make cashiers check or money order payable to: Navajo Nation EPA – Underground Storage Tank Program
Account Number: 011000.2599

Mail this "Summary Report" with payment to: Navajo Nation Environmental Protection Agency
Underground Storage Tank Program
P.O. Box 339
Window Rock, AZ 86515

Make copies of this form to use throughout FY 1999. Separate monthly billings will not be mailed. Payments are due within 15 days of receipt of this form or within 15 days after the end of each month. Your returned check will serve as a receipt.

I DECLARE THAT THE INFORMATION CONTAINED IN THIS DOCUMENT AND ANY ATTACHMENTS THERETO IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF PURSUANT TO NAVAJO LAWS AND REGULATIONS.

Authorized Signature _____ Date Signed _____ Telephone Number _____

OFFICE USE ONLY: Date Payment Received _____ Date of deposit _____ Other _____

Worksheet #1. – Continuation Sheet - Please use this sheet if you need more room to list all the deliveries each month. Make copies for future use.

Month _____ Year _____

Column A	Column B	Column C	Column D	Column E
Name of Gas Station or Facility (leaves spaces to accommodate all codes)	Product Code (by facility and all codes)	Number of Gallons (by all codes)	Gallons Subject to Tariff (by numbered codes)	Tariff Paid Gallons X (.01)
TOTAL GALLONS subject to tariff (total of column D)				
			<u>TOTAL TARIFF</u> (total of column E)	