

**Mississippi Department of Environmental Quality
Annual Statistical Inventory Reconciliation (SIR) Summary Report**

FACILITY NAME		MDEQ ID #
TANK LOCATION	Address	City
	Phone	Zip
TANK OWNER	Name	
	Address	
	City, State, Zip	Phone
TANK OPERATOR	Name	Phone
PRODUCT		

All monthly SIR results for the above mentioned tank at the above mentioned facility were “pass” for the twelve month period from _____ year _____ to _____ year _____.

Monthly SIR results showing “fail” or “inconclusive” occurred on the following months, in the listed amounts, for the above UST. MDEQ was notified within 24 hours of the facility receiving a “failed” or second consecutive “inconclusive” SIR report. A tank and/or piping tightness test or site investigation was performed within 15 days and immediately submitted to MDEQ for review.

**Summary of test results from monthly SIR reports
Complete for all 12 months**

Month/ Year	Leak Threshold (gph)	Minimum Detectable Leak Rate (gph)	Calculated Leak Rate (gph)	Pass, Fail, Inconclusive
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				