

**2018 SOURCE WATER PROTECTION PROGRAM
REGULATED SUBSTANCE ACTIVITY INVENTORY REPORT (RSAIR)**

**COMPANY
ADDRESS**

**VALUES ESTABLISHED IN
DAYTON'S ZONING RECORDS**

**TOTAL MAXIMUM DAILY INVENTORY (TMDI)
FACILITY HAZARD POTENTIAL RATING (FHPR)**

_____ **lbs.**

PAGE ____ OF ____ DATE _____

(1) **NEW RSAIR?** IS THIS THE **FIRST** RSAIR SUBMITTED _____ YES
BY THIS COMPANY AT THIS ADDRESS? _____ NO

(2) COMPANY

(3) FACILITY NAME

(4) DIVISION

(5) STREET ADDRESS, CITY, STATE, AND ZIP CODE

(6) TELEPHONE / CELL

(7) 24 HOUR PHONE / CELL

(8) FAX NUMBER

(9) FACILITY CONTACT

(10) WORK PHONE / CELL

(11) E-MAIL

(12) EMERGENCY CONTACT

(13) WORK PHONE / CELL

(14) HOME PHONE / CELL

(15 – Line 1) BRIEF DESCRIPTION OF BUSINESS ACTIVITIES AND PROCESSES

(15 – Line 2) BRIEF DESCRIPTION OF BUSINESS ACTIVITIES AND PROCESSES (continued)

(16) PROPERTY OWNER'S NAME AND OR BUSINESS NAME

(17) PROPERTY OWNER'S TELEPHONE

(18) PROPERTY OWNER'S E-MAIL

(19) PROPERTY OWNER'S FAX

(20) PROPERTY OWNER'S STREET ADDRESS, CITY, STATE, AND ZIP CODE

(21) CERTIFICATION OF COMPANY OFFICIAL

I CERTIFY THAT ALL INFORMATION AND DATA CONTAINED IN THIS NOTIFICATION FORM ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I CERTIFY THAT THE TOTAL MAXIMUM DAILY INVENTORY (TMDI) AND THE FACILITY HAZARD POTENTIAL RATING (FHPR) FOR THIS COMPANY SHOWN IN THE BOX ABOVE ARE CORRECT.

SIGNATURE

TITLE

DATE

NAME (PRINT)

TELEPHONE / CELL

E_MAIL

**SOURCE WATER PROTECTION PROGRAM
REGULATED SUBSTANCE ACTIVITY INVENTORY REPORT (RSAIR)**

COMPANY _____

PAGE ____ OF ____

ADDRESS _____

DATE _____

CATEGORY TOTALS WORK SPACE

REPORTABLE AMOUNTS

ROUTINE CATEGORY TOTAL (LB.) _____

If greater than 160 pounds, list on Line A

If less than 160 pounds list as <160

(A) _____

CLEANING CATEGORY TOTAL (LB.) _____

Subtract Category's excluded amount _____ - 1,600

If greater than 0, list here and on Line B _____

(B) _____

**NON-ROUTINE MAINTENANCE
CATEGORY TOTAL (LB.)** _____

Subtract Category's excluded amount _____ - 400

If greater than 0, list here and on Line C _____

(C) _____

LABORATORY CATEGORY TOTAL (LB.) _____

Subtract Category's excluded amount _____ - 2,000

If greater than 0, list here and on Line D _____

(D) _____

**LINE E - TOTAL MAXIMUM DAILY INVENTORY (TMDI) IN
POUNDS, SUM OF LINES A, B, C, AND D
CAUTION: This TMDI can not exceed the site's TMDI.**

(E) _____

SUBMIT TO: DIRECTOR, DEPARTMENT OF WATER
ATTENTION: ENVIRONMENTAL MANAGEMENT
320 W. MONUMENT AVE.
DAYTON, OH 45402

For assistance completing the RSAIR call the Division of Environmental Management at 937-333-3725.