

MONTHLY ODORIZATION REPORT

Month of _____ 19____
Period _____ to _____

Station No. _____ System _____
Odorizer Location _____ Odorizer Capacity _____ Gal.
Type of Odorizer _____ Storage Tank Capacity _____ Gal.

A. Odorant Usage

1. Odorant in tank first of month _____ Gal.
2. Odorant added during this month _____ Gal.
3. Total odorant to account for (Items 1 + 2) _____ Gal.
4. Odorant in tank end of month _____ Gal.
5. Odorant used during month (Items 3 - 4) _____ Gal. x 6.72 = _____
Lbs.
6. Gas delivery this month (a) Actual _____ MMCF (b) Telemetered _____
_____ MMCF

Odorant Used in Lbs. _____ = (Item 5) = _____ Lbs./MMCF.
Telemetered Gas Delivery in MMCF. _____ (Item 6)

B. 24 Hour Check On Rate Of Odorization

1. Initial gauge reading _____ Gal. Date _____ Time _____ AM
PM
2. Check reading in 24 Hrs. _____ Gal. Date _____ Time _____ AM
PM
3. Odorant used (Items 1-2) _____ Gal. x 6.72 _____ Lbs.
4. Gas Delivery During Check Period _____ MMCF
5. Check rate of Odorization in Lbs./MMCF:

Odorant Used in Lbs. _____ = (Item 3) = _____ Lbs./MMCF
Telemetered Gas Delivery in MMCF. _____ Item 4) =

C. Odorant Reserve At End Of Month

1. Odorant In Storage Tank (Including _____ Gal. Added
To Storage Tank during this month) _____ Gal.
2. Odorant in Odorizer Tank _____ Gal.
3. Odorant on Hand at End of Month (Items 1 + 3) _____ Gal.

Employee _____

Supervisor _____

D. Remarks:

1. MMCF = Million Cubic Feet
2. Adequate rate of odorization = .30 Lbs./MMCF minimum to 50 Lbs./MMCF.
Maximum.
3. Type BP Captan odorant weights 6.72 Lbs./Gal. Use corresponding multiplier for other
authorized brands.
4. Distribution: Original - [Title Person]
5. 1st Copy - [Title Person]

Retain 3 years