

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

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

(7) 24 HOUR TELEPHONE

(8) FAX NUMBER

(9) FACILITY CONTACT / (10) WORK PHONE / (11) E-MAIL

(12) EMERGENCY CONTACT / (13) WORK PHONE / (14) HOME PHONE OR CELL PHONE

(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 / (17) PROPERTY OWNER'S TELEPHONE

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

(19) CERTIFICATION OF COMPANY OFFICIAL

I CERTIFY ALL INFORMATION AND DATA CONTAINED IN THIS NOTIFICATION FORM ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TELEPHONE

\_\_\_\_\_  
NAME (PRINT)

\_\_\_\_\_  
TITLE

**WELL FIELD (SOURCE WATER) PROTECTION PROGRAM  
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COMPANY \_\_\_\_\_

PAGE \_\_\_\_ OF \_\_\_\_

ADDRESS \_\_\_\_\_

DATE \_\_\_\_\_

CAT - R/C/M	COMMON OR TRADE NAME OF PRODUCT	STATE - S/L/G	MAXIMUM DAILY INVENTORY (GALLONS, QUARTS, OUNCES, ETC.)

Category: R – regulated, C – cleaning,  
M – maintenance  
  
State: S – solid, L – liquid, G – gas

TOTAL FOR THIS PAGE  
  
TOTAL OF ALL PREVIOUS PAGES  
  
CUMULATIVE TOTAL