FORM E-28

NEW HAMPSHIRE DEPARTMENT OF ENERGY
WEEKLY GAS STORAGE REPORT
(in compliance with Puc 509.17)

COMPANY:_____ PLANT LOCATION:_____

FUEL TYPE: LPG _____ LNG _____ STORAGE CAPACITY: _____

UNITS REPORTED: GALLONS _____ MMBtu _____

Week Ending Date	Previous Tuesday	Received	Used	On Hand Today

COMMENTS:

Supervisor's Name/Title: _____
(please print)

Supervisor's Signature: _____ **Date Submitted**: _____

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