

NEW HAMPSHIRE DEPARTMENT OF ENERGY
WEEKLY GAS STORAGE REPORT
(in compliance with En 509.13)

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: _____