



ANNUAL REPORT: GASOLINE DISPENSING FACILITIES

Company Name: _____ Facility ID#: _____
Contact Name: _____ Permit #: _____
Address: _____ Phone #: _____
City/State/Zip Code: _____ Email: _____
Facility Name/Location: _____
Reporting Year: _____

Operating Schedule: Year _____ Hours/Day: _____ Days/Week: _____ Weeks/Year: _____

1. Fuel Type: [] Unleaded Gasoline [] AV Gas [] Jet A [] Other _____
*If Unleaded Gasoline is selected, please report the combined throughput of all grades of gasoline dispensed at the facility (87, 89, 91, Race Fuel, etc. DO NOT INCLUDE DIESEL IN THE THROUGHPUT TOTALS BELOW)

2. Facility Type: [] Retail [] Non Retail [] Not Applicable

3. Tank Type: [] Under Ground [] Above Ground []

Please list the total gallons dispensed per month and the annual total for just the above selected fuel type. Please complete a separate form for each different fuel dispensed.

Table with 2 columns: Month and Gallons. Rows for January through December.

Total Annual Fuel Throughput: _____ Gallons

Monthly Throughput Limit (see your permit, if applicable): _____ Gallons

Annual Throughput Limit (see your permit): _____ Gallons

Does this annual report contain confidential information? [] Yes [] No

All information claimed as confidential must be submitted in accordance with APCD Policy & Procedure 6100-020 (Handling of Confidential Information): http://www.ourair.org/wp-content/uploads/6100-020.pdf. Failure to follow the required procedures shall be deemed a waiver by the applicant of the right to protect such information from public disclosure.

I certify that the above and/or attached information is true to the best of my knowledge.

Signature _____ Print Name / Date _____

PLEASE RETURN THE COMPLETED ANNUAL REPORT TO: AIR POLLUTION CONTROL DISTRICT, 260 N. SAN ANTONIO RD., SUITE A, SANTA BARBARA CA 93110-1315 or E-mail annualreport@sbcapcd.org (FAXES NOT ACCEPTED)



ANNUAL REPORT INSTRUCTIONS FOR GASOLINE DISPENSING FACILITIES

1. **FUEL TYPE:** Indicate whether the product is Unleaded Gasoline, Aviation Gasoline, Jet A, or another fuel type. Also, indicate if this facility is for retail or non-retail use and whether the storage tank was above ground or underground.
2. **ANNUAL FUEL THROUGHPUT:** Total gasoline throughput from January to December (or however long the fueling facility or gas station has been operating, if less than a year). The meter on the pump should record actual amounts of throughput.
3. **MORE THAN ONE FUEL:** If your facility dispenses more than one type of fuel, then please provide separate copies of this form for each type of fuel.
4. **MONTHLY and ANNUAL THROUGHPUT LIMIT:** Check your permit for this information. This is meant to be an aid in order to determine compliance. If you need to change your throughput limit, contact the Engineering Division at engr@sbcapcd.org.
5. **CHECK YOUR PERMIT:** Check the *Reporting* condition of your permit, there may be additional information that needs to be submitted with this report. Please provide any additional information that you are required to submit.
6. **SUBMITTAL:** Submit by mail or e-mail. When submitting via e-mail, if you do not receive a response within 72 hours confirming that the District has received your submittal, please assume the annual report was not received and contact us at (805) 979-8050. *Faxes Not Accepted.*