



ANNUAL REPORT: SAND, ROCK, AND GRAVEL OPERATIONS

Company Name: _____

Facility ID#: _____

Contact Name: _____

Permit #: _____

Address: _____

Phone #: _____

City/State/Zip Code: _____

Email: _____

Facility Name/Location: _____

Reporting Year: _____

Total Area of Storage Pile (acres): _____

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

Weeks/Year: _____

MONTH	OPERATION		MINERAL FEED (TONS)	FUEL CONSUMPTION, Device ID # _____	
	HOURS	DAYS		DIESEL (1000 Gallons)	NATURAL GAS (MMSCF)
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
TOTAL					

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 information provided is accurate and complete 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 to annualreport@sbcapcd.org (FAXES NOT ACCEPTED)



ANNUAL REPORT INSTRUCTIONS FOR SAND, ROCK, AND GRAVEL OPERATIONS

1. **TOTAL AREA OF STORAGE PILE (ACRES):** The actual number of acres of material stored in piles.
2. **OPERATION:** List the total number of hours and days in each column per month.
3. **MINERAL FEED:** The monthly total of **Mineral Feed (Tons)** should be listed in tons of material throughput.
4. **FUEL CONSUMPTION:** Fill in the appropriate column for either diesel or natural gas. List totals at the bottom in either 1,000 gallons diesel or million standard cubic feet (scf) depending on the type of fuel used.
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.*

Example:

Month	Operation		Mineral Feed Rate (Tons)	FUEL CONSUMPTION, Device ID # 123456	
	Hours	Days		Diesel (1000 gallons)	Natural Gas (MMSCF)
January	224	28	52	0.10	0.20
February	230	23	63	0.15	0.30
March	184	23	43	0.13	0.15
December	200	25	37	0.20	0.25
Total	838	124	232	0.58	0.90