



## 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 \_\_\_\_\_
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.**

January	_____ Gallons	July	_____ Gallons
February	_____ Gallons	August	_____ Gallons
March	_____ Gallons	September	_____ Gallons
April	_____ Gallons	October	_____ Gallons
May	_____ Gallons	November	_____ Gallons
June	_____ Gallons	December	_____ Gallons

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](mailto: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. If you need to change your permitted throughput limit, contact the Engineering Division at [enr@sbcapcd.org](mailto:enr@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.*