ANNUAL REPORT: *BULK FUEL LOADING PLANTS*

Company Name: _____   **Facility ID#:** _____

Contact Name: _____   **Permit #:** _____

Address: _____   **Phone #:** _____

City/State/Zip Code: _____   **Email:** _____

Facility Name/Location: _____

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

Reporting Year: _____

1. Fuel Type: ☐ Unleaded Gasoline ☐ AV Gas ☐ Jet A ☐ Other _____
2. Storage 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 (refer to your permit):   _____ Gallons

Annual Throughput Limit (refer to 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 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 BULK FUEL LOADING PLANTS

1. **FUEL TYPE**: Indicate whether the product is Unleaded Gasoline, Aviation Gasoline, Jet A, or another fuel type. If your facility dispenses more than one type of fuel, then please provide separate copies of this form for each type of fuel.

2. **STORAGE TANK TYPE**: Indicate whether the storage tank was above ground or underground.

3. **ANNUAL FUEL THROUGHPUT**: Total fuel 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.

4. **MONTHLY and ANNUAL THROUGHPUT LIMIT**: Refer to 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 (805) 961-8800.

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) 961-8800. *Faxes Not Accepted.*