



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) 961-8800. *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 |